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THE LANCET.

MDCCCXXVI.—VII.

VOLUME XI.

EDITED BY
THOMAS WAKLEY,
SURGEON.

LONDON:
PRINTED FOR THE EDITOR,
BY MILLS, JOWETT, AND MILLS, BOLT-COURT, FLEET-STREET.

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THE LANCET.

No. 162.] LONDON, SATURDAY, OCTOBER 7. [1826-7.

THE
INTRODUCTORY LECTURE
TO A COURSE OF SURGERY,

DELIVERED BY

Mr. LAWRENCE,

AT THE

New Medical Theatre, Aldersgate-street.

GENTLEMEN,

Mr. WARDROP and myself have undertaken to deliver, in this Theatre, a course of Lectures on Surgery; understanding that term in its most comprehensive acceptation, as including a knowledge of the nature and treatment of all the affections, which custom has assigned to the care of the Surgeon.

SURGERY is one division of that science and art which relate to disease. This science, considered generally, embraces the physical history of man; it investigates the human organization under all the various modifications impressed on it by surrounding influences, whether necessary or accidental, and draws from this source the rules for preserving health and removing disease. The practical application of these rules constitute the *art* of healing, or rather of treating disease, while the assemblage of facts and reasonings, on which the rules are founded, composes the *science* of medicine. Independently of its useful results, in reference to health and disease, medicine would be one of the most interesting studies, as man himself is the subject of it; and hence it occupies the first rank among the natural sciences, being at the head of those which relate to the animal kingdom.

To denote the entire mass of knowledge just described, we must be contented to use the word MEDICINE, although it is equivocal, being frequently employed in contradistinction to SURGERY. We may avoid ambiguity by employing the word PHYSIC, to denote that part of the medical profession which is exercised by the physician.

The boundaries of surgery have not hitherto been, and perhaps cannot be accurately defined; and the line of demarcation between it and physic is more especially obscure and unsettled. In our view of the matter, however, SURGERY includes all injuries; nearly all external diseases, and most of those internal ones, which produce changes recognisable externally; and all which require operations, external applications, or any kind of manual treatment. The rest of medicine belongs to the physician.

You will probably think the distinction, as now explained, rather indefinite, and wish to know the grounds on which it has been established—the inherent essential differences between surgery and physic, which require that they should be exercised by different persons, and taught by distinct teachers in separate courses of instruction. You will inquire what strongly-marked difference, or rather what natural incompatibility between these two branches of one science can have rendered it necessary that there should be two public bodies to watch over them—a College of Physicians and a College of Surgeons? I consider the distinction altogether artificial; it originated in a period of barbarism and ignorance; it has been upheld by a blind deference to authority and established usage; and, although the same causes, together with the real or supposed interests of certain established bodies, may protract its existence a little longer, it has received a fatal blow from the recent progress of medical knowledge, and the clear light which that has thrown on the subject.

The numerous individual organs which make up the human body, vary in composition, structure, and office; yet they are intimately connected as subordinate parts of one machine, and they concur in the production of one general result—the life of the individual. Our notion of any part would be very limited and imperfect if we examined it in an insulated state; and we should be entirely unable to estimate its living action, unless we viewed it in its relation to the rest of the organisation. In the connected series of motions, which are constantly carried on in the animal body, each function, in relation to those which precede and follow it, is successively cause and effect; and the various parts exert other mutual influences, which we know only by their effects, and denominate sympathies. Hence the expression of Hippocrates, in relation to the human body, is perfectly correct: *Labor unus; consentientia omnia.* "One exertion; all parts concurring."

As the animal machine, although complicated in structure, is single; and as its living actions, although numerous and intricate, form one indivisible series; so a similar connexion runs through those changes of structure and functions, which constitute disease: hence there is *one anatomy* and *physiology*, and there can be only *one pathology*. The connexions and mutual influences are indeed more obvious in disease than in health; the play of the machinery escapes notice in the silent and imperceptible motion of the perfect state.

It must be the first business of the medical student to learn the structure of the human body, and its living actions; that is, to study man in the state of health. He then proceeds to the observation of diseases; he watches the circumstances under which they arise; he explores the organic changes which they produce, and determines the external signs or symptoms of these changes; deriving from these comparisons the means of distinguishing the exact seat of disease, and of predicting its course and event. He is then prepared to employ the external agencies, the outward or inward remedies, or the operative proceedings which may be necessary for removing disease and restoring health. When disease is studied in this manner, in reference to the whole body, it constitutes the science of *general pathology*; as a similar investigation, directed to any single organ, is the *pathology* of that part.

To assert that surgery and physic are essentially distinct, is to say that there are two kinds of pathology; that the external and internal parts are to be treated on different principles. You will immediately see that this notion is entirely unfounded; that the position of a part in the body may cause variations in the mode, but cannot alter the principles of treatment; that inflammation, for example, must be treated by the same means, whether it be seated in a joint, testicle, or eye, in the heart, lungs, liver, or bowels.

The principles of pathology are general; they are the same for all parts of the medical art; they are the result of our knowledge of all disease, and consequently common to the physician and surgeon. No branch of medicine can be thoroughly understood, except by him who has carefully scrutinized the structure and actions of the whole frame, and then extended his view over the whole field of medical science. Thus the opinion of Celsus, on a more limited question, is applicable to medicine generally; *Atque ubi se diviserunt, eum laudo, qui quamplurimum percipit.* "Since these divisions have been established, I commend him who embraces the greatest number of parts."

Various views have been taken of the distinction between physic and surgery; but none of them will bear examination. Internal diseases have been assigned to the former, external to the latter. But who will describe the boundary? Is the domain of surgery to extend half an inch or an inch deep? Are the diseases of the nose, mouth, fauces, larynx, and pharynx, external, or internal? Are the bones and joints external parts? The swelling of a hernia is indeed external, but we must expose the belly and its contents, if we come to the operation, and the great risk, both in the disease and the measures employed to relieve it, is of internal inflammation. When we look at the nature and causes of disease, the absurdity of this distinction is still more apparent, and the inseparable connexion between the exterior and interior of our frame more obvious. In gout, rheumatism, erysipelas, carbuncle, we have external inflammations dependent almost entirely on internal causes. Again, external agencies are equally powerful in producing inward disease; as we see in the rheumatic and catarrhal affections, the inflammations of the chest and abdomen, brought on by cold, by moisture, by particular states of the atmosphere, by changes of clothing. It is in vain then to establish separate professorships of internal and external pathology, to institute distinct colleges of physic and surgery, and to teach them as separate sciences. Lecturers and writers cannot make the distinction, and thus we find the same diseases considered by the teachers of physic and surgery; comprehended in the writings of both; illustrated by both on the same principles, and treated by the same means.

Some have proposed to assign local diseases to the surgeon, and general ones to the physician. This arrangement would bring the whole nosology into the department of surgery. Are there any general diseases, in the proper acceptation of the term? When the affections called general are closely investigated, we find that they originate in, and are kept up by, local injury or disease. All parts of our frame are not of equal importance in the economy, and all states of disease do not produce the same effect in impeding the function of the organ itself, or deranging the action of other parts. When a part of little consequence in the animal economy is slightly diseased, no sensible effect may be produced beyond the part itself; if, on the contrary, an organ of great consequence is actively diseased, the whole body, or at least a great proportion of it, feels the influence; and hence arise what are called general affections. Even in fever, we can clearly trace the general disturbance to a local origin, in ninety-nine cases out of a hundred; so that the very existence of fever, as a general affection, has been questioned, and it seems highly probable that the question will be ultimately determined in the negative. The difference, therefore, between *local* and *general* diseases, is merely in degree, not in kind; it is a difference of more or less. If we were to arrange diseases in one column, beginning with the most local, and ending with the most general, we should fill up the interval with others that would form an insensible transition between the two extremes. Where could we draw the line across, to divide surgery and physic, on a scale thus constructed?

As, on the one hand, we may deny the existence of *general diseases*, in the sense of *universal affections of the frame, not originating in, or connected with, marked and preponderating disorder of some organ or system*; so we shall, on the other side, reduce the catalogue of *local* diseases within the narrowest limits, if we confine the term to *those cases, in which the influence of the cause, of the disease and of the treatment, is strictly confined to the part.* The great majority of the diseases universally recognized as surgical, are not *local* in that strict sense.

The etymological import of the term SURGERY, which is *manual operation*, has led some to restrict us to the diseases, which are to be treated by operation or other manual proceedings. Such a notion is worthy of the ignorance to which the unnatural separation of surgery and physic owes its origin, and of the dark period in which it occurred. Could such an attempt have entered into any mind, even moderately enlightened by the recent progress of science? Could any person, who had paid even slight attention to the structure and diseases of our frame, have entertained the absurd notion of establishing an important professional distinction, not on any difference in the causes and nature of the affections, but on the accidental and often varying circumstance of the means employed for their cure? Apoplexy, and various other cerebral affections, and the numerous inflammations, both of internal and external organs, are treated by bleeding; are they, therefore, to be deemed surgical? Shall we include, in our list, all that are treated by cupping, leeches, blisters, plasters, liniments, poultices, fomentations, and washes? And what shall we do with the cases requiring both external and internal means?

Again, operations constitute the smallest part of the surgeon's occupation. It is the boast of modern surgery, to have greatly diminished their number; and an improved knowledge of the nature and treatment of disease, will, probably, effect a still further reduction. Many surgeons, in considerable practice, operate but seldom; and it would require a large city or district, to furnish operations enough for the sole employment of one surgeon.

Thus, whatever view of the subject we may take, the same conclusion presents itself to the mind with irresistible evidence; namely, that there is no natural distinction between surgery and physic; that they are merely parts, and inseparably united parts, of one science and art; that the practical principles rest in both, on the same scientific foundation; that the two branches of the profession must, in most instances, adopt the same proceedings, because they have the same purposes to accomplish, while their occasional differences are merely unimportant modifications in the means of arriving at the same end. The distinction then turns out, at last, to be a matter of usage, and no longer maintainable, except by those who content themselves with the mere surface of things, or by others, who may be determined to find reasons for upholding established custom, whether right or wrong, when their own interests are involved.

In failure of better arguments, the analogy of the mechanic arts has been resorted to, and the beneficial effects of the subdivision of labour, have been absurdly pressed into the service. The cases are not parallel. The construction of a pin can be divided into eight or ten processes, each of which, being totally independent of the rest, can be more rapidly and perfectly executed by an individual who practises *it* alone. Hence the end is accomplished of producing pins, both better in quality, and more abundantly. Can the mind conceive a stronger contrast than that which is exhibited between a mechanic, whose education consists in learning, and whose life is spent in practising the art of making the point, or adjusting the head of a pin, and a medical practitioner, who must first store his mind with several important branches of knowledge, and then apply the principles thus acquired, to the ever varying circumstances of individual cases?

Some parts of medicine are, indeed, mechanical, and capable of reduction to fixed rules; these are executed more perfectly, and, consequently, more advantageously to the community, by individuals who practise them exclusively; this is the case with cupping, with the application of machinery, in certain states of disease and deformity, and with the principal portion of the dentist's art.

But medicine itself, or the science of disease in general, is one, and indivisible; it can only be successfully cultivated as a whole. The disease of any particular organ can only be elucidated and successfully treated by those pathological principles which are deduced from a survey of the whole field of medical science. Hence exclusive practice on diseases of the eye, the ear, the skin, or other parts, however profitable to individuals, has never been beneficial to science.

Unfortunately for us, these artificial distinctions are not only countenanced, but carefully upheld by those public bodies to which royal charters, or legislative enactments have confided the regulation and superintendence of the medical profession. The universal experience of mankind shows that the purposes, for which such institutions are established, are seldom accomplished; while the powers and privileges bestowed on a particular body, are invariably exercised, not for the advantage of the community, but for the real or supposed benefit of the favoured persons.

The London College of Physicians, instituted by a monarch more famous for lust, violence, and cruelty, than for medical knowledge, possesses great and extensive powers, which have been often used as instruments of monopoly against well qualified persons, though they either are inadequate to protect the public against the rapacity and ignorance of empirical impostors, or have not been employed for that purpose. The enlightened members of this corporation have had the good sense to yield to the spirit of the times, and for many years have ceased to enforce those prohibitive and restrictive powers, the exercise of which, to their full extent, would be impossible in the present state of public opinion. After witnessing, with satisfaction, this proof of moderation and judgment, how must we be astonished at finding that this College will admit no one as a fellow or licentiate, who is a member of any public surgical body! The stain of surgical knowledge must be wiped out, as far as it can be, by a formal act of disfranchisement, before an individual, who has been thus once polluted, can be admitted into this chosen band of pure physicians! When surgeons and barbers formed a legal and professional brotherhood, as they did in this country, until the reign of George II., the physicians, being men of superior education, acquirements, and rank, showed only a proper self respect in declining all intercourse with them. The public will probably doubt, whether the same conduct is wise and dignified, or even politic, when all the circumstances are completely changed; they will question the real grounds of superiority, when they see so strange an attempt at supporting it; when they witness, what I believe has no parallel, a learned body placing an exclusion on knowledge, and thus, bestowing a direct premium on ignorance! But in what light can we regard such a regulation, when we know that nearly the whole of the clear evidence, on which medical science rests, is derived from the practice of surgery?

The London College of Surgeons, being only 26 years old, and having indeed been partially regenerated four years ago, has none of the claims to respect from its antiquity, which its elder sister might plead; and, fortunately for us, is entirely destitute of power, the legislature having rejected with deserved contempt, its various applications for enlarged authority and penal restrictions. In opposition to the spirit of the age, and regardless of the signs of the times, they lately enacted, in their own favour, a code of restriction and exclusion, which they have just abandoned in part, and with a bad grace, at the loud and unanimous call of public indignation. I trust they will be compelled to give up the rest of their unjust regulations, and particularly the iniquitous exclusion of certificates from county hospitals. They may thus regain what they have now completely lost, the respect and confidence of the body over which they preside, and of the public; and they may then hope, by adopting an entirely new course, to make the college worthy of that profession of which it is nominal head.

Not contented with these two Colleges, our legislature has lately given a third head to the medical profession; having metamorphosed, by Act of Parliament, a trading company, who keep a shop for the sale of drugs, chemical and pharmaceutical preparations, into a sort of college or learned corporation, called the Society of Apothecaries; and have armed them with powers, of no very contemptible character. Whether the keepers of this shop were fit for their new office, and whether there were any real grounds of public benefit, in the shape of evils requiring remedy, or of advantages to be procured, seem not to have been matters of formal inquiry. The lawmakers could know little or nothing of the subject; and thus they enacted the kind of law, which we may expect to see when individual interest is brought to act on ignorance.

It may be doubted whether laws are capable of aiding the progress of medical science. The public bodies in this country have certainly done no good; while the artificial distinctions, the prohibitions, and restrictions, which they have so much delighted in, have been palpably michievous. The great progress which surgery has made here in the last quarter of a century, is clearly due to individual exertion, and to the patronage which a more enlightened public has bestowed on those who have become distinguished by talent and knowledge. The public bodies, instead of leading the march, have been always found in the rear of advancing knowledge. They might have attempted to lessen the evils of quackery, to protect the public against the knavery and ignorance of unprincipled men; but they have only been struggling to maintain their own privileges, to exclude and depress competitors, to fortify their own monopoly, and thus secure their own trading advantages. Can we wonder that such proceedings are viewed by the public with contempt, and that they tend to degrade an honourable profession?

If I were to propose a legislative enactment on the subject of the medical profession, it should be short, and confined to the single point of preventing uneducated and unqualified persons from practising. I would appoint an examining body, to be composed of the most eminent professional characters, without any regard to the present artificial distinctions, and empower them to make an efficient examination of all candidates:—the testimonial granted after such an examination, should authorise the individual to practise any or all parts of medicine, and none should be allowed to practise without it.

This plan, which is recommended by its simplicity, has been already adopted, with the best success, in other countries. There is one school or faculty of medicine, one education, and one examination, in FRANCE; after undergoing the latter, the individual may practise surgery, or physic, or both. It is the same in the UNITED STATES OF AMERICA; and, I believe, nearly so in the Universities of GERMANY. In some of the latter, surgeons are not only required to perform the same course of study as physicians, but to include, in addition, certain branches of knowledge relating to the duties that are deemed strictly surgical.

The first object of the surgical student should be, to become thoroughly acquainted with the structure and functions of the human frame; indeed *anatomy* and *physiology* are the bases of all medical science. This truth is now universally recognised; and the only question is, what amount of anatomical and physiological information may be necessary. To the *science* of medicine, the deepest insight into the animal organization is absolutely necessary; the *trade* may be carried on with a small share of such knowledge. It has been strenuously argued, that minute acquaintance with anatomy is not necessary to a physician; if this be true, we shall begin to doubt whether physicians are necessary to the community. To the surgeon, however, the most intimate acquaintance with all the details of the human organization is absolutely essential, as a preparation for his ordinary duties. Without it, he cannot determine the seat and nature of disease; he cannot distinguish between the affections of contiguous parts; he cannot understand the varied nature and appropriate treatment of injuries; nor can he proceed, without danger to the patient, and equal risk to his own reputation, to perform the operations of surgery.

Mr. TYRRELL will unfold, in his lectures, the details both of general and descriptive anatomy; that is, he will explain the nature and properties of those elementary structures, the combinations of which build up the various organs of the body; and he will describe the form, position, and relations of these organs. His assistants, Mr. QUAIN and Mr. COULSON, who have devoted much time to professional study on the continent, will introduce to your notice all the improvements in anatomical teaching, which they have collected in their intercourse with the most eminent anatomists of FRANCE and GERMANY.

Physiology, or the science of life, is too important a subject to be passed over slightly, or thrown in as a kind of make-weight, to a course of anatomy: it demands a distinct consideration, and will afford ample matter for a course of lectures. Dr. ROGET proposes, by embracing comparative as well as human physiology, to exhibit a general view of the science of life, which you will find equally instructive and interesting. This mode of treating the subject is more particularly necessary, because comparative anatomy has furnished numerous and important illustrations of human structure, and physiology has been principally elucidated by the dissections of animals and experiments on them.

Anatomy and physiology do not, however, teach disease; that must be learned by observation. You must closely watch the altered functions during life, and ascertain the organic changes by dissection after death. Your anatomical and physiological knowledge will be most useful in enabling you to understand disease. If you do not know the healthy structure, how can you appreciate the changes which pathological anatomy unfolds? How can you refer the symptoms, or altered functions, to the organic changes which have produced them? The general doctrines of disease and treatment, can only be judged by the lights of anatomy and physiology; the greatest portion of medical theories is obviously unable to bear this scrutiny, and may therefore be at once dismissed.

The wards of an hospital are the best schools of surgery; and clinical study, under the guidance of a competent teacher, is the best mode of learning. The facts thus presented to the senses, make a much stronger impression than any description; the progress of the case brings opinions and explanations to the test, and determines the value of the treatment which has been adopted. The immediate appeal to nature, which the presence of the patient affords, and the close attention of intelligent students, supply at once a salutary excitement and restraint to the surgeon. To secure these advantages in their full extent, instruction should be strictly *clinical*, that is, given at the bed-side of the patient. If the teacher lectures without the presence of the patient, and to those who may not have seen the case, it is merely an ordinary affair of oral instruction. As a surgeon of St. Bartholomew's Hospital, I have always endeavoured to explain diseases in this way, and I shall continue in that Establishment to illustrate, clinically, the doctrines which will be laid down in this theatre. When cases of interest present themselves, either to Mr. Wardrop or myself, we propose to mention them to you occasionally after the regular lecture.

Lectures on surgery are only auxiliary to the practical study of disease; without the latter, they can be of no avail, while close observation of disease and diligent study of good books would answer the purpose very well without lecturing.

Too much importance has been attached to Lectures; and the long continued habit of attending them, seems at last to have produced the belief that medicine can really be learned by them. This is a great mistake. The medical sciences rest on observation, and are only to be acquired by resorting to nature. The great number and intricacy of the phenomena, are additional reasons why we should examine for ourselves, and not take the facts at second or third hand. A few cases attentively observed, will teach you more than any lectures or books. If you attend to nature with an unprejudiced mind, you cannot go astray. Lecturers and writers often copy from each other, without resorting to the fountain of knowledge. Can we wonder that they frequently mislead and deceive, instead of instructing? This plan of teaching by lectures would be thought very absurd in other departments of knowledge, as in painting, architecture, or any of the mechanic arts. It is not at all more rational in medicine.

A course of Lectures should contain a general, but not minute exposition of the science; a discussion of the principal doctrines, a methodical arrangement of the subject, and a collection of knowledge from various quarters, so as to exhibit the present state of the art. We shall endeavour to accomplish those objects. Our plan will be understood from the prospectus. The arrangement we have adapted will enable us to divide the labours of the course without impairing its unity.

Your study of disease, both in nature and in books, should embrace the whole range of the subject. To all, who are to act as general practitioners, this is obviously necessary; they will hardly meet with two or three cases in a hundred requiring a treatment strictly surgical. I consider a comprehensive acquaintance with the entire circle of medicine equally essential to those who mean to practise surgery only. I have shown you that surgery and physic cannot be separated in the study, although they have been forcibly disjoined in the practice of medicine: they touch each other at all points. If the *pure* surgeon is to rank higher in public estimation than the general practitioner, will he rest his claim to this superior dignity on the circumstance of possessing a lower amount of knowledge? The *manual* part of surgery is far less important than the *medical*. If we are to be confined to operations, plastering, bandaging, and the other mechanical parts of the profession, let us cease to trouble ourselves with minute researches into organization, with the study of physiology, and pathology; we shall then be fitted to resume what we have not so very long abandoned, our fraternity with the barbers. When a patient with a compound fracture becomes feverish, when a wound of the abdomen or chest causes inflammation of those cavities, when a blow on the head excites inflammation of the brain or its membranes, when erysipelas supervenes on a local injury or disease, the surgeon, who is ignorant of medicine, cannot treat those cases; for the medical means are every thing, and the merely local treatment of little importance. The physician expressly abandons all consideration of the *local origin*, and carefully proclaims his ignorance of it; shall the surgeon follow his example, and pride himself on being ignorant of the *general effects* of the mischief? On this plan, every patient must have two medical attendants, a surgeon and a physician. This arrangement, arising out of the ignorance of both, which renders each less fitted to perform properly the duties that he professes to understand, would therefore be as injurious to the person, as to the purse of the patient; and, in my opinion, by no means honourable to the profession.

Although I maintain the unity of medicine as an object of study, and am convinced that no part of it can be thoroughly understood and successfully practised without the aid of those principles, which are deduced from a comprehensive survey of the whole, I do not assert that the opinion that each member of the profession should practise all parts. The ample field of medicine will occupy numerous cultivators, and its several parts afford scope for selection, according to various tastes. I contend, however, that the practitioners of each department should be able to do all that may be necessary for their patients, or, at least, that surgeons ought to be competent to the entire management of surgical cases, without the assistance of any other practitioners. The advantage of the patient, and the respectability of the surgical profession, equally demand this.

The history of surgery need not detain us long. Except as matter of curiosity, there is nothing worthy of attention before the beginning of the last century; and we could advantageously spare all the previous writings. The Greeks knew nothing of anatomy, and were therefore necessarily ignorant of physiology. Even their ingenuity and powerful intellect could not surmount this disadvantage, although they were excellent observers, and carried the knowledge of disease as far as unaided observation could reach. The Romans were equally destitute of anatomical knowledge, until the time of GALEN; and it is probable that he had never dissected the human body. The Arabians merely copied the Greek and Roman writers.

Although medicine, even at an early period, was more subdivided than it is at present, the distinction between physic and surgery, does not appear in the old writers, who treat indifferently of both. The separation of surgery, which then consisted of a few mechanical processes, from physic, can only be traced back to the 12th century. At a time when the perversion and abuse of religion were deluging Europe with blood, it was declared by a general council, that the church abhors the shedding of blood—*ecclesia abhorret a sanguine*. Thus the priests, who were then nearly the sole possessors of medical, as well as other learning, left to barbers the performance of bleeding and other operations. Perhaps surgery, as it then existed, cannot be said to have been degraded by the alliance, which, however, has lasted in some parts of Europe to the present day.

The progress of anatomical knowledge has been marked by a corresponding advancement of surgery: the epochs of the two sciences are the same. Their most brilliant era in this country was that of the HUNTERS, with whom POTT was coeval. The impulse which these great men gave to medical science was not adequately sustained after their death, and the subsequent progress of anatomy and physiology must be looked for in other countries. For a quarter of a century, we were nearly deprived of intercourse with the continent, and knew very little about the state of medicine in FRANCE, ITALY, and GERMANY. The national conceit, and the mean opinion of foreigners, which this insulation engendered, were encouraged and increased by those who ought to have known better. Happily the cessation of war, by allowing renewed intercourse, has led us to a juster estimate of ourselves and our neighbours. FRANCE and GERMANY have outstripped us in their establishments for medical education, and in the opportunities of acquiring every description of professional knowledge. The advantages of free access to these sources of information, and the zealous efforts of numerous able men in rendering them as useful as possible, have attracted numerous English students to the schools of FRANCE and GERMANY, where they have seen much that might be advantageously imitated at home. These foreign travels and studies ought to meet with every encouragement, instead of exciting the mean jealousy, and the contemptible pecuniary alarm which have been shown in some quarters, where more liberal sentiments ought to have prevailed. The true lover of science will hail improvement with pleasure, from whatever quarter it may proceed. In so vast a subject as medicine, our views will be very imperfect, if they are confined to the doctrines and experience of a particular school, or even country. We should compare the opinions and practice of others with our own, and the range of comparison cannot be too wide.

The most important period in French surgery was the establishment of the SURGICAL ACADEMY in the reign of LOUIS XV. The ability and knowledge of its members may be estimated by the five volumes of its memoirs, which are replete with valuable information. JEAN LOUIS PETIT was one of its earliest members, and a distinguished ornament of his profession. DESAULT and BICHAT have successively flourished since, and claim our highest respect. The career of the latter, although short, was brilliant; he displayed such a combination of mental energy and activity, of original genius and patient industry, that his early death must be regarded as the greatest loss which medical science has sustained in modern times. His work on the membranes, his treatise on life and death, and his general anatomy, which astonish us as the productions of one who died at the age of thirty, were only the precursors of a great design which he had conceived of remodelling the science of medicine.

The reputation of the French in medical science is still amply sustained by a long list of living individuals, whose talents and zeal are gratefully recognised by those who have benefited from their instructions. I cannot help mentioning the gratification I have derived from the admirable anatomical work of M. JULES CLOQUET, the *Manuel d'Anatomie*, now in course of publication, and I strongly recommend it to your notice. All parts of medical science are indeed cultivated by our ingenious neighbours with great zeal, and an apparently disinterested love of knowledge. They excel as anatomists and physiologists; they are close observers of nature, and have investigated very attentively the changes produced in the animal organs by disease. Their knowledge is systematic and well arranged, and their elementary works excellent.

Among those who have contributed to the advancement of medicine in GERMANY, the name of HALLER occupies the first rank. His *Elementa Physiologiæ* contains the greatest collection of anatomical and physiological facts that has yet been made; on this account, as well as for its clear arrangement, and the careful separation of fact and hypothesis, it retains, and probably will always retain, its value. RICHTER, who was contemporary with HALLER as Professor of Surgery at Göttingen, was a close observer of disease, which he described accurately and treated very judiciously. His *Elements of Surgery*, in German, is an excellent work.

HALLER published, under the title of *Bibliotheca Chirurgica*, an analysis of all the writings on surgery, from the earliest period to his own time. This work was continued in the German language, a somewhat altered form, by RICHTER; and it has been brought down to the present period by LANGENBECK, who is now Professor of Anatomy and Surgery at Göttingen, and a most indefatigable labourer in those sciences.—These *Bibliothecæ* present a complete literary history of surgery.

Although SOEMMERING has not written on surgery, our respect for his consummate knowledge of anatomy, and our admiration of his unrivalled illustrations of the human structure, prevent us from passing his name unnoticed.

Italy has possessed, in modern times, three great anatomists, CALDANI, MASCAGNI, and SCARPA. The last name of this illustrious triumvirate is equally celebrated in surgery and anatomy. In the latter science he has not been surpassed, and the estimation in which his surgical writings are held, is sufficiently evidenced by the fact of their having been translated into most of the modern languages of Europe.

The posthumous anatomical works which occupied MASCAGNI more than 20 years, are now in course of publication; but the principal one is at so high a price, on account of the number and beauty of the plates, that it can only meet with a very limited circulation. The design and the execution are equally grand, and far exceed all previous efforts. He has formed and executed a plan apparently far beyond the grasp of a single mind, and the extent of an individual life; viz. to represent the whole human fabric, from the microscopical details of each tissue and organ, to the view of all parts in their natural size and relations. We are lost in astonishment, at the persevering industry, the genius and the taste which are displayed throughout, and you will be still further surprised, at hearing that the author was not a member of the medical profession, and devoted himself to anatomy merely as an interesting pursuit.

They who have been accustomed to the rubbish and trash which pass under the denomination of anatomical plates in this country, should just look at the *Anatomica Universa* of MASCAGNI: they will get a new insight into the construction of the human body, and the manner in which it may be delineated.

I know of no good English work on general pathology; that of JOHN PETER FRANK, *De curandis Hominum morbis*, is, perhaps, the best general practical book as far as it goes. Neither have we any good book on pathological anatomy; that of Dr. BAILLIE is merely a catalogue of morbid appearances; and many important parts are entirely omitted. MEKEL has published a more general and philosophical work in German. His *Manual of General Anatomy*, which has lately been translated into French, also contains a short account of the pathological changes observable in each structure and organ.

Many valuable contributions to the subject have been made of late years in FRANCE, where ample opportunities exist for cultivating pathological anatomy: these have been most zealously employed by many ardent inquirers.

Mr. HUNTER's *Treatise on the Blood and Inflammation*, contains materials of the greatest value, for illustrating the most extensive and important department of surgical pathology; its obscurity and defective arrangement render it unfit for the student. Dr. THOMSON's *Lectures on Inflammation* will be much more useful to him.

Mr. ABERNETHY's *Remarks on the Constitutional Origin and Treatment of Local Diseases*, and Dr. HAMILTON *on Purgative Medicines*, deserve, and will repay your attentive perusal. To the writings and lectures of the former, we may ascribe the great praise of exciting and exemplifying a more scientific investigation and treatment of surgical diseases. He was the first, in this country, to vindicate the natural rank of surgery, as a branch of general pathology; he taught us to extend our views beyond the narrow limits of local causes and remedies; he pointed out the general influences to which the diseases of parts owe their origin, and hence he deduced the general means of treating such affections. He has been accused of wishing to make surgeons physicians; the accusation does him the greatest credit. By exciting surgeons to cultivate medicine generally, by thus reuniting two artificially separated parts of one science, which require each other's aid, he has, at the same time, benefited the public, and increased the respectability of his own profession.

The *Dictionary* of Mr. SAMUEL COOPER, and his *First Lines of the Practice of Surgery*, are essential books, whether for the student or the practitioner. The dictionary in particular, is, in itself, almost a complete surgical library, and its ample references will point out to you the sources of further information on all points.

In the course of our lectures we shall have occasion to mention other books. I will only observe here, that he who wishes to acquire a thorough knowledge of his profession, ought to be conversant with the Latin, French, and German languages, as numerous valuable works on all parts of medicine are to be found in each of them. Our own language is indeed very poor in elementary professional works; we have no original standard production on anatomy, physiology, or general pathology. I know no English work, even on the practice of medicine, that can be considered on a level with the present state of knowledge. The aid of foreign medical literature, is therefore essential to those who wish to study medicine thoroughly.

Let me observe, GENTLEMEN, in conclusion, that in devoting yourselves to the medical profession, you are undertaking an honourable and useful, but very arduous task. The most comprehensive mind, and the greatest industry, might find occupation for many years in acquiring the whole circle of medical knowledge; and you will have reason to lament that you cannot employ a longer time in the preliminary studies, which are necessary as a qualification for practice.

In some respects, our profession has peculiar advantages; it engages us in the contemplation and study of nature, and in the investigation of truth. We are not obliged to defend any doctrines or systems, nor to uphold any set of opinions. We have no interests at variance with those of the community. In professional intercourse with our fellow creatures, we are known only as the instruments of good, as the means of removing pain and sickness, the greatest evils,—and of restoring or securing health, the greatest blessing to man. The happiness or misery of life, and the very questions of life or death often hang on our decisions. I trust, that bearing in mind the serious nature of your duties, you will be anxious to employ the short period of your studies to the greatest advantage, and allow no opportunity of gaining knowledge to pass unimproved. You will thus render yourselves useful and respected members of an honourable profession, and be always able to look back with satisfaction on a life spent in doing good to those around you.

THE

INTRODUCTORY LECTURE

TO A COURSE OF ANATOMY,

DELIVERED BY

Mr. BENNETT,

AT THE

Medical School, Dean-street, Soho-square.

GENTLEMEN,

THE usual practice, which has been so long pursued by the Teachers in this city, of prefacing their Courses of Lectures by some introductory remarks, in some measure imposes on me the necessity of following the example.

An introductory lecture partly refers to the individual who delivers it; his pretensions; his merits with regard to the past, or his promises with regard to the future: and in the next place it may refer to the subject matter of the proposed course of lectures. Persons of established reputation usually appeal to the past, and speak of what they have already done; and assuredly it must be admitted to be the most legitimate ground on which a man may rest his claims: whilst those who are only about to enter on their career, come forward with promises and professions which are not always realised.

To speak of self is at all times an irksome and disagreeable task, particularly so when an individual has to state his own case, and the grounds on which he may think himself entitled to public support; but to make promises which may not be performed, and professions which may not be realised, savours too much of that which every professional man should sedulously avoid. I feel, however, relieved from the painful task of making any allusion to my past opportunities or present pretensions, by the circumstance of my case having been so constantly mixed up with certain late discussions, a subject which it would be superfluous to introduce on the present occasion, and one which I assure you I dare not trust my feelings upon. I therefore pass on to another, which is more congenial to my usual modes of thinking, and far more conformable to my taste and habits.

The proper object of the anatomist's study is the structure of organised beings. These, in their immense variety—their infinite diversity of form and structure—in their different degrees of development, from the lowest vegetable (through the great chain of animated existence) up to man, may be said to be included within the province of anatomy.

In its literal sense, anatomy simply means dissection; but though this may have been the original signification of the term, it now admits of a more extended application, for it includes the consideration of all animated nature, and may therefore, with propriety, be designated the science of organisation.

A pursuit so extensive, I may say so multifarious, must have been slow in its progress to improvement; for, like all the physical sciences, it required the concurrent exertions of a number of individuals, each devoting himself to the cultivation of particular departments of it. Those arts, which are the offspring of the imagination, and which, as such, rest solely on the genius of a single individual, may attain the very highest degree of excellence, even in the infancy of society. Hence it is that poetry, painting and sculpture, started into maturity in the earliest ages, and the productions in those arts, which were then given to the world, have been since seldom equalled, never excelled.

But far different is the progress of those arts which are founded on observation. Time and labour must be devoted to their cultivation, and as all that is observed must be submitted to the ordeal of the judgment before truth is elicited, improvement must be gradual, and perfection remote. Impediments such as these, which arise out of the nature of the pursuit, have no doubt materially retarded anatomy; but the industry and exertions of those engaged in its study, would have readily surmounted these obstacles, if, unhappily, anatomy more than any other pursuit, had not to struggle against the common enemies of all sciences—superstition, and the prejudices of the vulgar and the illiterate. Even in the present enlightened age, and in this country too, so celebrated for the freedom of its institutions, and the liberal spirit of its policy—in this country, where the public good is so much the object of solicitude, the impediments which ignorance and superstition had in remote ages raised to the study of anatomy, are still continued; and a subject with which the well-being of the community is so vitally connected, is fettered by obstacles of the most vexatious and revolting description. In France and other continental countries, an opposite line of conduct has been pursued. The governments have not only removed all the obstacles which impeded the study of anatomy, but have encouraged and promoted it by every means; and the effects of this policy have been rendered manifest by the great and decided progress which the science has made in those countries within the last thirty years.

Anatomy has always been regarded as the basis of the healing art; from its cultivation, the sciences of physiology and pathology have arisen to their present improved condition, and it is only through its future improvement, and the consequent advancement of those two sciences, that the practice of medicine or therapeutics can ever approach the rank of an exact science. Before the present age, medicine reposed upon such tottering bases, as the fertile imagination of man could suggest. It was therefore fluctuating and unsteady in its progress; the doctrine of one day yielded to the theory of the next, and certainty and consistency were lost in the wildness and intricacies of speculation. In the language of the immortal Bacon, "Men sought to make a world from their own conceptions, and to draw from their own minds all the materials they employed. But if, instead of doing so, they consulted experience and observation, they would have had facts, not opinions, to reason about, and might ultimately have arrived at a knowledge of the laws which govern the material world." The truth of this observation is apparent, and seems now to be fully appreciated as the only mode by which we can attain certainty in the improvement of any science. We now feel the necessity of first collecting facts, and then deducing our principles from them. It is with this view that comparative anatomy has of late years been studied with so much effect. For in our endeavours to ascertain the laws of life, it is evident that the plan most likely to be successful, is to direct our attention to the study of those organized beings whose structure presents the most simple form, and whose functions are the least complex. In them we find what I may term the rudiments of organization and life, the knowledge of which must facilitate our inquiries into the intricate and complicated machinery of man, and forward us towards the great desideratum of medical philosophy, namely, the knowledge of the laws of life.

That the human mind, considering its limited capacity, could ever attain this object, may appear to some as visionary and impossible; but if we reflect upon the darkness which enveloped the phenomena of unorganized matter, until the genius of a Newton shed light upon them, we may, without presumption, hope that the human intellect may yet unveil the mysteries of the laws of life.

Influenced by the importance of this subject, I thought a few observations on organized bodies generally would be the most useful introduction to a course of human anatomy.

When we examine an organized body, we find it presents externally a particular form which is constant, and which is more or less rounded, or rather not angular, and internally a series of heterogeneous parts, consisting of solids and fluids. The solids are called organs, and hence the term organization. They may further be designated instruments, for it is by their action that life is sustained. Each organ has a determinate form, a proper situation in the system, and when examined is found to consist of particles which are interlaced or interwoven, forming areola like sponges, and cavities which contain the fluids. The fluids are generally termed humours; they exceed in quantity the solids, particularly in animals, and both are in a state of mutual dependence, for it is from their union and reciprocal action that organization results. Now when we come to examine chemically the solids and fluids, we find that they are analogous in their composition, and that their materials present nothing particular, inasmuch as they exist equally in unorganized bodies. Oxygen, hydrogen, carbon, and in a great number azote, with earthy substance being the elements, we may infer that it is not the constituent principles, but the arrangement of them, which distinguish organized from unorganized bodies.

The action of an organ, or of many, producing a common effect, is termed function. Now there are two functions common to all organized bodies; by the first, they possess the power during a limited time of appropriating to themselves extraneous substances, part of which become identified with them by assimilation, and further, of separating from their systems, substances which then become foreign. During this process the component parts of the organized being are continually changing, but its form remains the same. Extraneous substances can penetrate an organized body in the fluid form only, and it is in the same form that the superfluous molecules are disengaged or separated. As a necessary consequence of this action, the solids and fluids are in continual movement in the system, the fluids running through the cavities of the solids, and the latter, by their dilatation and subsequent collapse, determining in a great measure the motion of the former. During these changes, part of the fluids become solid, so occupying the place of others which are taken up in order to be eliminated from the system.

Now as the existence of an organized body is limited, we find that the vital movement, after a certain period, becomes languid, and eventually stops altogether. This is death; after which the elements of the organized body separate from each other, and enter into new combinations, so that not a vestige of the former being remains, with the exception of (in animals) that small portion of earthy substance which enters into their composition.

The second great function common to organized bodies, is that which provides for the continuation of the species, namely, generation. All organized bodies are produced by others, similar to themselves. In the first moments of existence they present the form of a germ, appearing either in or upon the parent, from which they separate after a certain time, and become independent and distinct individuals.

Such are the common characters of organized bodies, and such the common functions which constitute life in them; indeed, life and organization seem to be in such mutual dependance, that each seems to be a condition of the other, for without organization life cannot be supposed, and without life organization cannot exist. I do not, however, imply that life is the result of organization; such an opinion has neither reason nor observation to support it, and seems to have originated in the abuse of words.

An obvious division of organized beings at once occurs, into the vegetable and animal kingdoms; the vegetables we leave to the botanist, and confine our attention to the animal kingdom, as being more immediately connected with the province of human anatomy. I may here, however, briefly observe, that it is rather difficult to assign the precise line of demarcation between the two kingdoms, for the lower grades of animals resemble some of the vegetables so strikingly, both in structure and function, that it is almost impossible to refer to their proper kingdom several of the individuals that are found on the confines of each, the vital actions in both being limited to simple nutrition, by which life is sustained, and the power of reproduction, by which the species is continued. It may further be necessary to state, that the functions of motility and sensibility are said to exist exclusively in animals.

Passing on, therefore, to the consideration of the animal kingdom, we find, that in addition to the rounded form which characterises all organized bodies, animals are externally symmetrical, that is, they present two equal and similar portions, one on each side of the central line.

The body is hollowed into an internal cavity or intestine, lined by a membrane continuous with that which envelops the external surface; into this cavity the aliments are received. In the greater number of animals there are vessels termed circulatory, which carry the nutritive substance to the different parts of the body; respiratory organs, in which this matter is submitted to the action of the atmosphere; and further, secretory organs, where a part of this matter is separated from the general mass, to be conveyed away from the system. They also possess genital organs, in which the germs of the young make their appearance, and from which, after a certain period, they detach and separate themselves. In most animals also, there are muscles to execute movements, senses to receive impressions from external objects, and a nervous system consisting of chords and filaments, expanded at one extremity in the several organs and teguments; and by the other extremity, attaching themselves to the nervous centres, to which they convey impressions made on the several organs, and from which they reconvey the mandates of the will.

The solid parts, or the organs of animals, have for their base cellular tissue; this, in a state of condensation, forms the envelope or skin externally, and internally, the lining or mucous membrane; and this mucous tissue prolonged into the several organs of respiration, secretion, and generation, constitutes the direct medium through which these several functions are performed.

Hollowed into canals, the cellular tissue forms the several vessels, and they, by their infinite congeries, produce other organs, as the glands. The muscular fibre is another kind of solid, different from the cellular tissue; microscopic observation, shows it to consist of small globules ranged in lines, and its leading character is irritability, that is, when stimulated, it is thrown into a state of contraction.

The substance of nerves is also formed of globules, but different from those which form the muscular fibre.

The humours are abundant in animals, and exceed, in their proportion, considerably the solids. This has been made the subject of direct experiment. A human body being weighed immediately after death, and then subjected to destructive distillation, so as completely to expel all its fluids, it was found that the proportion of fluids to solids was as nine to one.

In the greater number of animals, there is a fluid constantly circulating; it is the blood, which may be called the central mass of the nutritive fluid. It flows in a circle, depositing, in the several parts of its course, materials for growth and nutrition, and receiving from without matter for its own constant renewal. When examined, we find it to be a serous vehicle in which globules float; its composition differs not from that of the solids, whereby we are enabled to understand how the fluids are convertible into solids, by an easy and natural transition. Indeed the anatomical elements of the solids and fluids appear to be the same; liquid in the blood, where they constitute serum or albumen; globular, in the red particles, which float in that serum; globular also in the nervous matter, and in the muscles, where the globules are disposed in lines or fibrillæ; and, finally, concrete in the cellular tissue.

When we come to consider the functions of animals, we perceive that those of nutrition and generation, which they have in common with vegetables, are more or less modified. Nutrition, instead of resulting from an external absorption, as in vegetables, is performed by an internal absorption; and the nutritive fluid taken up from the cavity of the intestine, instead of being directly assimilated with the system, is first submitted to the action of the atmosphere. During this process, water and carbonic acid are produced, and expelled from the system; but, in vegetables, on the contrary, the hydrogen and carbon are retained, and the oxygen is exhaled. Further, the nutritive fluid is constantly purged or depurated by another action which is termed secretion. This process takes place on the external surface or skin, on the internal or lining membrane, and, finally, in certain organs in which the circulating vessels communicate with proper excretory canals.

Of the several fluids thus separated from the blood, some are made subservient to certain uses, as the bile, the pancreatic and salivary fluids, while others are rejected altogether from the system, as the urine. The circulating fluid thus constantly renewed by intestinal absorption, and preserved in a proper state by respiration and secretion, passes to every part of the body, where a portion of it becomes solid; and, again, part of the solids become fluids, and re-enter the circulating mass.

The next great function, generation, presents such extreme diversity in the several modes in which it is carried on, and offers so little of peculiarity which may be considered proper to animals, and yet common to them all, that it would be extremely difficult to state any general views which would not be equally applicable to the vegetable kingdom. Hence we must defer the subject to the examination of the several classes of animals.

Motility, sensibility, and the action of the nervous system, give animals a series of functions which are called animal, in contradistinction to those which they possess in common with vegetables, which are termed vegetative or organic. Motility, or the power of motion, resides in the muscular fibre. The muscles are composed of bundles or fasciculi of fibres, and are fixed by their extremities to those moveable parts which they are destined to act upon. When in action they contract, whereby their extremities approach.

Sensibility, or the faculty of receiving impressions, has, for its organ, the nervous or medullary substance. This, disposed in filaments, constitutes the nerves, which are white chords connected by one extremity to what are called nervous centres, namely, the brain, spinal marrow, or ganglia; and, by the other extremity, they are expanded in various organs. Impressions produced on the system, by external agents, are transmitted by the nerves to the central mass; and, again, when an animal receives a sensation, which calls forth a volition, it is by the nerves that the will is transmitted to the muscles. The central nervous mass is further the organ of instinct, and of the cerebral functions.

We have now seen the general properties which characterise animals, and the functions which are common to all. But these, you may perceive, are few, and would limit our knowledge within very narrow bounds, did we not consider the different degrees of energy, and other peculiarities which distinguish some animals from others, in the performance of their functions. In order, therefore, to facilitate our inquiries, the animal kingdom has been divided into classes, and as it was impossible to find any one function or organ, with the development of which the other functions and organs kept pace, whereby the rank of each individual could be determined, it has been deemed necessary to group them according to the ensemble or aggregate of their functions. As motility is a leading character of animals, the first great division of them is determined by the nature and position of the organs destined for that function. In reference to it, animals have been separated into the two great divisions of the articulated and the non-articulated. The articulated are again divided into those which are articulated internally, and those which are articulated externally. In the first the bones are placed on the inside, where they form a skeleton or frame, and the muscles are situated externally, and envelop them. This class of animals is also designated the vertebrated, as having a vertebral column.

The animals articulated externally, are those where the hard parts (which in such cases are shells or scales, instead of bones) are placed externally, thus forming envelopes for the body within which the muscles are placed.

[This part of the Lecture was illustrated by a sketch of the different classes.]

ANIMALS	Articulated	internally vertebrated	Viviparous; with mammæ			1. Mammiferæ.
			oviparous without mammæ	lungs	feathers; wings	2. Birds.
					none - - none	3. Reptiles.
				no lungs: branchiæ		4. Fishes.
		externally, invertebrated	articulated limbs		tracheæ	5. Insects.
					branchiæ	6. Crustaceæ.
			no articulated limbs			7. Worms.
	Non-articulated			respiratory organs	distinct; vessels	8. Molluscæ.
					none; none	9. Polypi.

We find the lowest class of animals, those whose organisation is the most simple, and whose functions are limited to mere nutrition and reproduction, to be the zoophytes. If life be scarcely appreciable in them, they possess the extraordinary power of retaining it with extreme tenacity; for although dried, they have the faculty of vivifying on exposure to heat and moisture. Their natural situation is in liquids, where they are surrounded by their aliments, which are imbibed or absorbed by external pores; when examined anatomically, their parts appear distributed about a centre, and in rays. There are no nerves discernible, nor do they possess any of the organs of sense, except that of passive touch. We do not always find a true alimentary tube in them, but generally a simple sac, with one or more openings for the admission and exit of their food and its debris. They possess no distinct circulatory or respiratory organs, and their powers of motility are generally limited to that movement which is performed by the totality of the body suspended in a fluid. Thus you perceive their functions surpass but little those of vegetables, and therefore they constitute the lowest order of animals.

The grade immediately above the zoophytes is the molluscæ. The greater number of these animals also live in a liquid medium, in which their motility is extremely limited. Their bodies are soft and non-symmetrical, and are generally protected by shells more or less solid. They possess scarcely any of the organs of the senses, though endowed with nerves, and these latter present the peculiarity of having few or no ganglia. They have blood vessels, and consequently a circulation; also organs of respiration, which vary according to the medium in which they live. In their mode of reproduction, we find considerable variety: in some, each individual is of a distinct sex; in others, the sexes are united in the same individual, so as to constitute them hermaphrodite. Of the latter, some impregnate themselves, and others copulate, in which case each individual impregnates and is impregnated.

The next class of animals is not much more perfect than the last; they are the articulated worms, which are also destined to live in water or in humid air. Their bodies have no limbs, but present a series of rings, by which they are enabled to move. They are almost all deprived of the organs of the senses. Their medullary system consists of nerves and ganglia, from which the nerves run in a radiated direction. Their organs of generation are distinct and separate.

The next class comprises the crustaceæ. Their bodies, as in the last class, are formed of distinct pieces, one articulated with the other; but, in addition, they for the most part have limbs, or lateral appendices, which are intended for the more perfect movement of the animal. Those which inhabit water have respiratory organs, consisting of leaflets, or laminated fimbriæ, called gills, which may be termed aquatic lungs.

The next class is composed of the insects. Their bodies present a central plate, with moveable pieces; they possess the power of motion in the highest degree; some in water, some on its surface, some in the earth, and some in the air, by the several organs appropriated to these different kinds of locomotion. They respire air, which penetrates the various parts of the body by numerous openings or foramina, which lead to tubes, termed tracheæ. Although generally supposed to be destitute of the organs of circulation, they are more animated than the former classes, for they possess the organs of sight, hearing, smell, taste, and touch. In reference to their organs of nutrition and generation, we find insects as perfect as the classes immediately above them.

The remaining four classes of animals are included in one great division, and are called the vertebrated animals; they seem to be constructed upon the same model, for all present a vertebral column, or spine, consisting of a series of small bones, articulated one with the other, which supports the body, and further affords a canal for the protection of the common nervous mass, the spinal marrow. The vertebral column is always situated in the middle line, and in the longitudinal direction of the body; it terminates before or above in a bony cavity, which contains the great cerebral mass and the greater part of the organs of sense, and behind, in a prolongation, the tail, which is of varied use, being in some animals destined for progression, and in others for the direction of their movements. Connected with the spine, before we have the thorax, and behind the pelvis, each appropriated to the reception of organs, which are protected by the bony walls that surround these respective cavities.

To the thorax in front the anterior limbs are attached, hence termed thoracic; and to the pelvis behind, the posterior, termed pelvic, or abdominal. The organs subservient to the several functions are more numerous, and better developed than in the preceding classes. As accessary to the function of nutrition, all the vertebrated animals possess a liver, a spleen, kidneys, and, for the purposes of generation, testicles: all present organs of circulation and respiration, and all have red blood put in motion by an agent of impulsion, the heart. In this great division we have the fishes, reptiles, birds, and the mammiferæ. The fishes are the most simple and the least complicated of the vertebrated animals in their organisation. Their organs of movement, however, are highly developed, the bones and muscles occasionally forming, in weight or volume, nine-tenths of the entire body. The general structure seems adapted to the region in which they live, and thus the spine terminates behind, in a tail which performs the office of a guide, or rudder, to their movements. Their only mode of respiration is by gills, and their heart is composed of a single ventricle and auricle, the blood being made to pass through the gills before its distribution to the other parts of the body. In reference to their organs of sense, we find that they have no lids to their eyes; the ear has no external opening; the nares do not communicate with the cavity of the mouth, and are not at all subservient to the act of respiration. The females, generally, deposit their ova without any connexion with the male, who afterwards pours his seminal fluid upon them; in some, however, which are ovaviviparous, the ova are impregnated in the body of the female.

In the next class, the reptiles, we find the organs of movement to present considerable varieties; some possess no limbs, others have claws before, others before and behind, and these are occasionally used for progression on land; in other instances, as fins, for movement in water. They respire air as the classes above them, but as the totality of the blood is not forced into contact with the air, their temperature changes to that of the medium in which they are placed. Their respiration is as varied, for they can suspend or accelerate it, and thus can live under water or in vitiated air. Some are remarkable for undergoing certain changes, not only in their external configuration, but even in their organisation, a curious instance of which is seen in the metamorphosis of the tadpole into the frog. Their mode of fecundation is determined by the nature of the medium in which their young are developed.

The next class comprises the birds. These present a high degree of organisation, and their skeleton is much more solid and more complicated than that of the preceding classes. The region of the neck, and the thoracic members destined for the action of flying, as also the sternum, into which the muscles of the arms are inserted, are remarkably developed. The skin is covered by feathers, which not only protect the body, but facilitate their movement through the air. The entire of the blood passes through the lungs, to which it is sent by one ventricle, whilst the other ventricle forwards it through the rest of the body; their temperature is therefore constantly the same, be the media in which they exist more or less cold or warm. They are oviparous, producing eggs covered with a calcareous shell, and a certain degree of heat acting upon these, the young are developed by a process termed incubation.

The next, and highest class of animals, the mammiferæ, derive their name from the mammæ, which are organs destined in the female to furnish the fluid, called milk, for the nourishment of the young. Another prominent character of them is, that they are viviparous, the young being developed in a particular organ of the female, the uterus, where they are attached to an interlacement of vessels, termed placenta, from which they derive support. Their skeleton is very complete, and disposed, together with the muscles, to perform different movements, according as the animals live in air or in water. Their lungs and heart are contained in a particular cavity, which is separated from the abdomen by a muscular partition, the diaphragm. In other respects the organisation of the heart, the actions of respiration and circulation, are analogous to those of birds.

Such are the nine classes of animals, established according to the general result of their organisation; but if we were to consider their functions particularly, the classification would be attended with extreme difficulty; thus, as regards motility, the insects are superior to the moluscæ, and, in reference to the circulation, the moluscæ, are more perfect than the insects. In the higher classes of animals, we find that those organs and functions which they possess exclusively, and which, therefore, distinguish them from the lower animals, are not merely superadded to those which they have in common with the latter, but, on the contrary, that they modify them to a considerable degree, and hold them in a sort of dependence. Thus, in those animals which possess muscles, we perceive that tissue superadded to the digestive tube for the propulsion of the aliments; further muscular fibre enters into the composition of the heart, by the action of which the circulation is carried on; and again, in the higher classes, where we have a more perfect development of the nervous system, we find that it influences, to a great degree, the function of the circulation, and *vice versa*, the action of the heart, the nervous system. So that in the higher classes there seems to exist a reciprocity of action between the several functions.

Taking a rapid view of the various functions, we at once recognise the several gradations in their action, from the most simple to the most complex; they have been distinguished into the nutritive, which comprises digestion, circulation, respiration, and the secretion; secondly, the faculty of reproduction or generation; and, finally, motility and sensibility.

The most simple form of digestion is that where it seems to be a simple absorption of liquids from without, by numerous pores analagous to those of the roots of plants, as in the rhizostoma, a species of the medusa amongst the zoophytes. The next most simple is where there is a digestive tube, but it has only one orifice which admits the food, and through which the debris are rejected, such as is found in the actiniæ. The most general is, where there is a tube which admits the food at one extremity, and rejects the residue of the matter, which has been digested at the other. The mouth for the reception of aliments is armed with teeth of variable forms, as in the mammiferæ, reptiles, and fishes. It is formed into a horny beak, as in birds, tortoises, tadpoles, and cuttle fish; and all these varieties are determined by the nature of their food, some being carnivorous, others being herbivorous, &c. The digestive tube is dilated to form the stomach and other pouches of various names; often it is simple, or without any dilatation in its whole length. As appendages to the digestive organs, we have, in the higher animals, certain fluids secreted by particular organs, as the saliva, bile, pancreatic juice. Finally, there are animals which offer curious instances of differences in the nature of their food at the several epochs of their lives. Thus the hydrophili, amongst the insects, are carnivorous in the state of larvæ, and afterwards, on their full development, become herbivorous. The tadpoles, also, which are herbivorous, become, in the state of frog, carnivorous.

With regard to the circulation, we find, that there are no organs for that function in the zoophytes and insects, though in the latter there is a long vessel extending the whole length of the dorsum of the animal, containing a white fluid, but we cannot positively say that it is circulatory, though some assert it, and hence we are led to suppose, that nutrition is carried on in them by simple imbibition. In the worms, the crustaceæ, and the fishes, the circulation is simple, that is, the heart propels the blood in a single circle. In the fishes, the heart sends the blood to the gills, from which it passes to the other parts, and then back to the heart; this heart is termed pulmonary. In the worms and crustaceæ, the heart sends the blood through the aorta to the several parts of the system, whence it passes to the lungs, and from them to the heart; this heart is termed aortic. In the reptiles and molluscæ, the circulation is termed partial; the heart sends, at the same stroke, the blood to the lungs, and to the other parts of the body; hence only part of the blood has the benefit of respiration. In the mammifer and birds, the circulation is double; the heart, which is single in the preceding classes, is double in them. One side propels the blood to the lungs, and the other to the entire system.

Respiration is carried on externally, or on the external surface in the zoophytes, the same as in vegetables. It is performed by the gills in fishes, the crustaceæ, and the molluscæ, by tracheæ, or tubes, which carry the air to all parts of the body in insects; finally, it is performed by lungs more or less complicated in the reptiles, birds, and mammifer.

The manner in which the secretion is performed, is too little understood in the lower animals to admit of any general description.

With regard to the reproduction or generation, we find an extraordinary variety in the operation. In some animals, as the intestinal worms, we are as yet ignorant of the mode in which they are generated. In others, as the polypi amongst the zoophytes, there are no organs for the function; reproduction in them resembles what is artificially resorted to in the propagation of some plants. You are aware, that a slip cut from a plant, and placed in the earth, under favourable circumstances, can become an independent individual. In the polypi, the branches or arms separate spontaneously from the parent polypus, and thus the animals are multiplied. The greater part of animals have particular organs for reproduction; these are divided into the male and female. In some, as the molluscæ, both organs are found in the same individual, and each impregnates itself; but in one class of the molluscæ, the gasteropodes of Cuvier, though hermaphrodite, yet it is necessary that there should be accouplement of two individuals, in which case each impregnates the other, and is itself impregnated.

A great number of animals separate from their systems the germs of their young in the form of eggs; they are hence called oviparous. In some of this class, as birds, the greater part of reptiles, the crustaceæ, almost all the insects, the molluscæ, and worms, the ova are fecundated by the seminal fluid of the male in the body of the female, before the egg is evolved, and the development of the fœtus takes place externally. In others, as fishes and the batrachian tribes, the ova are first deposited by the female, and the fecundation takes place externally. In the higher classes, the germ is not only fecundated in the system of the female, but the development of the young is also carried on there. These classes are thence termed viviparous.

We have already seen, that in reference to their powers of motility, animals are divisible into a series of classes. Their powers of motion are necessarily determined by the nature and development of the organs subservient to that function. In most classes, they are made accessory to the seizing and retaining their prey, and to self defence. In man, and the higher animals, those variously diversified phenomena are produced, which, though dependant on one cause, namely muscular motion, have received different denominations according to the circumstances under which they are performed. Thus the action of the muscles of the face is termed gesture; that of the body posture or attitude; that of the heart and arteries, pulse; of the intestines, peristaltic or vermicular motion; and to the several movements of the body, the terms are applied of walking, running, climbing, swimming, &c.

The organs of sensibility are always in relation with the powers of motility, and developed in the same ratio as the animal is animated.

Finally, the organs of the senses differ in their number, and in their degree of energy. All the vertebrated animals have the same senses as man. In the invertebrated animals, the sight is wanting in the zoophytes; several of the articulated worms in many of the larvæ of insects, and in some of the molluscæ.

The organ of hearing is not found in several of the molluscæ, and numerous insects. The remaining senses, particularly the taste and touch, are never wanting. In fact, could we enter into details, we should find that the organs of sense are modified according to the medium in which an animal is destined to live.

Such is a rapid and cursory sketch of the animal creation. Man is necessarily placed at the head of the great scale, and in him we find a series of characters by which he is distinguished from those animals which approach nearest to him in their structure and functions. The most evident is, that man by Nature has been intended to walk erect. But the great characteristic of the human organization is founded on the proportion between the cranium and the face, in which the former considerably exceeds the latter. This is owing to the predominance of the brain contained in the cranium over the organs of the senses contained in the face, but more particularly the organs of mastication; for the prolongation of the jaws forward, seems to be attended with a retrocession of the skull backwards, and on the proportions resulting from this comparison, depends the facial line of CAMPER. Thus it is the nervous system which distinguishes man particularly. The human brain has been said to be greater than that of any other animal, proportionally to the size and weight of the body; but the conclusion is not perfectly just, for in some animals, as the mouse, the contrary is the fact. If, however, we compare the brain with the spinal marrow and nerves, we shall find that in man the former considerably exceeds the latter in their relative proportions, while in animals the converse is the fact. Thus in man the brain is relatively great, and the spinal marrow and nerves small; whereas in animals the brain is by no means developed in proportion to the great size of the spinal marrow and nerves. In man also, the spinal marrow is thinner and shorter than in animals, at the same time that in him it occupies but the upper part of the vertebral canal, whilst in animals it descends and fills the whole cavity. In fine, the peculiarities of the human nervous centre may be comprised in the following characters, namely, the great development of the cerebrum and cerebellum relatively to the spinal marrow, to the tubercula quadrigemina, and the olfactory lobes, which are merely rudimentary in man—the great size of the lateral lobes of the cerebellum relatively to the middle lobe—the volume of the hemispheres—their prolongation backwards—the existence of the posterior lobe and its appendages—the thickness of the nervous membrane which forms the hemispheres—the extent of the central medullary mass—the number and depth of the sulci—the number and thickness of its convolutions, by which its surface is increased—and finally, the size of the corpus callosum. It would be impossible to enter upon a detail of the numerous peculiarities of the other organs in man. The position of the occipital foramen, that of the teeth—the absence of the intermaxillary bone—the oblique position of the heart—the connexion of the pericardium to the diaphragm—the softness of the mucous tissue in the intestinal canal—the cæcal appendix—the want of communication between the cavities of the peritoneum and tunica vaginalis, constitute so many other distinctive characters, which it would be too tedious to enumerate on this occasion.

These mere physical characters strongly mark the line of demarcation which separates the human species from all other created beings. There are others, and of a higher order, which not only distinguish him from them, but make that distinction an essental one. Man is further an Intelligence, and the peculiar characteristics of his intellectual nature are Conscience, Reason, Free-will, Moral Feeling, and the Sense of a Divine Cause; he is endowed with the faculty of communicating his wants, his wishes, and his feelings; he can look back and contemplate the past, and forward and calculate upon the future; and then it is he feels as if instinct told him, that he is intended for a future and a higher destiny.

It has been objected to the study of anatomy, that it has a tendency to disturb the belief of a Divine Cause; but the anatomist, when he surveys and studies the wide domain of animated nature, and contemplates the vast scheme of existence, every stage of which is marked by order and regularity, by a perfect adaptation of means to end, of structure to appropriate function, must recognise and perceive design in every step of it, and feel an irresistible appeal to his senses, which forces him to admit a superior and superintending Cause. But some there are who take a different view of this important subject, who would fain bring down all things to the level of their own contracted intellects, who would make their own minds the metre of an universe, who cannot estimate the design which pervades this great system, or the harmony which reigns through its different parts. Thus it is, that a fly on the pillar of a temple, sees the little inequalities of the surface on which it rests, but is unable to take a comprehensive view of the whole edifice, survey its beauties, its symmetry, and its proportions, and form an adequate idea of the genius and power of the artist who designed, planned, and executed it.

To the medical man, the study of anatomy is one of the most important that can engage his attention, no matter what department of the healing heart he may ultimately pursue as his profession in life. The structure and functions of the body in health must be carefully studied before we can be competent to appreciate its various and complicated derangements in disease: "Pour connaitre homme malade, il faut connaitre homme sain." The study of anatomy must be made subservient to the one and the other; when thus considered, we shall find that it makes us acquainted with the characters and properties of those textures or tissues of which the human body is composed, and then demonstrates the different changes which disease induces in them. The knowledge of the alterations produced by disease in the texture of organs, is of the first importance to the physician, particularly as it forms the basis of pathology. Every anatomist, during the prosecution of his studies, has abundant opportunities of observing these changes of structure; for his researches are conducted on the bodies of those who have died of disease, and he very seldom indeed has an opportunity of examining a body that does not present some morbid alteration. Hence, even in the dissecting room, a studious observer can prosecute anatomy, not merely in its detailed description in reference to medicine and surgery, but also as subservient to pathology and diagnosis. In the Course of Lectures which I am now about to enter upon, it shall be my constant aim to awaken the attention of the student to the importance of these pursuits. A practice has obtained, I know not on what grounds, of giving what is termed a general lecture at the commencement of the anatomical description of the different systems of organs; thus, before the bones are described, it is usual to explain the general principles of osteology, as well as the structure, uses, and even diseases of the osseous system. I shall not adopt this arrangement, as it is scarcely possible for a student to comprehend the general principles of a science, before he is acquainted with its details. The most proper course to be pursued, evidently, is to state the facts first, and then the general conclusions which follow them. I shall then enter at once on the description of the osseous system, and after I have completed it, I shall give the general anatomy of bone, which includes a consideration of its structure, uses, and diseases; I shall adopt this same course when treating of the other systems, namely, the muscles, arteries, veins, nerves, &c.

In reference to surgery, and the performance of operations, the different systems of organs shall be examined with the most scrupulous accuracy; parts shall be studied as they are found; their position indicated, and relative situation pointed out, that the student may have clear and precise ideas on each of these important particulars. It is by no means sufficient for practical purposes to be able to trace the courses, or indicate the minute ramifications. Though a person may have acquired even a minute knowledge of such details, he yet cannot be said to have studied anatomy with effect, unless he has learned to combine different parts as they exist together in nature, and group them according to their relations of place, size, and other circumstances.

I have now, Gentlemen, to conclude by assuring you, that I partake but of the common spirit by which every teacher in this school is actuated, when I state that our best efforts will be directed, not only to the improvement of those who commit their education to our charge, but to the advancement of the science generally.

To the Editor of THE LANCET.

SIR,—I perceive, in this day's Lancet, you have transcribed an error respecting me, in citing a paragraph from Mr. Lawrence's work, which I trust you will have the goodness to correct in your next Number. The passage I allude to runs thus; "Mr. Sleigh commenced teaching but FOUR MONTHS prior to the promulgation of the by-law;" whereas I was lecturing FOUR YEARS before that regulation was made. True, not exactly in this country; but being placed in connexion with Mr. Bennett's saying, "he spent three years in Paris lecturing," an erroneous inference would naturally be drawn. Mr. Lawrence was told of this error ere his work was finished, but, for what reasons I cannot tell, he did not think proper to correct it.

I am, Sir,
Your very obedient servant,
W. W. SLEIGH.

23, Chapel Sreet,
Grosvenor Square, Sept. 30.

THE LANCET.

London, Saturday, October 7, 1826.

The Edinburgh Journal of Medical Science. No. IV, for October, 1826. 8vo. p. 496.

THIS work bids fair to eclipse the *luminary* of the junior DUNCAN. We have often wondered, indeed, that a poor thing like the purple journal, should be allowed to lord it alone in such a place as Edinburgh, where, surely, there are men capable of conducting a work of this kind, in a manner at once creditable to themselves, and useful to the public. Whether the sloth of senility have seized the younger Duncan's squad, or death deprived him of his most efficient supporters, we do not pretend to determine; but, certainly, there has been a woful falling off, of late, in the conduct of our northern contemporary. Spiritless, sneaking, and supple, that the person at the helm of affairs would appear, it is no wonder that practitioners of eminence have ceased to communicate with him. There are casualties, it is true, incident to every journal, which hopes to be supported by "original communications," as our friend Copland can testify; but he who undertakes to conduct the work, should be prepared to indemnify the subscribers for any falling off on that score, by some little attention to what is passing around him, or may appear in other periodicals. In this, also, the purple journal has been very remiss; not to mention the common place and superfluous cases which have too often served to eke out its pages. "The publication of cases of little importance," says the erudite Copland, the *præfectus mausolĕi,* than whom no poor devil labours harder in his vocation, "offers temptations to young and inexperienced men, which the vain, the ambitious, and the impatient, can seldom resist." And as long as these propensities are indulged, and men of talent and experience find their communications mingled with such a hodge-podge of crudities, they will never endeavour to sustain the reputation of a journal, if they communicate at all. Men who are estimable, perhaps, in every thing else, are often caught tripping, when narrating their own deeds. No man will, knowingly, publish facts that may operate to his prejudice, but will lean to the indulgent side, to the selfish idol, with whom most persons, who constantly contribute to periodicals, are usually on the best possible terms. It is perfectly natural, that what is incongruous should disappear, and that a beautiful harmony of thought and conduct should pervade the lives of those who become their own biographers; and it is perfectly natural, and a great satisfaction to all *honest* men, that the gullibility of the public should bear an exact ratio to its ignorance; that he who is the stouter swearer, should have the greater credence. Had not the College Examiners told us of their desire "to promote sound chirurgical knowledge," we might not have dreamed that such was the object of their celebrated by-laws; but since they did so asseverate, we are bound to believe them; so also, with Dr. James Johnson, we are bound to believe, that the Hospital Reports of the aforesaid gentry are ushered into notice, *puris naturalibus,* because, forsooth, they are "authenticated" by their respective authors!—genuine by the same talismanic art which made their own emolument, and the promotion of sound chirurgical knowledge, between which there had always existed the most mortal antipathy, to accord with more than homogeneous fondness, to adhere so tightly, that it were like riving the knotted oak to separate them. God keep us from all such "authenticated statements." Cullen, who saw as much as most men of his day, complained that cases were "often too hastily made, perhaps very entirely dressed in the closet." What think ye then, "my masters," we have witnessed during our acquaintance with hospitals in this juggling age of editoral courtesy, so rife and prolific of mountebanks? Verily we have "confirmation strong as holy writ," of the northern professor's remark. Let it not be said, however, that we are too sweeping in our censures. We are ready to admit, that men may still be found who have the honesty to think for themselves, and who abound as much with all that ornaments and exalts the human character as ever enlisted in the cause of physic. Such men shall always have our esteem and regard, and be protected against the machinations and dark plots, by which others are seeking to exalt themselves, but by which, while there is a vigilant press, they will only find "dishonourable graves." We perceive that the "Edinburgh Journal of Medical Science," has endeavoured to steer clear of the petty bickerings and jealousies which have long disgraced its aged contemporary, and that it is supported by some of the most eminent names in the northern metropolis.—We wish it every success,—so long as it shall do its duty.

We have only room, at present, for the following letter of Mr. Allan, which is a kind of appendix to a paper by Dr. Munro, "on Spasm of the canals for the passages of the Food, the Bile, and the Urine," inserted in the last Number of the Journal, which we shall lay before our readers when opportuity shall offer, as well as any thing else that may appear to merit further publicity, in this and other publications. The letter is addressed to Dr. Munro, and although we rather think the circumstances which the writer has described very rarely occur, we deem it worthy of notice, as indeed any thing that may now and then tend to perplex the lithotomist cannot fail of being. It is as follows:

57, York Place, June 20, 1826.

"Dear Sir,—You will, no doubt, recollect of having been present, ten years ago, at an operation of lithotomy, performed by a young surgeon, on which occasion I acted as his principal assistant. The bladder was soon cut in to, and a stone of some magnitude readily extracted; but we were conscious of the presence of another stone, although the operator, after the repeated introduction of the forceps, failed to extract it. The difficulty of extraction arose from the bladder spasmodically contracting upon the stone, and thus preventing the forceps from coming into contact with it. I introduced my finger into the wound, and felt a stone above the pubis, which was firmly held in this situation by the spasmodic contraction of the bladder. I could just reach the stone, and turn it round and round, but my finger was too short to dislodge it. As the operator was not provided with a lever, or with curved forceps, I advised that the patient should not be kept longer upon the table, but that he should be put to bed, and that as the opening was free, when the spasm of the bladder was relaxed, and suppuration established, there was little doubt but that the stone would be easily extracted; whereas, by persisting in fruitless attempts to extract, the patient would be so much exhausted, that his danger would be thereby greatly increased. The patient was therefore laid in bed, and when I went to visit him, along with his surgeon, on the evening of the third day, I introduced my finger into the wound, and hooked out, with the utmost ease, a stone about the size of a turkey-bean, which was lying in the inner opening. The patient recovered without one bad symptom, and this operation I have frequently revolved in my mind, and kept the case in view, as a guide in similar circumstances.

In a conversation which I lately had with you, respecting the spasmodic action of the bladder, you observed, that you thought this untoward circumstance might be, in a great measure, or altogether prevented, by exhibiting a tobacco clyster, or giving a large dose of opium, a short time before the operation, and you suggested the propriety of this practice. My objections to the tobacco clyster are, that we can never exactly know the extent of its influence on the system; a quantity which, in one person, will produce little effect, will, in another, depress the powers of life to a dangerous degree; and, as far as my experience goes, patients with strangulated hernia, who have received the tobacco clyster, previous to being subjected to an operation, never recover so well as those to whom it has not been administered. I should therefore give the preference to the opium.

On the 31st of last month, a boy, three years and a half old, presented himself with stone in the bladder From the irritability of system incident to this period of life, from the rectum being prolapsed immediately on the sound being introduced into the bladder, and from the obstruction which I experienced in passing the instrument through its neck, when this viscus was empty, I was prepared for some difficulty in the extraction, and therefore judged it to be a proper case for the trial of the opium. I ordered the patient to be placed upon a milk and vegetable diet, to be immersed in the warm bath at bed-time, for several nights in succession, to have five minims of laudanum each night, and his bowels to be kept freely open by laxatives. The rectum was washed out with tepid water, on the morning of the operation, and two hours before cutting, he had a draught containing fifteen minims of laudanum.

On the 6th of June, I performed the lateral operation with the knife; and, on passing my finger into the bladder, readily felt a stone, but I had no sooner introduced the forcepts than it disappeared. This repeatedly occurred; and it is worthy of remark, that if I withdrew my finger for a minute, on again introducing it I readily felt the stone; but when I moved my finger freely within the cavity of the bladder, it was as effectual in exciting spasmodic action as when the forceps was introduced. I changed the posture of the patient, and injected some tepid water, but with no advantage. I now ceased to introduce any metallic instrument, and after the bladder had remained for a little while quiescent, again introduced my finger slowly into the wound, when I felt the stone above the pubis held in the contracted folds of the bladder. On attempting to hook the stone, it fell down to the lower and anterior part of the bladder. I then put my finger upon it, passed along the finger a small lever, which I had got made for the occasion two days before the operation, and, with the assistance of another finger in the rectum, easily turned out a rough stone, the size of a French olive.

It is just a fortnight to-day since the operation; for the last few days all the urine has been passed by the urethra, and the wound is completely cicatrized. During last night the boy made water only twice; he is now running about, and is, every respect, well.

Quære.—When the incisions are free, and the delivery of the stone prevented by the spasmodic contraction of the bladder, as this will not relax till the patient is exhausted, and brought into danger, is it not the preferable practice to put the patient to bed, instead of employing force, or persisting in fruitless attempts at extraction? "S'il est de l'honneur du chirurgien (says Le Dran), d'oter la pierre, son honneur est encore plus attaché à la guerison du malade Que pourroit on penser, d'un lithotomiste, qui ne manqueroit jamais d'oter la pierre, mais dont tous les malades periroient par l'inflammation, dans les premiers jours de l'operation?

I am, dear Sir,
Yours, most faithfully,
Robert Allan."

THE WEST END HOSPITALS.

The West-end hospitals begin at length to show some symptoms of reform. The tardy manner in which this has been brought about, evinces the reluctance of the Hole and Corner gentry of the West to yield to the dictates of common sense, and if they knew it, of their own interests. The force of public opinion has been long bearing on the shoulders of these stiff-necked people; they have felt its weight, a weight weekly increasing; and after writhing under it for more than two years, they find themselves no longer able to withstand the accumulated pressure, and begin to cry *peccavimus.* We verily believe that the Hole and Corner gentry of the West, did for a long series of years console themselves with the illusion, that nothing could be better than their own snug way of creeping into certain establishments, and when there, of conjuring the money from the pockets of their disciples into their own. They started up in astonishment when a voice was raised against their supineness and venality, as if some demon had disturbed their sweet repose. They liked not to have their merry-making disturbed by the rude voice of truth, but would fain watch, or rather sleep, over the interests of their own charities in their own way. That small still voice rolled on increasing, until it reached the public ear, and roused the officers of public institutions to a sense of their duties, and of their dangers if these were neglected. They were taught that such things existed in society as reciprocal duties, and that there was a duty, and a very responsible duty, to be executed by the teacher towards the taught, and that the student expected something more than bits of paper for the large sums extracted from him.

We take to ourselves the credit of having given a new impetus to the medical education of this kingdom. Since the establishment of this work, certain changes have been effected, which it would be difficult to trace to any other influence than that of a weekly medical press. We have had the opportunity of sounding the abuses of office in the ears of the abused two and fifty times in the annual course of the seasons; twelve were not sufficient, even if they had been *well* employed. No, the slothful required to be roused from their slumbers two and fifty times a year before they could be awoke from their long sleep of negligence. Are not certain changes produced in the government of our medical institutions? are not those changes favourable to medical education? have they not been gradually effected in direct proportion to the amount of labour expended upon them by us? are not the reformed institutions most respected and the best supported? It is a matter of observation appreciable by every man, and must be acknowledged by every man, who is free to think and to speak his opinion.

The degree of intelligence now expanded throughout society, has had the most favourable influence on the several branches of science, but on none more so than on medicine. The mystification which once concealed the ignorance of medical men, and at present conceals the ignorance of our lawyers, has, happily for the community, been stripped away, and men now meet each other in society, on the broad ground of common sense. All the most essential points of medicine, like any other science, may be made perfectly intelligible to any man of ordinary understanding; and it is, therefore, easy to show to the public, that the system adapted to general, must be equally adapted to a medical, education. Can men cross the pons asininus without being first taught the difference of acute and right angles? and how can men be turned into society, other than medical dolts, if the means of acquiring the elements of a practical education be denied them? Yet, strange to say, this has happened for years, we may say for centuries; and because we pointed out the absurdities of such a procedure, we had all the slanderous tongues of the hydra of aristocratic indolence barking against us. We never did feel dismayed; we felt our cause good, and were assured that it would prosper. We are encouraged by what has been accomplished to attempt more, and we shall not rest until medical education has undergone a strict and thorough reform; until the proper means be rendered available in the freest manner; until the proper measures be adopted, to secure support to the deserving and industrious man; until we can say of the appropriation of public patronage, *bene merenti faciendum curavit.*

We are glad to notice any improvement in the discipline of our hospitals, however slight, as it shows that the good work of reform is going on. At the Middlesex Hospital, we find the access of the pupils to the patients rendered more easy; we find that they can now see important cases every day, instead of twice a week, as formerly; we find a list of the accidents hung up in the waiting room, instead of being studiously concealed, as formerly; we find the post mortem examinations announced in a becoming manner in the same place, instead of being smuggled through, as formerly; we find clinical lectures announced by Mr. Bell, and if we can see that Mr. Bell discharges his duties in an open and honest manner, we shall be the first to award him that praise which his acquirements ought to procure for him. Our censure shall never be perspective; we have said honestly what we have thought of facts, as they have fallen under our notice, and so we shall continue to do. Othello's language is ours. At the Westminster, too, although there are some old gentlemen, who like the broken teacups on the village shelf, hold their places more for ornament than use, there are others who have the capacities to become good surgeons, who are willing to learn, and are ready to communicate what they know. A book is kept by one of the surgeons, in which the best cases falling under his care are recorded; a very laudable thing, and therefore deserves to be mentioned. Mr. Guthrie's book is kept in the pupils' room, and is open to their inspection at all times. Why do not the other surgeons do the same? The trouble is very little to them, and the advantage to the students very great. This practice is quite novel in the West End Hospitals; no such thing was dreamed of, until lately. The pupils pay no sixpences to witness a post-mortem examination, the fees paid for the hospital practice being considered a sufficient title to the FREE entrance to the dead-house. There is no such *tax upon pathological study* at the West-end hospitals. St. George's is still under the evil genius of Bacchus, we may say of Momus; for the individual who nods the law there at present, attends to little more than drinking and sleeping. It is high time for the surgeons of St. George's to bestir themselves, if they wish the profession to remember that any such hospital exists, or if they wish the public to build them another house. We feel glad to strengthen the hands of Charity, but we would see her blessings fairly distributed, and fairly used.

We perceive by the newspapers that Mr. LAWRENCE has resigned the situation of Surgeon to the LONDON OPHTHALMIC INFIRMARY, Moorfields. Several candidates have already started for the office, of whose merits we shall at present be silent; but as this Institution has been the seat of a vast deal of shuffling and intrigue on the part of those persons who have conducted its affairs, we earnestly entreat the Governors to be cautious in giving their votes to any candidate, until they are fully satisfied that he is qualified for the proper execution of those duties which it will be his province to discharge. Let them look with suspicion on the recommendation of the *present Committee.*

DEATH OF DR. BARCLAY.

THE professional world has lately lost one of its brightest ornaments, in the person of Dr. JOHN BARCLAY, the celebrated teacher of anatomy in Edinburgh, who died at his house in Argyll Square, on the 21st of August. Dr. BARCLAY was originally destined for the Church, but turning his attention to physic, he took his Doctor's degree in 1796, and soon after commenced the teaching of anatomy and surgery, in which he was eminently successful. Few teachers have left behind them a greater reputation, and few authors more durable proofs of industry and talent. His works on *Anatomical Nomenclature, on Muscular Motion, on Arteries, and on Life and Organization*, are too well known and valued, to stand in need of our eulogy. The Nomenclature, which applies to the same parts *in all positions of the body, and in all animals,* cannot be too highly prized, or too implicitly followed, if precision of language be desirable, in anatomical disquisitions, whether human or comparative, in the lecture-room, or in books. Dr. BARCLAY'S Museum, which, according to the Edinburgh Journal of Science, is given to the College of Surgeons of that city, "with a reservation in favour of his successor, Dr. Knox, is a noble monument of that zeal for the science he taught, with which he not only animated himself, but inspired his auditors." His age was sixty-six.

To the Editor of THE LANCET.

SIR,—Should you consider the following case worthy a place in your widely circulated Journal, you will oblige

Your obedient servant,

THOMAS FRYER,
Surgeon.

Bath-street, Bristol,
Sept. 1826.

The case that I have to present to the notice of your numerous readers, is one, in my opinion, of a very interesting character, as it will give us some idea how far disease may extend itself in the body, without producing any very considerable pain or anxiety, and disorganize those parts more immediately subservient to life, to a very great extent, without producing a total cessation of animal existence, until a very protracted period after the disease has actually set in. The following case occurred in the person of a youth ætat. 7 years and 5 months, whom I was requested to visit in this city, in March, 1825. He had, previous to my seeing him, laboured under slight attacks, as was supposed by the parents, of cold, followed with considerable weakness and inactivity of mind, unusually shown at his age. There was a fullness observed in the bowels, with other symptoms, that led me to consider the mesenteric glands to be the seat of disease, which in a short time became more evident. Alterative doses of mercury, with occasional stomachic aperients, with other means, were resorted to, together with local abstraction of blood by leeches, &c., these were varied from time to time, as the symptoms indicated; he was seen by several eminent physicians during the progress of his complaint, which resisted every plan of treatment proposed. The disease advanced progressively, till death put a period to his existence in July, 1826. The liver could be distinctly felt through the integuments, advancing into the hypogastric region on the one side, and the spleen descending on a parallel in the opposite side, and very considerably indurated. Some months previous to his decease, œdema of the lower extremities commenced, with an effusion of water in the bowels, forming ascites. It was considered necessary to relieve the symptoms by an operation; I tapped him about six weeks before his decease, and drew off three quarts of water; the relief was almost immediate; but in the course of a week he had increased nearly to the same size; he became excessively irritable, had a quick pulse, and occasional hæmorrhage from the nose up to the period of his dissolution.

Post-mortem Examination.—Body extremely emaciated, with a very considerable enlargement of the abdomen, and fluctuation of a fluid within. Having first removed six pints and a half of turbid serum from the cavity of the abdomen, I commenced an incision from sternum to pubes; on turning back the parietes, the liver was seen to occupy the right hypochondriac region, and extending into the left; the left lobe very much enlarged, and reaching as far as the spleen. The posterior surface of the liver thickened and indurated, the right lobe advancing into the hypogastric region. Liver of a dark clay colour, with a very remarkable change in its structure, and studded with incipient tubercles, with a sealing up of the *pori biliari*; exsanguineous in appearance; weight three pounds and a half. The spleen situated in the left hypoch. region, extending from underneath the false ribs, nearly in a parallel with the right lobe of the liver, reaching as far as the hypogastric region; there was very considerable adhesion to the left side, external appearance resembling *mottled soap*, and considerably indurated, not yielding to pressure, partaking of the same characteristic disease as that of the liver, viz. tuberculated and exsanguineous; weight 21 ounces. On the left head of the *pancreas* in proper capsules, were situated two supplementary spleens about the size of walnuts. The left kidney considerably enlarged and otherwise diseased, having lost its lobulated character. The mesentery thickened and indurated. The mesenteric glands enormously increased in magnitude, and consequently arresting the progress of chylification, so that the lacteals could be distinctly seen meandering over the convolutions of the small intestines, completely filled with chyle: on puncturing one of these ducts, a portion of this milky fluid exuded. I regret to say, I did not, from peculiar circumstances, examine the thorax, though there were no symptoms during life that indicated disease of the chest, &c.

To the Editor of THE LANCET.

SIR,—My attention having been directed, in an especial manner, to two circumstances in the medical periodicals of the present month, I solicit your courtesy in favour of a constant reader, for permission to occupy a small space in the ensuing Number of your valuable hebdomadary, to give currency to my thoughts.

1st. The Trustees of the Hunterian Museum have, in their zeal for medical science, lately opened the portals of the Royal College of Surgeons twice every week, to the members of that college, and to *Fellows* of the College of Physicians, also *to persons* *recommended by members of these corporations.* This increased facility is, as far as it goes, commendable; but, in the name of common sense, and of common decency, why is leave of entrance restricted to *Surgeons*, and *Fellows* of the College of Physicians? Let those questions be fairly put to the Trustees *generally*, and its decision will be no longer governed by the dicta of a few capricious doctors. We shall then see regulations enacted for the benefit of the whole profession. In the mean time, I desire to state the following questions to the Trustees. Is not the Museum *national* property? Was it not purchased with the people's money, for their use and improvement? If so, ought it not to be equally accessible, as in other countries, to persons of every denomination, who take an interest in the cultivation of anatomical knowledge? Besides the Corporation of Surgeons, and the little junto of the Fellows of the College of Physicians, are there not in London a numerous list of physicians denominated licentiates, and a much longer list of physicians resident in the counties of England, Scotland, Wales, Ireland, and other divisions of the imperial dominions, who have actually contributed pecuniary aid in the form of taxes to realise this noble establishment? Unless the medical Trustees venture to deny the above position, I shall be glad to learn on what plea of utility, of equity, or of right, they have closed the door against this meritorious class of their brethren. Is it because, refusing to become parties to their own degradation and dishonour, they spurn connexion with the College as it is now managed?

The Licentiates, and those Doctors of physic who disdain to become licentiates, are, from education and acquirements, entitled to the greatest consideration, and will not veil their bonnets to any of the college monopolists. They derive their respectability and privileges from the highest authority—their medical degrees obtained at universities, where the healing art is carefully taught and practised. The Fellows, on the contrary, procure theirs from Oxford and Cambridge, where the most diligent students are but very scantily supplied with medical lore.

I will not detain your readers with the encroachments of the Fellows, or complete diversion of the College from their original purpose of benefiting the public, to the aggrandisement of their own members. Both are ably explained in "An exposition of the state of the Medical Profession in the British dominions, and of the injurious effects of the monopoly, by usurpation, of the Royal College of Physicians in London," lately published, and to which I beg leave to refer.

So long as these illiberalities and perversions are suffered to continue in force, physicians make an ungrateful return to Alma Mater by stooping to accept licenses, rather than contend openly for an equal participation of rights. Let them found their claims entirely upon their degrees, and reject the license of the College as derogatory and useless. Such a course would be manly—would be dignified, and would be effectual in subduing the College and purifying their measures. It has already been successfully adopted by some respectable practitioners, who have signified their readiness, whenever called upon, to try the validity of certain excluding and offensive by-laws. This offer having been *repeatedly* declined, proves tacitly the admitted nullity of their boasted pretensions.

In answer to arguments like these, I have heard it said, that a physician, on fixing in London, is obliged, in his own defence, to become a licentiate, otherwise the Fellows would refuse to meet him professionally, and this determination would blight his fairest prospects in life. My reply is simply, do they actually refuse, or only fume and vapour! Will the stiffest of them decline a fee, rather than commit a breach of etiquette? The octogenarian, Dr. Hamilton, is able to solve both difficulties; or reference may be made to Dr. Merriman, to Dr. Harrison, and many others, who laugh at the College anathemas, and are still in possession of the field.

Really and truly, Sir, this is all fudge; no physician, whether licentiate or non-licentiate, has any favour to expect from truckling to the Fellows. They are too firmly bound, and engaged to each other, to forward his views. The compact, which connects them together, necessarily places them in perpetual hostility with the Licentiates. This community of design, more than any other circumstance, enables them to triumph over the *disunited licentiates.* When they and their true brethren, the *independent* physicians, can be made to understand their own interests, and to associate for common objects, the spell will be broken, and the talisman change sides. The Fellows, aware of their delicate position, and well understanding the maxim "divide et impera," occasionally elect some feeble licentiate into their body. This paltry boon, which should be scornfully rejected, appears to stultify that class. Self-love makes each of them fancy, that he shall be the distinguished candidate; and a few ambiguous hints, artfully scattered by the high priest, confirm the delusion. In the foregoing remarks, I neither allude to Dr. Southey, who, it is said, owes his introduction to an exalted personage, nor to Sir James Macgregor, who was admitted a Fellow, according to common report, in order, through his influence, to draw the army physicians into the college net.

Were the physicians in London, and the country, fully impressed with their own power, and determined to confine *consultations to individuals of their own order*, the golden current would speedily flow into another channel, and the sick would gain considerably by the change. A resolution of this kind, would work like a charm upon both the Fellows and Licentiates. This motive for action is no longer utopian; I anticipate its speedy adoption after an union is formed. The Licentiates, goaded, insulted, and debased, already manifest some internal heavings, which promise to display themselves in outward acts.

They are aware that when any office of honour or emolument opens to view, it is immediately forestalled by one of the Fellows. Should an hospital, for instance, become vacant, a College tyro rushes into the arena, and is always victorious. Not, certainly, by his native prowess, but through the confederated aid of his colleagues. The interests of the sick are the least considered. If examples are required, look to what lately occurred at the Middlesex, St. George's, the Westminster Hospitals. &c. As to Bartholomew's, it has long been a close borough. Even the dispensaries have, of late, been too successfully invaded.

What, besides a well managed combination, raised the present examining physician of the East India Company to that situation? a person who had never crossed the line, or, perhaps, traversed the channel. Such selections are quite preposterous, and if the subject did not excite far other feelings, would deserve to be treated only with ridicule or contempt. Nothing can be conceived more absurd than to choose for examiners of medical men destined to hot climates, persons practically ignorant of the topics on which they are to examine, in preference to others well acquainted with tropical climates, and their diseases, and who have, moreover, given abundant proofs of medical talent and erudition. I shall only mention amongst them Dr. Maclean, and Dr. James Johnson, as men in whom the magnificent merchants of Asia might safely confide, if saving of lives merely were their object.

The same principle will explain the regulation lately adopted for choosing the Royal Physicians, and the almost total exclusion of Licentiates from the higher walks of society. It is time that the public should take some cognizance of these matters.

2d. The appointment of a commission to investigate and report upon the constitution and direction of the University of Edinburgh, and the other Scottish Universities, will form a distinguished era in the literary history of that enlightened portion of the United Kingdom. It is, indeed, an auspicious commencement, and ought to be joyfully hailed in every quarter. Whatever is found amiss will, I trust, be effectually corrected, and these ancient institutions restored to their original splendour. Medical diplomas will then deservedly rise in public estimation, because they will cease to be objects of disgraceful traffic, as they unfortunately have been in some of the minor universities.

Henceforward they will become, what they ought always to have been, honourable distinctions, and real passports to professional confidence.

The conclusions at which I wish to arrive from the foregoing premises, and to impress upon your readers, may be communicated in few words.

1st. If the Licentiates, the permissi, the alieni homines, (such are the humiliating appellations, in college phraseology, for an highly meritorious description of practitioners,) really wish to recover their lost privileges, and former stations in the kingdom, they must fortify themselves by associating extensively for determinate objects. It has been clearly proved, by their abortive efforts, that individually they can never succeed. A respectable society of Licentiates, supported by the provincial physicians, would immediately assume an imposing attitude, and claim attention from the ruling authorities. The trite fable of the old man and bundle of sticks, is as true as it is appropriate to our purpose. In addition to the efficacy of mere combination, gentlemen should also call to mind the close connexion of country physicians with members of parliament, and the consequent respect which they can command in the senate.

2d. Moreover, since inquiry is abroad, and the Legislature will be applied to in the ensuing session for new enactments in favour of general practitioners and surgeons, it behoves the Licentiates and independent Physicians to be prepared to march into the field *en masse*, with their several detachments, or they will assuredly be vanquished in the approaching conflict, and what is worse, the public will be left dreadful sufferers by the defeat.

3d. The tendency of this address is neither to excite clamour, nor to encourage prejudices. Its purport is simply to induce the *unprotected* Physicians to combine, for the recovery of their lost privileges, and to obtain such additional ones as will conduce equally to their own benefit, and that of the public. Surely, Sir, these are praiseworthy motives, and for the accomplishment of which, the most diffident may safely exalt his voice. In merely advocating our own rights, we cannot be accused of invading the prerogatives of others.

The Fellows, the Surgeons, and the Apothecaries, have each of them spacious Halls to meet in, while the alieni homines have no place of assembly to converse together, and discuss measures *for the general good.* It is high time to correct this fundamental defect, and to construct a suitable institution, where the provincial and metropolitan physicians may not only mature their plans in private, but renew their friendships, and revive the memory of past scenes. A trifling contribution from each member would suffice to complete the establishment. The times are auspicious.

Let us trifle no longer, but seize the opportunity, or it will be lost perhaps for ever.

I am, Sir,
Your very obedient servant,
A PHYSICIAN.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CANCEROUS DISEASE OF THE FEMALE MAMMA, OCCURRING AT THE AGE OF 26.

R. B., ætat. 26, an unmarried woman of dark complexion, and not unhealthy appearance, came into the Hospital on 30th of August, under the care of Mr. Key, on account of disease of the left breast.

She stated that the disease was of eight months standing, and that she first perceived a hard moveable tumour under the integuments, of about the size of a hazel nut. The disease went on gradually increasing, until within a few weeks previous to admission, when its growth became rapid, and she had frequent lancinating pains in the part. Leeches and plasters were applied under the direction of her medical attendant, but without being productive of any benefit.

There was a tumour occupying the inner half of the left mamma, very firm, and not yielding to pressure; irregular on its surface, having several distinct but small projections; it was not attached to the parts beneath, nor was the nipple retracted. The skin was discoloured, almost over the whole surface of the tumour; the cutaneous vessels loaded, and large veins running over the breast. Near to the sternum, there were numerous minute subcutaneous tubercles. The glands in the axilla were not enlarged. The pain experienced was of a lancinating kind, occasional, and not severe. The patient stated, that her gen er health was, and always had been, tolerably good; the catamenial discharge had not been regular for some months.

Mr. Key having ascertained the particulars enumerated above, observed, that he considered the disease to be of a malignant nature; although occurring at an unusually early period of life. The patient was directed to apply cold lotion to the part; in the mean time, it having been intimated to her that it was necessary to undergo an operation, she left the Hospital abruptly.

CASE OF IRRITABLE DISEASE OF THE MAMMA.

By way of contrast to the former, we here report a case of irritable disease of the mamma, occurring in a young female.

M. Pluckrose, ætat. 27, an unmarried woman, of delicate appearance, admitted on 9th of August, on account of disease of the right mamma. On examining the part, the whole of the breast was found to be so exquisitely sensible, that the patient started back on its being slightly touched, and she said that she could scarcely bear her clothes to press against it. The pain, she said, extended from the breast to the shoulder, and down the arm to the ends of the fingers. The disease had existed for several months, and her menstrual discharge during this period, has always been very small in quantity. About the time at which the catamenia appear, the pain in the breast is always very much increased; indeed so much, that it amounts to agony.

The plan of treatment pursued in this case, consisted in the application of a plaster of belladonna to the breast, the exhibition of three grains of blue pill at bed time, and five grains of compound rhubarb pill twice a day, for a fortnight. The mixture of myrrh with iron was then exhibited, and the former medicines omitted. The patient, under this system, gradually improved; the healthy functions of the uterus were restored, as was evinced by the increased flow of the menses. The pain and sensibility of the breast gradually diminished, and the patient was soon dismissed from the Hospital, cured.

Mr. Key's admission of cases on 30th of August, presented nothing worthy of notice, with the exception of the case of cancerous disease of the mamma, reported above.

ST. THOMAS'S HOSPITAL.

CASE IN WHICH THE URETHRA WAS LACERATED FROM A VIOLENT BLOW IN THE PERINEUM, WITHOUT ANY EXTERNAL WOUND.

William Somersby, ætat. 16, of spare habit, was admitted into the hospital on the evening of the 17th of July, under the care of Mr. Travers, in consequence of severe injury to the perineum, which he had received about two hours previously.

He stated that he was standing on some rails, being employed in cleaning a window, when his foot slipped, and he fell astride the rails with great violence. He immediately experienced great pain in the perineum, and soon afterwards he felt a strong desire to void his urine, which, however, he found himself incapable of doing, and in consequence thereof, sought relief at the hospital.

The seat of injury being examined, it was found that the perineum, together with the scrotum, was much swollen and discoloured from ecchymosis; there was also great tenderness evinced on making pressure. The bladder did not appear to be much distended, although the desire to void his urine was urgent.

The plan of treatment pursued in this case was as follows:—The patient was put into the warm bath, and attempts were made for a considerable length of time to introduce the catheter, but without success; the instrument could be passed on without obstruction, beyond the arch of the pubes, and as far as could be judged, into the bulbous portion of the urethra. At this point it appeared to deviate from the proper course of the canal, occasioning great pain to the patient. The point of the catheter could readily be felt, by introducing the finger into the rectum; but it could not be passed beyond the point of obstruction referred to.

The swelling of the parts had apparently much increased, the perineum and scrotum being now greatly distended. Under these circumstances, and as it was found impracticable to pass an instrument onwards to the bladder, Mr. Travers determined on laying open the parts in the perineum. With a common scalpel he made an incision through the integuments in the line of the raphe, extending from the under part of the scrotum, nearly to the fore part of the anus. By a second incision, he then cut through the fascia perinei, and these being divided; several coagula of blood were removed. The swelling of the parts was entirely attributable to the extravasation of blood; *not a drop of urine had escaped.* A catheter was now introduced at the orifice of the glans, the point of which made its appearance through the wound in the perineum, evidently showing that the urethra was extensively lacerated, if not completely torn through.

The next object consequently was to find the lower orifice, in order to be enabled to carry the instrument onwards into the bladder. A female catheter, at length, after much difficulty, was introduced through the wound in the perineum, and a large quantity of clear urine drawn off.*

The female catheter was subsequently removed, and an elastic gum, male catheter, was passed along the penis into the bladder, which being properly confined by tapes, the patient was carried to bed. He expressed himself as feeling chilly, and the surface of the body was cold, with a small but somewhat quickened pulse; a small quantity of wine was, therefore, administered to him.

July 18th. The patient, to-day, has some febrile excitement; the pulse is about 96; the skin hot, and the tongue covered with a thin white fur. He obtained a few hours sleep during the night, and says that he has no pain. He has not passed any urine since the operation. Ordered to take a dose of castor oil.

19. Subsequently to our report of yesterday, about a pint of urine was passed through the catheter, the patient lying on his side. He slept well last night; the bowels have been relieved twice from the exhibition of the oil. There is a slight discharge from the wound, which has a healthy appearance, and there is less constitutional excitement than yesterday. The urine passes freely through the catheter.

23. The patient appears to be, in every respect, going on well. The pulse is moderate; tongue clean, and bowels regular. There is a copious healthy discharge from the wound, and the urine is passed several times, in the course of the day, through the catheter.

26. Our last report of the condition of the patient was so favourable, that we did not visit him until to-day. We learn that he passed his urine, as usual, through the catheter, on the evening of the 18th; but, on

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* The difficulty experienced in finding the lower orifice, is explained by observing that the urethra being completely torn through, the lower portion, by virtue of its contractile power, became considerably retracted. Hence the attempt to pass the catheter previous to making the incision in the perineum also failed.

the following day, it was observed that the sheet was wet, and it was apparent that the urine had escaped through the wound in the perineum. The catheter retains its situation in the bladder, but there is no flow of urine through it. The dresser (Mr. Solly) surmising that it had become clogged with mucus, very properly threw in some warm water with a syringe.

28. The urine still continues to pass by the wound, and not any portion through the catheter. The wound has apparently a healthy granulating surface, but is very sluggish in its disposition to heal. There is no constitutional disturbance, and the patient says that the urine, in passing through, does not occasion the wound to smart.

From the date of the preceding report (July 28,) to Sept. 11, the catheter was retained in the bladder, notwithstanding that the urine passed through the wound, and by the side of the catheter, scarcely a drop coming through the instrument. The wound remained almost stationary during the above time,—a period of six weeks; at length Mr. Travers thought proper to direct the removal of the instrument. This was effected with some little difficulty, owing to the incrustation on the end of the catheter, which was very great. A small quantity of blood issued from the orifice of the glans, and the patient passed bloody urine twice afterwards; his general health is very good; he complains of the confinement as exceedingly irksome.

Sept. 16. Only a small quantity of urine now passed through the wound, and it is certainly healing fast.

Sept. 22. The wound nearly healed.

CASE OF DISEASE OF THE TESTICLE.—OPERATION OF CASTRATION.—MORBID APPEARANCES OF THE PART ON DISSECTION.

Hugh Welsh, 53 years of age, a man of sedentary habits, spare and unhealthy in appearance, was admitted into the Hospital on 30th of March, under the care of Mr. Travers, on account of superficial ulcers situated on the right thigh and knee, and on the left leg.

He stated, that for the last twelve years he had been subject to sores, more especially affecting the neighbourhood of the joints, and in confirmation of this opinion showed several scars, near the elbow, knee, and ancle. He affirmed that he had never suffered from any form of venereal complaint.

Mr. Travers directed five grains of blue pill to be taken at bed time, and a mixture with sarsaparilla and nitric acid to be taken three times a day. The ointment of zinc to be used as a local application.

Under this plan of treatment, in the space of a few weeks, the patient had so far recovered that he was about to leave the Hospital.

On going through the ward, however, on the morning of the 4th of June, we found him complaining of chilliness, which he attributed to the circumstance of the window having been left open when he was asleep, and in a few hours afterwards he had a smart accession of fever. This existed for several days, and on the morning of the seventh, in addition to the febrile symptoms, the patient had great pain in the left testicle, which was already hard, and tender to the touch. Leeches were now repeatedly applied; the horizontal position observed, with due support of the parts, and the use of cold sedative lotions. The bowels were properly regulated, and five grains of the compound calomel pill taken three times a day. Notwithstanding the use of these means for about a week, the testicle continued to increase in size and pain.

June 16. The integuments covering the scrotum are much inflamed, being vividly red and having a shining appearance. The pain is somewhat lessened, and on examining the part to day there is an obscure sense of fluctuation, and there are two or three projections on the surface of the testicle, which feel softer than the remaining portion. Ordered,

Calomel, two grains;
Tartar emetic, a quarter of a grain;
Half a grain of opium;
to be taken at bed time.

Omit the compound calomel pill.

20. The whole of the testicle has now become very soft. Mr. Travers to-day made an extensive incision through the integuments of the upper part of the scrotum, on the left side, down to the tunica albuginea. There was a slight escape of matter, but the swelling of the scrotum appeared to be principally dependant on a thickened state of the coats of the testicle. On making an incision through the tunica albuginea, a portion of the substance of the testicle presented itself, bearing a healthy character, whilst at another part suppuration was going on. Ordered to have warm linseed meal poultices constantly applied.

21. Since the incision, the patient has felt less pain in the part, and he passed a good night. There is a scanty discharge of thin pus from the wound.

23. The patient is certainly much relieved, but the tunica albuginea, exposed by the incision, is of a dark colour, and the whole part is passing on to suppuration.

25. Much the same. Mr. Travers determined on removing the testicle, to which the patient assented, and the operation was consequently performed in the usual manner. The septum scroti was found to be so much thickened and diseased, that it was thought proper to remove it, which of course exposed the testicle of the opposite side. Several bleeding vessels were secured, and the wound was closed by means of strips of adhesive plaster.

26. Has passed a comfortable night, and is not in much pain. Pulse 98; tongue slightly furred.

28. In every respect doing well.

30. The wound was examined to-day; it appears to heal slowly; this is perhaps attributable to the retraction of the edges, which is considerable. The patient's general health has much improved.

July 4. The wound healing slowly. The ligatures have, with the exception of one, come away. Ordered a mixture, with decoction of bark, an ounce and a half; extract of bark, ten grains; to be taken three times a day.

21. The wound quite well. The patient dismissed from the Hospital.

Dissection of the Testicle.

The greater part of the internal structure of the testicle was found to be converted into a yellowish, pulpy mass, which was more or less mixed with pus. The coats of the testicle were much thickened.

Mr. Travers remarked, that in its present stage, the disease could not be considered as bearing a malignant character, but if it had been suffered to remain, it was his opinion that it would have become so, and probably fungus would shortly have appeared. Besides, it was evident that the testicle was so completely changed from its natural structure, that its secerning powers were destroyed, and in addition to this, the man's general health was materially suffering.—These, Mr. Travers remarked, constituted his reasons for performing the operation.

OBSERVATIONS ON THE PULSE.

Dr. Parry, in his "Elements of Pathology," remarks, that the condition of the radial, or any other pulse, taken singly, is a "deceptive criterion" as to the state of the heart's action. For the pulse at the wrist may be weak and small, whilst that of every other artery of the body is strong and bounding. This condition of the radial pulse is referrible to various causes. It may exist in an healthy state of the body, arising from an unusual distribution of the arteries of the arm, or from some mechanical obstruction to the flow of blood*. It may also, and frequently does occur, in the progress of disease; and this irregularity of the circulation is then dependent on certain vital properties of the arteries themselves, existing independently of the heart's action.

Under these circumstances it must be confessed, that the pulse is, as Celsus aptly observes, "fallacissima res;" and hence it points out to us the necessity of *particular*, in contradistinction to *general*, diagnosis. A case which occurred at the Hospital during the last week, has led us to offer these remarks.

A man was brought into the Hospital who had received a severe contusion on the left ilium and side of the abdomen, from the fall of a heavy stone. The pulse, as felt at the left wrist, was so exceedingly small, it was scarcely distinguishable, and this continuing for many hours, it was supposed that a rupture of some portion of the intestines had taken place. Stimulants were *very freely* administered. On the following day the same condition of pulse prevailed on the left side; there was, however, no further evidence of the heart's action being so much lessened; on the contrary, the surface of the body was hot, the tongue furred, and the patient complaining of pain in his head. The pulse at the right wrist being now felt, it was found to be so full and strong, that venesection was deemed requisite.

The patient has now nearly recovered, but the left pulse remains the same, being very indistinct.

Mr. Morgan's admission of patients on Wednesday, August 16th, only furnished us with three interesting cases—empyema, fungoid tumour of the side, and gangrene of the foot.

The patient affected with empyema remains in the Hospital under treatment; we shall take an opportunity of giving a full report at the termination of this case. We may here remark, that upwards of two hundred ounces of matter have already been taken from the chest. As some of our readers probably may feel desirous of seeing the patient under these circumstances, they will find him at No. 19, in Job's Ward.

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* Mr. Allan Burns had a preparation in his Museum, in which a small slip of muscle was seen passing over the brachial artery, and evidently impeding its action in certain positions of the arm.

FUNGOID TUMOUR OF THE SIDE.

Dennis Craine, ætat. 32, of light complexion, spare habit, and unhealthy in appearance, was admitted under the care of Mr. Morgan, on account of a tumour on the right side of the abdomen.

He stated, that he first perceived a small swelling above the spine of the right ilium, in the month of June last; it was, however, attended with so little inconvenience or pain, that he followed his usual employment, that of a bricklayer's labourer, until a month before his admission. He then felt what he described as a stitch on the side, which prevented him from using any active exertion. The swelling had now attained considerable magnitude. Mr. Morgan found, on examination, that there was a tumour of the size of a double fist, extending from the cartilages of the lower ribs, in an oblique direction, and reaching over the spine of the ilium. It was soft, elastic, and smooth on its surface, and the integuments covering it were not discoloured. The swelling was not moveable, being apparently attached at its base to the oblique muscle of the abdomen.

Mr. Morgan thought proper (we should be glad to know his reaaon for taking such a step) to puncture the tumour, when a thin bloody fluid, issued from the orifice.

On the following day there was great constitutional disturbance; the pulse was very quick, the tongue coated with a brown fur, the skin hot, and countenance indicative of anxiety. The appearance and feel of the tumour were also changed; the integuments covering it were inflamed; and it had a crackling emphysematous feel. From the orifice there was a considerable discharge of a thin, bloody fluid, mixed with air. He was directed to take a dose of saline mixture, with thirty drops of the tincture of henbane, every six hours, and a grain of calomel, with a similar quantity of opium, at bed-time.

19. The constitutional excitement remains unsubdued. The discharge is somewhat altered in character, resembling coffee-grounds or port-wine lees, and it is offensive to the smell. Linseed-meal poultices are applied to the parts.

24. Our daily reports on this case from the date of the last, show that he continued much the same with respect to his constitutional symptoms. The skin covering the tumour is certainly more generally discoloured; the discharge is copious and ill-conditioned. Mr. Morgan to-day introduced a bistoury into the orifice of the tumour, and freely divided the integuments both upwards and downwards, and now making pressure around, a large quantity of soft, fungous matter issued out. Ordered to take porter, with a generous diet. Cold linseed-meal poultices to be applied over the tumour.

26. Progressively becoming worse. Ordered eight ounces of wine daily.

31. Pulse very quick; tongue furred; countenance sunk, with general emaciation. The same brain-like matter, with the fluid resembling wine-lees, are still discharged in large quantities.

Sept. 7. Evidently sinking. We have visited him daily since the last report. Nothing occurred worthy of note until yesterday, when he was attacked with diarrhœa.

Ordered half a drachm of the opiate confection, to be taken three times a day in a wine glassful of infusion of cascarilla.

13. Moribund.

The friends immediately removed the body, and would not permit of its being examined.

The case of gangrene of the foot terminated fatally a few days after admission. The patient was a poor, half-starved wretched woman, and the disease appeared to be the result of such a condition. Stimulants, such as brandy, wine, capsicum, ammonia and musk, were freely exhibited.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF DISEASE OF THE VERTEBRÆ OF THE NECK, AND SUBSEQUENT BONY UNION BETWEEN THE THREE FIRST VERTEBRÆ, AND BETWEEN THE ATLAS AND THE OCCIPUT.

On Wednesday, Aug. 17, Mr. Lawrence brought a preparation to the hospital for the purpose of showing it to the pupils, and of explaining its previous history. The case had been one of considerable duration, but not having been under his care, he was only acquainted with its general history. The child, at the time of its decease, was twelve years of age; about five years previous, it had been affected with a tumour of considerable magnitude in the neck, with evident fluctuations, and of size sufficient to contain from half a pint to a pint of fluid. The peculiarity in the tumour was, that on pressure being applied, a complete state of coma was produced; at other times the child enjoyed a perfect state of the functions of the brain. The symptoms at the time were sufficient to cause the medical men attending, to suspect it a case of hydrocephalus, and the fluid contained in the tumour to be connected by some extraordinary communication with the brain; this was sufficient reason to prevent them from puncturing it.

After some time, however, the tumour entirely disappeared, and the child in a great measure recovered its health, and went into the country; after a lapse of between two and three years, the patient having entirely recovered from the former complaint in the interim, the lumbar vertebræ were observed to give way, and become distorted; and at a later period, a tumour appeared in the groin, in the situation of a psoas abscess; this was opened, and two or three pints of matter discharged; the child eventually died from exhaustion.

Previous to explaining the preparation, the pupils were desired to remark, that during the whole five years there had not been the slightest paralysis of any of the members—that the child had enjoyed the full use of its mental faculties, and that the head itself had retained its relative situation with the occiput; at least it had not been perceptibly changed. The preparation consisted of the occipital part of the two temporal, and part of the sphenoidal bones (sawn off so as to give a complete view of the foramen magnum, and of the three first vertebræ). The foramen magnum was natural, but at its anterior part, and left side, a thick process of bone, half an inch in length; projected into the cavity of the skull; upon examination it was found to be the processus dentatus of the second vertebra; this was proved by tracing it down to the body of the second vertebra, and also by the fact, that the perpendicular and lateral ligaments, which, in a natural state, ascend from the top of the odontoid process to the edge of the foramen magnum, in the preparation were seen descending from the point of this portion of bone to their usual attachments at the foramen magnum. The form of the process was, in some measure changed, being thinner and more sharply pointed than usual. On looking downwards through the foramen magnum, the rings of the first and second vertebræ were seen very irregularly placed, not corresponding with the foramen magnum, nor with each other, to form an uniformly sized canal, but in such a manner as to contract it to little more than one-third of its usual size. Instead of the posterior part of the ring of the atlas being placed immediately below the edge of the foramen mágnum, it was, in fact, contained within the foramen itself; the *right* half of the ring also encroached considerably within the circumference of the foramen; the left half of the ring had been destroyed by the disease; the second vertebra was also displaced, the *left* part of its ring again narrowing the canal, already much diminished by the displacement of the atlas, and by the processus dentatus, which occupied the left side and front part of the foramen magnum. It is proper, however, here to observe, that when Mr. Lawrence received the preparation, the spinal chord still remained in this very confined and tortuous part of the canal, and was sufficiently loose to indicate that it had not undergone pressure. On looking at the inferior surface of the preparation, the atlas was seen to be considerably removed from its relative situation, instead of being placed transversely; with respect to the base of the skull, it was placed obliquely; instead of being articulated with the condyles, it was removed in front of them, and firmly connected, by bony union, with the occiput; its left transverse process had been absorbed, as well as the same side of the ring, to the extent of nearly an inch. From the altered situation of the atlas, and from the considerable destruction which had taken place in it, it will naturally be supposed that the second would also have changed its position; it was removed a little backwards, and from the loss of the left part of the ring of the atlas, it had ascended so considerably, that the upper part of its body was in contact with the edge of the foramen magnum, and its process had passed through it, and projected into the skull in the manner previously mentioned; the vertebra was of its natural size, and did not seem to have suffered from disease; its processes were complete; it was firmly connected above to the atlas, by complete bony union, and below to the third vertebra, which was natural in appearance and position. To show the firm union which had taken place, we may mention, that during the examination, an attempt being made to wrench the occiput from the vertebræ, the whole of these vertebræ came along with it.

This case is exceedingly interesting, showing what a degree of pressure the brain and spinal chord will bear, when that pressure is gradually applied; proving also to what an extent disease may proceed, in parts whose well being is considered almost essential to life, without producing fatal effects; and what power the restorative process of nature has, in accommodating parts to any change disease may produce. The examination explains what appeared so obscure during life; the tumour had contained matter arising from the diseased vertebræ, and had communicated directly with the spinal canal, accounting for the effects which pressure on the tumour produced on the cerebral functions; the disappearance of the tumour arose from the absorption of its contents, consequent on the restorative process which was going on in the vertebræ; and the subsequent restoration of the canal by bony union, accounts for the absence of any return of disease.

It is to be regretted that the state of the brain was not ascertained.

THE LANCET.

No. 163.] LONDON, SATURDAY, OCTOBER 14. [1826-7.

THE

INTRODUCTORY LECTURE

TO A COURSE ON THE

PRINCIPLES AND PRACTICE OF MEDICINE,

Delivered by Dr. AYRE, at the

Medical Theatre, Dean-street, Borough.

GENTLEMEN,

I NOW appear before you to commence a Course of Lectures on the Principles and Practice of Medicine; or, in other words, to instruct you in the knowledge of disease, and of the means for its removal, prevention, or alleviation. Before, however, proceeding to the proper business of the course, it will be well to devote this preliminary lecture to the inquiry, as to what constitutes a knowledge of disease, and what are the causes which have so long retarded its advancement, and what the means for promoting it. Lord Bacon's remark, that "knowledge is power," is a truth of universal application, and is, therefore, as true in relation to the treatment of disease, as to the exercise of political rule, to which his observation was directed. Seeing, therefore, that knowledge is power, it is of importance to know what constitutes this knowledge, and what are the means of attaining it; for mankind, during every period of their history, have erred in their notions concerning the nature of true knowledge, and have been misled by names, and by the authority which imposed them; and have been prone to believe, that by knowing the name of an object, they thereby possessed a knowledge of the nature of it; and this error has peculiarly prevailed in medicine, and men have given names to diseases from some fanciful notion formed of them, and which, by being secured as the true representatives of the things they denoted, have been adopted by succeeding generations as a rule for their reasonings and their practice.

Now there are, in regard to most objects, two sorts of knowledge, and which differ not only in degree, but in *kind*. Our knowledge of a natural object, as for instance of a piece of granite, may be limited to its sensible appearances or qualities, as its hardness, colour, &c.; or it may extend to its constituent parts or principles. The first kind of knowledge, or that of its sensible qualities, may be obtained by the most careless observer; and if any difference exist in regard to this kind of knowledge, it will be only in degree. Thus of a natural body as of the granite; the labourer at the quarry will have, perhaps, a somewhat more correct knowledge of its sensible qualities than the man who breaks it in our streets; whilst the knowledge of this last will exceed, perhaps, the passengers who casually witness his doing it. The knowledge, however, of all these persons is the same, the difference being only in degree. There is, therefore, another kind of knowledge, differing essentially from that of the persons just alluded to. This pertains to its constituent parts, or principles, and which it is the province of the chemical philosopher to acquire; for by the skill exercised by him in analysing bodies, he shows that resemblances exist between many substances, which, judging by their external appearance, are in no way alike; and, by the same method, he detects discrepancies in others that had previously been thought to be the same. Now the knowledge we possess of disease may differ in the same way, that is to say, not only in degree, but in *kind*. We may know a disease by its external signs or symptoms, as a natural body is known by its sensible qualities, and yet be utterly unacquainted with its true nature. Thus, few persons who have read a description of hydrophobia, as exhibited in the human subject, and none who have once seen it, could fail to recognise it when presented to them; yet our knowledge of the disease amounts to nothing, and is, in regard to its true nature, no more than what the labourer possesses with respect to the granite, since in both it relates only to their sensible appearances. There is, therefore, a second species of knowledge of disease, and which, like the knowledge possessed by the chemist, has respect to the relation the symptoms bear to each other, and to their common cause, and to the pathological conditions upon which they depend. The first sort of knowledge, or that concerning the sensible appearances of disease, is what the uninstructed attendants upon the sick, whether unskilful doctors or nurses, have at all times possessed; and the knowledge, whether it be with doctors or nurses, is intrinsically the same, the difference being only in degree. They are but labourers in a quarry, when compared with the enlightened pathologist, whose knowledge of disease is of the true kind, and whose office it is, like that of the chemist in his laboratory, to investigate the causes which produce and modify diseases, and those conditions of the body to which they give, and from which they derive, their origin.

Seeing, therefore, that there are two kinds of knowledge, and which differ essentially from each other, we may now inquire as to what are the methods by which the true and more important branch of knowof disease can be obtained. To satisfy this inquiry, let us imagine the existence of an island in some distant part of the world, and unknown to the rest of it, and whose inhabitants were conversant with most of our arts and sciences, and where scientific men employed the inductive method of research first taught us by Lord Bacon. Let us imagine, no matter how, that some chronometers, with which they were before unacquainted, came into their possession, and that one of them becoming deranged in its state of going, was given to their ablest artists for repair; what, I will ask, would be the plan they would adopt? Would they limit their examination to the dial-plate and pendulum? or, because the movement of the pointers was the final cause of its construction, would they seek only in these for the cause of its imperfect action, and apply there alone the remedy? Would they not rather examine a perfect time-piece of the same kind, by which they might make themselves acquainted with its several parts, and their relations to each other, and the principle upon which they moved in concert, and be thus enabled to detect and remove the causes which impaired the action of the imperfect one. But let us farther suppose, that these enlightened islanders became suddenly assailed with the several diseases known to Europeans, and from which they before had been exempt, and that the scientific men among them were required to apply their minds to the discovery of a mode of removing them. What, I may again ask, would be the plan they would pursue? Would they, in imitation of those ancients whom a misplaced and indiscriminate regard for antiquity has led us to reverence as our masters, commence their task by forming a nomenclature of the diseases from some hypothetical notions regarding their seat or origin? and determine the nature of their proximate causes from some loose analogies derived from chemical or mechanical phenomena, or from other spurious sources, and in utter ignorance of the structure of the parts concerned in the disease, or of the morbid changes induced in them by it? endeavouring, at the same time, in imitation of more modern improvers of our art, to settle immediately, in a nosological arrangement, the notions thus vaguely acquired of the nature of these diseases? Assuredly they would not: on the coutrary, they would, like the mechanic repairing the chronometer, begin their task by examining the internal structure of the human body in its sound state. They would examine, with the minutest scrutiny, the various organs, and the tissues of which they are composed, and their relative situation and dependencies; in short, and without detaining you with a detail of the several objects of it, they would study anatomy. Having thus acquired a knowledge of the *structure* of the body, they would next proceed to investigate the uses of the several organs, and the parts connected with and composing them. They would analyse the blood, and determine the mode and purposes of its circulation. They would analyse the several secretions and excretions in their morbid and healthy states, and examine into the particular circumstances under which, and by which, they were altered in their quantity and quality; they, in fact, would study physiology; and next, in pursuance of their plan of investigating the causes and seat of disease, they would proceed to ascertain, by morbid dissections, the nature of the morbid changes produced in the solids by disease, comparing them with the symptoms and with the causes producing these, as diligently noted in the course of it; and thus determining the true relation of the symptoms with each other and with their common cause, as well as the effects produced on them by the treatment. From the observations thus made and repeatedly confirmed, certain general rules of practice would be deduced, which would be denominated the Principles of Physic; and a just pathology of diseases being thus acquired, a nosological arrangement of them would be made, and as perfect a system of practice established, as the mortal destiny of their nature would admit.

Thus then would men proceed who understood the inductive mode of research taught by Lord Bacon, and who, from being unbiassed by those prejudices which are perpetually intercepting our views of truth, would have less to learn from having nothing to unlearn. And is this the mode which the ancients pursued, and did they possess that true and efficient knowledge of disease to which I have alluded? Certainly not. They possessed little more than the first kind, in that which is limited to the sensible appearances or symptoms of a disease; for the philosophy of the ancients proved itself unsuited for scientific research; and it was not until the time of Lord Bacon that the method became known, and not until long after that period that it was adopted by the teachers of our art. But the ancients are not chargeable merely with neglecting the right mode of proceeding in their investigations; for they were guilty of the injurious practice of giving names to diseases which involved some false hypotheses regarding their nature, and of sanctioning at once, the names and the hypotheses by the systematic arrangements of disease which they founded on them. First, it must be obvious that a name which gives an erroneous notion of the object it represents, must give an injurious bias to the mind, in favour of that notion; and that, as a systematic arrangement of diseases should be formed upon a knowledge of their nature, every arrangement of them, before such knowledge is attained, must be injurious, being wrong, in at least as great proportion as it would have been beneficial if right. And yet the history of physic is but an humiliating record of such attempts, and of the evils which sprang from them, by withholding men's minds from the true path of investigation, and accustoming them to regard the systems thus imposingly formed, as legitimate deductions from facts. In this way the authority of Galen enchained the minds of men for nearly fifteen centuries, when they were released by Paracelsus, and afterwards from him by others, to continue in a bondage little inferior to that which they had left. The error with all was, that of creating systems of medicine unsustained by the facts which anatomy and physiology, and morbid dissections, should have afforded, and arranging diseases according to their crude fancies; and thus, of giving "a local habitation and a name" to existences purely ideal. It would be a task, neither of profit nor amusement, to enumerate to you the various theories which have been given to the world by their successive authors, from the days of Hippocrates to a period near to our own times. Many of them are too absurd to merit a serious notice, and they all have the radical defect of being, not only not supported by facts, but opposed to them. But let me not be unjust to the ancients. If, as it must be admitted, they did but little for our art, the wonder is, still, with the scanty means they used, that they did so much; and for their errors, there are reasons of extenuation not due to the modern inventors of theories. To their success there were opposed the prejudices against dissection, derived from their religion, and unknown to modern times. They wanted the aid of the collateral arts and sciences, and of the printing-press and paper, both of such transcendent importance for the wide diffusion of facts, by which alone science can be advanced. With the ancients, then, the error was in erecting systems of physic, without seeking for facts to uphold them. With the moderns, possessing as they did, such ample means for detecting their fallacy, in following them so long and so blindly, or in substituting systems of their own, equally remote from truth. Nor are we, at the present day, free from the charge of yielding to that bias, which names, and systems of medicine, and nosological arrangements in past times produced on us. There is still lingering in our seats of learning an undue attachment, to speak in the mildest way of it, for opinions and modes of practice, which a pathology much less enlightened than ours should before this time have exploded. We have still a nosological arrangement of diseases, which is appealed to as an authority, and as the rule for our reasoning and practice; though it is, and must be, essentially defective as such. For in a nosological arrangement of diseases, it is necessarily assumed that the nature of the diseases thus arranged is understood; and that the arrangement is made in accordance with this knowledge, and that our acquaintance with diseases may be thereby facilitated. But the nature of many of the diseases thus arranged, is confessedly unknown; and the views concerning a multitude of others, and upon which their arrangement is founded, is erroneous; and if, therefore, the arrangement be formed, (and to be of any service, it must be so,) as our authority and guide in judging of, and treating diseases, then this and all other settled arrangements of them, made before a true knowledge of them is obtained, must be as injurious in practice, as they are unscientific. We all know how in chemistry the attempts at arranging the objects of that science, and of forming a nomenclature of them, required successive renewals, from successive discoveries concerning the nature of those objects; and that therefore repeated changes were made in their names, in correspondence with the improved knowledge respecting them. It must, therefore, happen, that evils, both theoretrical and practical, must arise from an adherence to names, and to artificial arrangements of diseases, under an imperfect knowledge of their nature. But let me not here be misunderstood. I object not to nosological arrangements in the abstract. I object only to the premature formation of them; and to their thus preceding, instead of following, the discovery of a true pathology of diseases. Neither do I object to some of the arrangements made by Dr. Cullen, in his system of nosology; but I insist upon its injurious tendency as a whole, since, in many cases, it implies what is not proved, and in many others, gives the seal and sanction to opinions which are false; tending thus by its authority to perpetuate errors which must have an injurious influence upon our practice. Indeed, the system was founded on opinions entertained by its author, regarding the proximate causes of diseases, and which are now pretty generally abandoned; and hence, with the abandonment of the opinions respecting them, we must now abandon the system of which those opinions were the support.

But I will not, for I need not, pursue this subject further; for the whole fabric of medical opinions, ancient and modern, with the systems of medicine founded on them, has been shaken to its foundation by the labours of recent inquirers, and is rapidly falling into ruins. The French pathologists, following the path marked out to them by our enlightened countryman John Hunter, have set us an example of diligent and successful research into pathological anatomy. By the investigations prosecuted by them into the structure of the several tissues of the body, of their uses or functions, of their particular morbid states, and of the diagnostic signs by which these last are severally distinguished, we have afforded us the prospect of possessing a large supply of materials for the building up of an efficient and natural pathology. In the race, indeed, which they are running, they promise to outstrip the competitors of all other nations, and, perhaps, not least those of our own; for to other causes favouring their success, they have those opportunities for frequent morbid dissection, which are so necessary for improvement in the knowledge of disease, but which are, in a great measure, denied to us, through the effects of popular prejudice, and the absurd enactments of our legislature; and, I regret having to add, through the seeming countenance afforded to both, by the highest of our chartered bodies confining the exercise of its corporate power and influence to purposes which are as unconnected with the interests of our art, as they are foreign to the intentions of of its founders.

Though all these obstacles, it is reasonable to hope, will, ere long, give way to the impulse of a more enlightened and liberal mode of thinking amongst us; and when, in the improvement of our art, as in so many of the other great improvements of the age, we may set an example, instead of having to follow one; and thus contribute our share to that distinction which our country has attained, by her pre-eminence in the arts and sciences, by her literature, by the glory of her arms, and by the free institutions which she cherishes.

But to return to our subject. In the observations which I made upon the nature of a true knowledge of disease, I stated to you that a mere acquaintance with its symptoms does not constitute that knowledge; and I have now to add, that though not the whole, yet it forms a part, and a very necessary part, of that knowledge, and must be assiduously sought for by clinical observation and practice. For a disease is not a single phenomenon, which may be rendered fully cognizable by description; but it is made up of symptoms, the relation of some of which to each other, and to their common cause, is often remote. Thus, to distinguish between the fever of acute rheumatism, and that of typhus, would demand from us but little acquaintance with disease: but the claim upon our experience does not end here; for, in the treatment of the latter complaint, we have to distinguish those symptoms which are contingent, from those which are proper to it; the signs of that debility which precedes and attends the excitement, from that which accompanies its decline; the delirium of excessive local vascular action, from that resulting from the morbid diminution of it; and thus to decide upon the important points, when to subtract from the general strength, and when to add to it, with the due discrimination of that multitude of symptoms which collectively form the disease, and which require to be appreciated, individually, in regard to the influence which each exerts in retarding or preventing its favourable termination. To attempt to acquire this necessary but difficult knowledge of disease by books, or lectures alone, would be a fruitless task; for, with whatever accuracy a disease may be described, there is no language, however select or studied it may be, that can convey an adequate notion of those nice but discriminating marks which are discoverable in the countenance and manner of a patient, and which serve as guides to the practised observer to conduct him through that obscurity which the complexity of its symptoms, and the variety of its forms, so frequently involve disease. A book, therefore, containing a description of the symptoms of a disease, must be employed no otherwise than as his guide, which is to direct him into the more ready observation and acquaintance with them. It is his map, or chart, and which, like that of a town, he must use as such; imitating, in this, the conduct of the traveller, who, desirous of becoming informed of the local peculiarities of the streets and houses of a city, traverses himself the place, and only uses the plan he has of it to facilitate and direct his examination of them. It is knowledge thus acquired, which forms what we term experience; and which consists of a facility in detecting the presence of a disease, by an observation of its syptoms, combined with an accurate understanding of the pathological conditions upon which it depends, and of the method by which it should be treated. Experience, without these latter qualifications, would be merely the experience of nurses; and would be, at once, both barren and unprofitable to its possessor.

You will collect from the observations which I have made, that there is a true and a fictitious kind of knowledge; the one being limited to the sensible appearances or symptoms of a disease, the other embracing this, together with the pathological conditions upon which it depends. That this, the true knowledge, is founded on the knowledge of anatomy, physiology, and pathological anatomy, united to the diligent study of disease, and of the effects of medicine, as acquired at the bedside; for, as the principles of medicine are but deductions from facts, it is only by the acquisition of facts that these can be established. And, lastly, that a nosological arrangement of diseases must follow, and not precede the acquirement of their true pathology; and must thus be reserved, like the placing of the key-stone of an arch, as the finishing act of the builder; for, to continue the figure, its earlier employment would only encumber the workmen, without adding either grace or stability to the structure.

And now, Gentlemen, let me address you more particularly as students who are just entering upon the study of your profession. Your object is to acquire a knowledge of disease. Lord Bacon has said, that "knowledge is power." You are, therefore, in search of power—of power which is to enable you to subdue disease, and thereby diminish human suffering. To these motives for diligence, no other considerations need be added; for it cannot be overlooked, that in the exercise of your profession you will be under the strongest obligation to discharge its duties faithfully, for your responsibility will be indeed great. To you life and health will be entrusted, and you will accept the trust under an implied compact with your patient, that you shall receive a reward for your skill, and that, in return, the skill that you will exercise shall be efficient, and merit the reward. Let it not, therefore, lay as an abiding weight upon your consciences, that, having the means, you neglected to acquire the necessary skill, and ventured upon the trust without it. To you who shall acquire this knowledge, (and you all may acquire it,) it will be to you as power; and not merely in relation to the control it will give you over disease, but as procuring for you that highest of earthly enjoyments, self approbation; as fulfilling the expectations which your friends have formed of you; and as the means of procuring you an honourable independence, with the numberless enjoyments which flow from it; together with that distinction which attaches to every one engaged in our profession, who exercises it honourably and skilfully. Let me then urge you to the same diligence in your studies, as if the whole burden shall hereafter lay upon you of its farther improvement. It is only by aiming at such that any excellence can be attained. The field of medical research is open to you all, and it invites you all to its cultivation; and it is to you, as part of the rising generation, and as students of medicine, and ere long to be practitioners in it, that the invitation is especially given. Nor can the task, however laboriously pursued, prove to you an unprofitable one; since to you it will yield its own high reward, in storing your minds with still more knowledge, and thus endowing you with still more of that power which is demanded for the treatment of disease. To most of you the attainment of these objects will, and must be the proper limit of your endeavours and of your desires. To some of you, however, higher objects will be kept in view and aimed at; for though the temple of Fame be placed upon the highest of earth's eminences, and her imperishable wreaths upon the highest part of the temple, there are those who will aspire to their possession. To such, if any such be here before me, I would say, Go on in your career of honourable toil, alike regardless of the allurements that might tempt you from your path, or the obstructions that might impede you in it. Your toil, and the objects of it, will be equally worthy of you; for in your labour to explore the yet undiscovered operations of nature, there is no assignable limit to the services with which you may benefit mankind. And as for the reward of your labour, you will seek it, not merely in the reputation and wealth which will accrue to you as the valued practitioners of your districts, but in that noblest of all human rewards, the consciousness of deserving one, and in that highest of all human distinctions, of having your names united with those who have been justly regarded as the benefactors of the world, and the pride and ornament of their country.

ABSTRACT OF

DR. ROGET'S

INTRODUCTORY LECTURE ON PHYSIOLOGY,

Delivered at the New Medical Theatre in Aldersgate-street, October 3d, 1826.

Dr. Roget began by observing, that the human body, in common with all living beings, offers a series of phenomena having a totally different character from those presented by inanimate matter. He then proceeded to specify those peculiar and characteristic properties which organized structures have received in addition to the ordinary properties possessed by all material bodies. Those peculiarities of arrangement and mechanical contexture of fibres and laminæ, and that symmetrical disposition of parts, adapted to particular objects and purposes, which combine to constitute our ideas of an organized structure, were severally pointed out; as also the remarkable modifications of chemical properties which distinguish the products of organization from those of the mineral kingdom. The series of changes which living beings exhibit was next pursued in their origin from the scarcely perceptible atoms, which constitute the rudiments of both animals and vegetables; and in their progress in different stages of development, consolidation, enlargement, and successive additions of organs, till the whole of the elaborate structure is finally completed. The growth of an organized being was described as a process totally different from the increase of a mineral body, the latter being the result of the simple law of aggregation operating among particles which are thrown together in a fluid form, or in a state allowing of the action of this power. Under these circumstances they assume certain regular geometric forms, and compose crystals of various shapes and dimensions. The mode in which crystalline bodies acquire their augmentation of size by the accretion of new layers of materials, was explained and illustrated by diagrams representing the arrangements of primitive elementary crystals, by which their various secondary forms are built up. It was then shown that the growth of an animal or vegetable is a process of a nature totally different from, and bearing no analogy with, crystallization. This led Dr. Roget to criticise the celebrated definitions of the three kingdoms of nature given by Linnæus, namely, that *minerals grow, vegetables grow and live, animals grow, live, and feel*; definitions that were founded on an implied analogy of this kind, which does not in reality exist. Dr. Roget next adverted to the powers of accommodation to external circumstances, to the action of foreign agents, and to the capabilities of repairing injuries, which are inherent in a greater or less degree in every species of organized and living being. Limits, however, exist to these powers; and the duration of life itself cannot, even under the most favourable circumstances, be prolonged beyond a certain period. The phenomena attendant upon the decline of the vital energies, the dissipation of the fluids and hardening of the solid fibres of the body; and their resolution into their primitive chemical elements, on the cessation of that power by which they had been retained in union, were severally considered. Lastly, those faculties were adverted to by which the continuance of the race, and the multiplication of its numbers, are secured.

After having taken a review of the leading phenomena of life, Dr. Roget next inquired into the proper mode by which their study should be conducted. It is the object of the physical sciences, including natural philosophy and chemistry, to reduce the facts which they embrace to the smallest possible number of general laws; but numerous obstacles present themselves to the attainment of this end in the science of physiology. The nature of these obstacles was stated and illustrated, and a striking contrast drawn between the simplicity, the constancy, and the uniformity of those physical forces which actuate unorganized matter, and the complexity, variety, and extended chains of connexion that pervade every part of organic nature. Instead of being resolvable into the operation of a single principle, in the same way as the movements of the celestial bodies are reducible to the simple law of gravitation, life was shown to imply the agency of a number of different principles, which exhibit a gradation of ascent, or of remoteness from the ordinary powers of matter. This was exemplified in the mechanical properties of cohesion and of electricity, which are modified in a very peculiar manner in organic products, in consequence of the singularly complex arrangement of the elements constituting the texture of every part of an animal body. In addition to these properties, a new power is supplied, which is quite peculiar to animal life, namely, muscular contractibility, and which appears to have been established in the system as the great source of mechanic power required for the movements of the machine. The peculiarities of those chemical agencies which are in operation during life, and which differ from what we elsewhere observe, either in the works of nature, or in the productions of human art, were next pointed out. The several powers which are specially connected with the organization of the nervous system were indicated, and their general effects considered.

Dr. Roget complained that what may be termed the philosophy of physiology, namely, the inquiry into the nature of those physical powers which are in operation in the living body, has not hitherto been investigated with the attention it deserves; and that the cultivators of the science have, in their excessive eagerness to arrive at comprehensive results, been, in general, guilty of premature and unwarrantable generalizations.

Baffled in his attempts to obtain an insight into the real physical laws which govern the phenomena of life, the physiologist will naturally turn to the contemplation of another aspect, under which the same phenomena may be viewed. Independently of the relation of cause and effect by which they, in common with all the events we witness, are connected, they also stand, with regard to one another, in the relation of means to an end: they are all strongly impressed with the character of *intention.* Thus one of the principal objects of physiology is the study of the *functions* of life; that is, the purposes to which the several structures of the body, and their different actions, are subservient in the animal economy. The study of anatomy, indeed, derives its chief interest from its connexion with physiology. In vain may we engage in the examination of the form and structure of all the parts which compose the animal machine, unless they are viewed with reference to their uses. Mere dissection can afford us no instruction, unless aided by the light of physiology. A lively interest is thus infused in a subject which would otherwise be barren, but which thus presents the most fascinating spectacle of exquisite order in the design, and of transcendent skill in the execution of this vast and elaborate system.

A general sketch was then given of the object of the several functions composing the animal economy, as they exist in their more perfect forms, so as to present, as it were, a map of the country about to be explored in this course of lectures. With a view of obtaining the most complete insight into the plans of Nature, the best mode appears to be, that of inquiring in what manner we could have proceeded, had we been gifted with the power of combining the materials of the animal body, and of constructing such organs as might appear to us necessary for the purposes of life. Pursuing this idea, Dr. Roget first inquired into the qualities and instruments requisite in the animal system, for the attainment of the functions of perception and of voluntary motion. The offices of the brain and nerves, the structure and modified sensibility of its different parts, adapting them to receive impressions from external bodies, and to convey each respective impression without confusion to the brain, or central organ of sensation, were reviewed in succession. The several functions of the external senses, the mechanism of their respective organs, adapted with philosopical precision to the physical properties of the agents by which they are designed to be affected, were next explained. Attention was then directed to the faculty of voluntary motion, without the possession of which, the powers of perceiving external objects, and the capacities of enjoyment and of suffering, would have been of little avail, or would have even been pernicious, rather than useful endowments. For the performance of this function, a new set of nerves is required, distinct from those which are subservient to sensation: the contractile property of the muscular fibre supplies the moving power, and the firm and rigid structures composing the skeleton, constitutes the solid frame-work of the fabric, by which the muscular force can be advantageously directed and applied, in effecting the movements of the machine. Various mechanical expedients were adverted to for the purposes of facilitating motion, for economising power, and for specific accommodation to mechanical circumstances of conformation: all these objects are classed together under the title of MECHANICAL FUNCTIONS.

A similar review was taken of the nature and objects of all those functions which are ultimately subservient to nutrition, and which Dr. Roget denominates the chemical functions, from the chemical nature of the changes which are effected by them, in the alimentary substances received into the body. The several stages which constitute the processes of its assimilation to the substance of the body were specified, such as digestion, chylification, lacteal absorption, sanguification, circulation, respiration, and secretion. The structure of the several organs by which they are accomplished was pointed out, and illustrated by drawings on a large scale. Lastly, the extensive provisions which Nature has made for the continuance of each species of animals were noticed, and the varieties of modes were enumerated, by which this important object is accomplished, in the different classes of the animal kingdom.

The order in which these various subjects are to be treated of, in Dr. ROGET's course of lectures, will, as he announced, be somewhat different from that in which they have been now enumerated. He purposes beginning with the consideration of the mechanical functions, as being the simplest in their nature; and proceeding in the next place to the chemical functions, which relate to nutrition. An acquaintance with these functions will be the best preparation for the study of the class of sensitive functions, which, though highly interesting and important, are more obscure and complex than either of the preceding. The history of the functions of reproduction and of evolution will then succeed; and the course will be terminated by a general review of the combinations of structures and of functions, which characterise the different classes and orders of the animal kingdom.

Physiology is obviously a most important and essential branch of medical study. An accurate knowledge of diseased functions necessarily implies a previous acquaintance with the same functions in their healthy state. Anatomy and physiology are the foundations of the healing art; and it were much to be wished that the latter of these subjects in particular should be regularly studied as an object of diligent attention in medical education, and as a distinct department of science. Dr. ROGET dwelt upon the advantages resulting to the healing art, from the extension of our views to the physiology of the whole animal kingdom. The knowledge which would be acquired by the functions and structure of the human body would be very imperfect, unless recourse were had to a comparative investigation of those of the lower animals. All the important discoveries of modern times, with regard to the human economy, such as that of the circulation of the blood, have been derived from observations made on animals. Comparative physiology, therefore, claims our attention, not merely as an ornamental branch of speculative knowledge, but as a subject of real practical interest, in which we are all deeply concerned. It opens to the philosophical inquirer the sublimest views of the immeasurable extent and stupendous magnitude of the plans of creation, and reveals degrees of intelligence, of power, and of beneficence, which far exceed the limited sphere of our conceptions.

FOREIGN DEPARTMENT.

ANATOMY.

Want of the Semicircular Canals.

IN a work* published last year at Copenhagen, there is a remarkable case narrated of total want of the semicircular canals. A deaf and dumb boy, eleven years old, who had for a long time past laboured under scrofulous ophthalmia, was seized with an affection of the lungs, from the effects of which he soon expired. On opening the body, the lungs were found in a state of suppuration; the brain was healthy, as was also the portio mollis (nervus acousticus). The temporal bones were carefully removed, and submitted to an accurate examination. One was quite sound, and in the other, the bones of the ear were found in their natural state, excepting the stapes, which was cut through on dividing the bones; the tympanum, vestibule and cochlea, were quite sound; but no trace of the semicircular canals were to be discovered; the space usually occupied by them was filled with a cellular or parenchymatous substance, the cells of which were smaller than those of the mastoid process, and had no connexion with each other. The entrances to the canals were to be seen, but they all ended in blind sacs. From the statement of the mother, it appeared that the deceased child could hear very well till the second year, but at this period it was attacked with a violent fever, and became quite deaf. From the healthy state of the surrounding bones, this want of the canals could not be viewed as the consequence of suppuration, or of caries. But although the absence of the canals must be regarded as hereditary, still the account of the mother that the child could hear at one period of its existence, admits of being explained. Experience shows, that an important defect in the hearing, even if it does not produce complete deafness, is still capable of causing deafness and dumbness. Children may thus be prevented from comprehending articulated sounds, and giving utterance to them, but still hear very well every sound and noise; and thus it is very difficult to determine up to the second year, whether the hearing in children be perfect. Although several instances are on record of the semicircular canals being wanting, still, according to the author, it is the only case where the absence of these canals has been found without disorganization of any other part of the ear.

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* De causis Cophoseos surdo-mutorum indagatu difficilibus. Commentatio brevis, quam pro stipendio Collegii Medicæi exaratam defendere studebit. F. C. Murer. Hafniæ, 1825, cum tabulo lithograph. pp. 26.

PHYSIOLOGY.

Experiments on Pulmonary Exhalation. By M. Breschet and Mr. Milne Edwards.*

The experiments of Nysten and Majendie, are well known to have proved that certain liquid and gaseous substances introduced into the blood, are speedily expelled by exhalation through the lungs. It is for the purpose of explaining this fact, that the present experiments have been made.

Thinking that exhalation differed in no manner from absorption, but by acting in a reversed way, we imagined that the exhalation ought to be accelerated by every force which attracted the fluids from within outwards, as well as that absorption would be facilitated by that which pushes the fluids from without inwards. We supposed that inspiration was the principal agent, and that it ought to bring the fluids of the body mechanically to the surface of the mucous membrane of the lungs, while it caused the air to enter into these organs. To put this opinion to the test, we adapted a tube to the wind-pipe of a living dog, which communicated with a bellows, and afterwards opened p etty extensively the thorax of the animal. The natural breathing was immediately suspended; but by artificial inflation, we produced a constant pressure on the pulmonary cells, without the alternate movements of inspiration and expiration. Six grains of alcoholized camphor were now introduced into the peritoneum of this animal, while the same quantity was introduced into the peritoneum of another, the respiration of which was natural. In the latter animal, the pulmonary perspiration, mixed with the substance introduced, appeared from three to six minutes after its application, while in the former animal it did not appear at all. Part of the muscles of the abdomen being laid bare, and a cupping-glass applied, the camphorated alcoholic smell was soon sensible from the uncovered surface. Thus, from the time that the pulmonary surface had ceased to be acted upon by the force of the inspiration, the exhalation from the lungs ceased to emit the substances contained in the blood. On the contrary, the cutaneous exhalation emitted along with it those substances, as soon as the part was submitted to the sucking power of the cupping-glass.

A certain quantity of the essential oil of turpentine was injected into the crural veins of two dogs, one of which was allowed to breath naturally, whilst the lungs of the other were in a state of compression. In the first animal, the pulmonary exhalation speedily smelled of the essential oil, and on opening the body, the lungs and pleura seemed more impregnated than the other tissues. In the second animal, this oil did not appear to be in greater quantity in the lungs than in the other tissues, such as the pleura and peritoneum. It appeared as if all the tissues had been equally impregnated. Thus, in the first case, the sucking action of inspiration appeared to have drawn into the pulmonary perspiration all the turpentine, and to have attracted it from the other tissues. On the contrary, in the second, the pulmonary surface, deprived of all sucking power, had not been penetrated by the turpentine more than any of the other tissues, and just in the same proportion.

A solution of phosphorus in oil of turpentine, was injected into the crural vein of a dog, in which artificial respiration was kept up. The result was, that the phosphorus speedily became evident in the pulmonary exhalation, but was not perceived in a cupping-glass applied to the external surface of the stomach. This contradiction is explained, by supposing with Magendie, that the fat oil could not pass the capillaries of the pulmonary artery, and consequently could not reach the breast and arterial system; and that, stopped in the capillary vessels of the lungs, the contractions of the right ventricule caused it at last to drop through the cells of the lungs. Finally, we remarked, that all the parts of the skin did not answer with the same facility to a cupping glass. The skin of the thigh, for example, less easily than the skin over the stomach. The conclusions which have been made from these experiments are, that the suction which accompanies every movement of breathing, is the cause which expels the liquid and gaseous substances accidentally mixed with the blood, more particularly by the pulmonary exhalation, than by the other exhalant surfaces of the body.

Remarks on the Human Voice. By Dr. Liskovius of Leipsic.*

Professor Rudolphi in his elements of physiology, (Grundriss, der Physiologie, Berlin, 1821—23—26,) has maintained some points about the human voice, which on deliberate consideration, cannot be deemed quite correct. In the second volume of the work alluded to,* it is stated: "Liskovius, whose treatise† throws much light on this subject, is evidently incorrect, in the plate he has given, in which he attempts to prove that the vocal ligaments are elongated during the dilatation of the rima glottidis. The following will be quite sufficient to show that in common inspiration and expiration, the rima glottidis remains so wide open, that no sound can be uttered, and therefore in deep sounds it cannot become wider. The plate is for this reason incorrect, as it represents the rima glottidis more widely opened than can possibly be the case in the human voice; moreover, he has given the ligaments obliquely extended from each other, which ought not to have been the case. The deepest bass sounds cannot be conceived but in a slight widening of the rima glottidis, as in breathing, from the twelfth to the tenth of an inch. In high sounds, the rima glottidis always becomes narrower, but the vocal ligaments are elongated from the arytenoid cartilages being drawn backwards. Musicians for a long time distinguish the full, or chest voice, from the other, or falsetto; Haller and Kempelen also mention the latter as an imperfect voice. Liskovius first observed it accurately, and he has perhaps the merit of having accurately described the state of the rima glottidis in the falsetto sounds. He observed, for instance, that in these, the posterior portion of the rima glottidis is closed, and that only a small part anteriorly is opened; this appears very probable. In other respects, Liskovius is wrong; he believes that the false to voice is quite a proper sound, and that the higher notes all belong to it; but this is quite false. Catalani and Zelter, for instance, go much higher than any falsetto voice, however obscure, but their higher sounds are given in a full sounding pectoral voice. The singer who possesses not this power, passes into the higher tones by an abrupt movement or leap, as Zelter expresses himself, whom I have questioned on this subject, on which no one is more competent to judge. When bass singers wish to sound sharp notes, they allways sing with the falsetto voice; we must, therefore, consider this at present just as it was thought by the ancient musicians, a defective kind of voice."

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* Archives Generales, August 1826.

* Meckel's Archiv fur die Physiologie, April, 1826.

In opposition to this, I have to observe, the rising and falling of the larynx and the increase and diminution of the rima glottidis are produced by the antagonising of muscular power. By the antagonising of muscular power, I understand the reciprocal relation between two muscles or divisions of muscles, which, in consequence of their opposite situation, exert themselves against each other.

When two muscles antagonise, there is always a point of rest between the spheres of their action. This point of rest is the point where the opposite powers are equal to each other; therefore, when these powers are equal exactly in the middle, between their external directions; when these powers are not equivalent at a distance from the middle, in proportion as the opposite side is the stronger; except at this point there is no rest or repose, and so much less approaching to rest is any part, the further it is from this joint.

Ex. gr. the fore arm and the leg, describe each of them from the greatest extension to the greatest flexion, an angle of about 140 degrees. Their point of rest is about 70. The further, above or below this point, the greater the exertion, the less the power of persevering in the same position.

So also, with the larynx, and particularly with the rima glottidis. In perfect rest, the larynx is in the medium between its lowest and highest condition, and the rima glottidis in the medium between its greatest dilatation and contraction. In this state have I found the rima glottidis in the freshest larynxes. And as to the condition of the larynx, any one may convince himself of the correctness of what I have said. The more the larynx sinks, the wider becomes the rima glottidis, and the more the former rises, the narrower becomes the latter. Both proceed in conjunction, and equally.

In tranquil inspiration, the larynx gradually sinks somewhat, and the rima glottidis dilates somewhat, though not to the extremest degree. For if, in this state, any one utter a tone, it is only about a third or a fourth below the middle of the compass of his voice; and because, accordingly, these tones are most easily uttered, they are commonly used in speaking, although speech also avails itself of the higher and lower tones. He, for example, who has a compass of voice, from F to *f*, will, in the manner I have described, utter about *d* or *e*, and will commonly speak in these tones; but, if his compass of voice is from *b* to b, he will utter in the above mentioned manner, and commonly speak about *g* or f, and so according to the compass of his voice. These middle tones, in speech, are what, in the ancient Greek metrists and grammarians, is called *ὁ ομαλισμὸς τῆς φωνῆς*, the level of the voice. Dionysii Thracis Grammatica, in Inman. Bekkeri Anecd. Græc. vol. II. p.

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* Page 377—78.

† Liskovius dissertatio sistens theoriam vocis. Lips: 1814.

629; Porphyrius Scholia, on Dionysius Thrax, in Villoison's Anecd. Græc. tom. II. p. 103; Melampus, Scholia on Dionysius Thrax, *ibid.* p. 180; Moschopuli Opuscula Grammatica, e. cod. nuper, in Bohemia reperto nunc primum, ed. fr. n. titze. p. 40.

If the rima glottidis, in tranquil inspiration, were in its greatest dilatation, the deepest sinking of the larynx, and the most violent extension of its muscles would be then observable. Every one would, therefore, speak generally in his lowest tones, because they would most readily present themselves.

In *deep inspiration*, the sinking of the larynx, and the dilatation of the rima glottidis is greater, but yet not at the greatest.

In quiet expiration, the rima glottidis extends to its medium dilatation, and the whole larynx from its medium condition gradually back, as every one can see or feel in himself. The condition of the larynx is, therefore, by no means one and the same in inspiration and expiration.

How then does it happen, that common breathing produces no tone, nor that the dilatation of the rima glottidis is so great, that on that account no tone can arise, but from the inferior strength of the impulsion of the air. The best comparison with the human voice, is the whistling of the lips, better even than the sounding of the pipes of an organ. As the narrowest opening of the lips does not produce a sound by a gentle impulsion of air, but only by a more violent one, so does the rima glottidis. The whole larynx may be extremely contracted, and yet the breathing inaudible.

This circumstance Professor Rudolphi has altogether overlooked; therein lies his error. Thence he was not able to explain silent breathing, any otherwise than by the improper assumption of a rima glottidis, dilated beyond the compass of the vocal power.

As to the origin of the falsetto, Professor Rudolphi has misunderstood me, and attributed an opinion to me, which, honourable as I esteem the praise he gives me, cannot appropriate to myself. Whether I am to blame for the misconception, I cannot decide. My words are:—

Ninth Experiment.—" Duplicem effeci sonorum speciem, in quibus pectoralis vox atque collaris erat facile distinguenda. Si nempe glottis imminuebatur ligamentis tantummodo contrahendis, non intendendis, vox erat pectoralis. Quo magis illa erant contracta, eo acutior sonus. Infimi quidem sonorum fiebant glottide per omnem ipsius longitudinem aperta. In ascendenda vero sonorum scala posticae ligamentorum partes magis quam anticae sibi appropinquarunt, quid, quod tandem prorsus confluxere, ita, ut superiores sonorum pectoralium ab anteriori tantummodo glottidis parte efficerentur, posteriori penitus conclusa. Ita glottide quam maxime compressa sonus pectoralium omnium supremus existebat."

Tenth Experiment.—" Sin autem antica ista glottidis pars magis imminuebatur ligamentis non solum contrahendis, sed etiam extendendis, in rimulam conversa haec est perquam angustam et longiusculum, unde soni quidam prodiere tenuiores atque teneriores, nimirum vox haec erat collaris. Quo magis vero glottis ita imminuebatur, eo acutior sonus, usque dum omnis tandem glottis esset conclusa." (Dis. Hist. Theor. voc. p. 24.)

And page 30, 31.—" Quantum ex istis experimentis videre licet, omne vocis utriusque discrimen consistit in eo, quod pectoralis vox laxis efficitur ligamentis, collaris autem intentis, ita, ut pectoralium sonorum modulatio fiat ligamentis tantummodo vel contrahendis vel dimovendis, collarium autem, non solum ita tractandis, sed etiam simul magis minusve intendendis. Et quidem infimi sonorum pectoralium a tota glottide efferuntur. Quo magis autem sonorum scalam adscenderis, eo propius posticae ligamentorum partes conveniunt, usque dum tandem prorsus conjungantur, ita, ut sonorum pectoralium superiores ab anteriore solummodo glottidis parte proferantur, posteriore omnino conclusa. Hanc enim falcata illa, quam supra jam laudavi, ligamentorum glottidis figura in se habet utilitatem, ut glottidis amplitudinem magis imminuere, eoque sonos efficere possis acutiores, quam si ligamenta essent rectissima. Itaque ligamentis quam maxime contractis summus efficitur sonorum pectoralium omnium. Sed non extremus hic est glottidis imminuendae terminus, immo ulterius eam extenuare licet, ligamentis non solum contrahendis, sed etiam magis magisque extendendis; eo enim antica illa istius pars longior quidem fit, et vero etiam angustior, unde soni quidam oriuntur acutiores atque teneriores, qui fistulares nuncupantur sive collares. Qui quidem sunt eo acutiores, quo magis ligamenta contrahuntur simul atqua intenduntur. Sunt vero soni quidam intermedii, qui et pectorali voce et collari possunt proferri, quia nimirum eo glottidis amplitudo, qua illi existunt, utroque modo fieri potest."

The falsetto voice is produced, not by the anterior part of the rima glottidis alone, but by the simultaneous approximation and tension of the vocal ligaments; on the other hand, what is called the true, or pectoral voice, arises from an approximation of the vocal ligaments, without any tension of them. If the vocal ligaments are approximated in whatever degree, so long as the anterior waving part of the rima remains open, a true or pectoral tone is still produced, till the vocal ligaments at the same time, by the bending back of the arytenoid cartilages, are drawn tense. Then the falsetto voice first originates. This I have continually found in numerous experiments on different larynxes, and in presence of several musical teachers.

That I have called the falsetto voice a distinct species of voice, in respect of its mechanism, its tone, and its compass, I must justify before musicians and physiologists. "That the higher tones always belong to it," is certainly false, but it is also false that I have made such an assertion. My expression is (p. 35), "Sunt vero sui cuique fines inter utramque vocem a natura terminati quos excedere non licet, nisi longâ et assidua exercitatione. *Quid, quod collaris vox nonnullis hominibus fere omnis deest.*

However small the height of the full tones, if a base singer, for instance, can only sound *f* or *e* with a full voice, his voice is certainly defective; but the defect is in the want of the proper pectoral tones, not in the presence of the falsetto, for without it such a singer would be still more helpless. How can the presence of so general a gift of nature be considered a defect? At any rate, the falsetto voice is not altogether to be dispensed with, at least in tenor; only the singer must make a gradual and skilful transition, a leap or abruptness is only perceivable in unfavoured or untutored voices. This Zelter himself will agree with.

SURGERY.

M. Lisfranc presented to the surgical section of the Royal Academy of Medicine a woman, the neck of whose uterus had been cut off four months previously for a cancerous affection of that organ. A commission was appointed to examine the woman, who reported that they found the neck of the womb a little shorter, but no symptoms of a return af the disease.

BIOGRAPHY.

Biographical Notice of the late Professor LAENNEC.

Theophilus Rémé Hyacinthe Laennec, was born at Quimper, in Basse Bretagne, in the year 1781. His earlier years were spent at Nantes with his uncle, who it is supposed infused into his nephew that desire for medical knowledge, the cultivation of which gave the latter such a high reputation.

Young Laennec came to Paris in 1799; having been previously well instructed in the Greek and Latin languages. He there followed closely the clinic of Corvisart; it was there where he first commenced his anatomico-pathological researches, and acquired that knowledge of disease which he afterwards so successfully cultivated.

In the year 1802, two great prizes in medicine and surgery were awarded to him by the Institute, and in 1803, he graduated. His Thesis was intitled on the Doctrine of Hippocrates, as applied to practical medicine. There, as in every other occasion, he held up the father of medicine in that light which has caused him to be so much and so justly venerated by every lover of science.

At this period, pathological anatomy was not cultivated with that zeal which it is at the present day. The numerous detached pathological observations on the different parts of the body, suggested to Laennec the idea of bringing them together, in order to deduce certain general conclusions, and establish from them certain fixed principles. Dupuytren formed about the same time the same idea. And as the mode proposed by the one, was exactly the same as that laid down by the other, a dispute arose between these two illustrious pathologists, to whom the glory, as it is called, of arrangement should belong. The dispute was terminated by both of them giving lectures on pathological anatomy. This is the period at which the French themselves say that morbid anatomy became ranked by them amongst the medical sciences. It was at this time that Laennec studied and wrote most; for besides the great part of his time which was spent in reading the ancient medical classics, he contributed to the Bibliotheque Medicale, in fact he was the Editor of it for many years. It was at this time also, that he wrote several of the best papers on medicine, and morbid anatomy, which appeared in the first 23 volumes of the *Dictionnaire des Sciences Medicales.*

He was nominated to the Hôpital Necker in 1816, and it was now that he first entertained the idea of *mediate auscultation*, and that he applied it to the diagnosis of disease. In 1819, the first edition of his work appeared, entitled "Sur l'Auscultation Mediate;" but from the great exertions which the author required to make, his health became so seriously affected that he was obliged to go to the country for the purpose of recruiting his strength. He remained there for two years. At this time the stethoscope became the subject of considerable discussion, and even of ridicule.

In 1821, on returning to Paris, he was nominated by Hallé as physician to the Duchess of Berry, mother to the heir presumptive to the crown of France, and immediately afterwards succeeded his patron in the same situation that Corvisart had filled. During the period that he gave lectures at the College of France, he endeavoured to detail to a numerous audience, composed both of practitioners and students, the peculiar characters of the morbid states of the tissues. It was at this time that the students became insubordinate from the interference of the priesthood with the school, which ultimately led to the dissolution of the Faculté de Medicine. The lectures were of course suspended.

Although nominated as one of the commission for re-modelling the school, he was not appointed a professor. This was on account of a wish of the ministry to place him amongst the Royal Council of public instruction, a situation of higher distinction. During the time that he was a member of Commission, however, he used all his influence to have several of the liberal professors re-elected, and to ameliorate the condition of those who had been for ever struck off the list. Laennnec was an inveterate enemy of the author of the new French Doctrine (Broussais.) The polemical papers which were written by these two distinguished men, were read with great avidity by the partisans and enemies of the *gastro-enterite* doctrine.

The large doses of medicine employed by Rasori, and the followers of the modern Italian school, induced Laennec to make trial of those remedies, which, even in smaller quantities, have been looked upon as highly dangerous, The result which he obtained from this treatment was very remarkable, and such as to leave the question of the contra-stimulant practice still undecided.

After the first edition of the *Traité de l' Auscultation Mediate* was nearly sold, Laennec commenced a second edition, which is, in fact, so much improved, that it more deserves the name of a new work, than a new edition. This work, as many of our readers may know, was fortunately finished a short time previous to the commencement of Laennec's illness.

Laennec had long suffered from a slight pain in his right side, and diarrhœa. About the latter end of April, he was attacked with dyspnœa, accompanied with some slight fever, and left Paris for Kerlouarnec in Finisterre. He arrived there quite exhausted. His diarrhœa increased, and put a termination to his existence on the 13th of August, 1826, at the age of 45.

Most of our countrymen, who have visited Paris for the purposes of medical instruction, can bear witness to the affability of Laennec. He was very attentive to all foreigners, a custom far from being general, among the French. Laennec's religious and political opinions, were of the most orthodox kind; he was a stanch royalist, and a firm supporter of all the superstition and bigotry of the catholic church. In his political creed, he had at least the merit of consistency; for during the time of the republic, and the reign of the emperor, he remained a true royalist. What appears most surprising, however, is, that an individual with such powers of mind as Laennec possessed, could, at the same time, have been a fanatic!

THE LANCET.

London, Saturday, October 14, 1826.

Our readers have all heard of a certain Vicar, who changed his religion with the same ease that he doffed his surplice, wisely preferring his own interests to the dogmas of any particular church, and determining, whether Lutheran or Papist, to live and die the Vicar of Bray. There is no recent example of this magnanimity more obvious or diverting than the conduct of Dr. James Johnson, the Medico-chirurgical Reviewer, who now preaches doctrines which he formerly denounced as damnable heresies, and in a place especially set apart to the purpose. Will it be credited, that the man who, barely three years ago, called hospital reports "unsavoury suits," and thanked God that his olfactories were unapt at "smelling them out," now exults in the glory of his nostrils, and opens a periscope to receive all the vile odours and filth which the Hole and Corner Scavengers can stir up and collect! Not content with this, he swears there is nothing of such exquisite fragrance:—

> "Whatever scepticism may attach to statements made in private practice by individuals," says the Doctor, "the records of hospitals are perfectly free from suspicion of infidelity. Any attempt at adulterating, or even colouring cases of this kind, would argue little else than insanity in the superior medical officer; while from those who are employed to copy or abstract the histories, all temptation of misrepresentation is not only taken away, but a positive danger would be incurred by such an attempt; the reporter being known, and of course responsible for errors and inaccuracies, much more for perversion of facts."

Again:—

> "It has been most untruly asserted, that we are inconsistent in our conduct, having, it is alleged, at one time, condemned the publication of hospital reports. We deny it. We condemned, and do still condemn, garbled and erroneous reports, as injurious and unjust; but we have ever recommended, in the most strenuous terms, the publication of authenticated, correct, and FAIR reports of cases occurring in public hospitals."—*Johnson,* Oct. 1826.

Lastly, what he considers *fair* reports may be gathered from the following paragraph, which appeared in the *Review* for 1824:—

> "No man can command success in surgical operations; and *if a surgeon fail from want of dexterity*, he suffers mortification enough, Heaven knows, in the operation room, without being put to the *cruel and demoniacal torture of seeing the failure blazoned forth to the public.*"

So much for Dr. James Johnson's consistency! *Fair* reports, then, are those which do not put the surgeon to the "cruel and demoniacal torture of having his want of dexterity blazoned forth to the public!" Un*fair* and "erroneous reports" are those which tell the humiliating language of truth! "We have ever advocated the one and decryed the other," says Johnson, "and if this be inconsistency, we hope never to act otherwise!" It is not honest at any rate. The sophistry which runs through the first paragraph is so obvious, that we need say nothing about it, although we protest that we do not understand why the "records of hospitals," made by the surgeons, or some willing slaves about them, are perfectly free from that "suspicion of infidelity," which, according to this writer, attaches to the statements of private practitioners. Nor do we perceive that "the reporter being known, and, *of course*, responsible for errors or perversions of facts," will be much protection to the public, provided he keep his peace with the surgeons, which, by sometimes suppressing a case, sometimes concealing or garbling the truth, and constant servility, he may readily secure, perhaps, their "esteem" to boot, and other falsehoods, which cost nothing, and are but a *quid pro quo,* in the shape of testimonials. He may publish "*fair* reports," and get thanked for his pains, but if he dare blazon forth any "want of dexterity," put the surgeons to "demoniacal torture" by telling the truth; or fail in giving a certain inclination to the cases, so as to prejudice the public in their favour; in short, if he discard party and friendship, and be determined to do substantial justice at all times, he will be accused of a malicious design against his betters—of faction, intrigue, and falsehood; and, finally, be ejected the hospitals. We have argued upon the supposition, to use the words of Dr. Macleod, that the hospital physicians and surgeons are "absolved from all responsibility with regard to the accuracy of the details," and that reporters capable of taking cases are known and willing to bear the heavy responsibility which is inseparable from the duty—but where are they? Nowhere to be found; and if the responsibility rests any where, it is either with Dr. Macleod himself, or with the hospital gentry, whom he has publicly absolved from all pretensions to accuracy. How, then, are Dr. Macleod's cases authenticated beyond our own, granting him, for the sake of argument, the *merit* of equal accuracy? We have published statements, reflecting in severe terms on some of our hospital surgeons, which, if false, might easily have been disproved, either before a legal tribunal, or at the bar of public opinion. Have they dared to confront us with either? Any attempt at "adulterating or colouring cases of this kind," to use the pharmaceutical slang of Dr. James Johnson, "would argue little else than insanity" on our part, who have no object in view, save the public benefit and the improvement of the profession; but the matter is widely different with those who have self-interest to gratify and indulge, and every reason to fear a public exposure, even of statements made by *themselves*, without being "absolved from all responsibility with regard to their inaccuracy!" Dr. Macleod throws his protection around them :—

> Me, me (adsum qui feci,) in me convertite ferrum,
> Conclamat; mea fraus omnis; nihil iste nec ausus,
> Nec potuit:

and if any thing savour of "insanity," must take it all to himself, ere he can drag the unwilling drones from the holes and corners in which they have so long delighted to burrow and nestle themselves. One word more, and we have done: Dr. James Johnson speaks of recording "the more important cases occurring in hospitals in a book open to the inspection of all the students," and would have us believe that the cases in the yellow journal are of this description; that every stage of the treatment has been open to the critical eye of the student; but on looking through the last number, we perceive cases which happened in 1817-14-15-12, and one not longer ago than 1805, raked from their musty repositories to do homage to the wonder-working genius of Mr. Benjamin Brodie! and help to bolster up the reputation of Dr. Johnson's "respected cotemporary."

> Why from the bleeding womb of monstrous night,
> Burst forth such myriads of abortive stars?

is a question which we shall endeavour to set at rest in our next Number, not having room in the present for so vast and important a subject.

Two or three cases treated by Messrs. Bell and Shaw, are useful illustrations, after the manner of *Pott*, of the importance of relaxing the muscles of fractured limbs, more especially when the upper portion of the femur is the seat of the accident.

"The rule of relaxing the muscles of a limb by position," says the writer, "may be considered of the greatest value in the treatment of fractures of the shaft of the femur; for it is acknowledged, that the shortening and deformity which are but too often the results of this accident, are produced by the numerous and powerful muscles which move this bone.

The obvious principle, therefore, to be

attended to in the treatment of the fractured thigh-bone, is to place the injured limb in that position which most effectually relaxes these muscles; and the double inclined plane appears to answer this intention better than any other form of apparatus as yet proposed. The distortion consequent on fracture of the femur, depends upon the upper portion of the fractured bone being displaced by the action of the strong muscles which are inserted into it. This displacement occurs in a direction upwards and outwards, the gluteal muscles dragging it in the latter direction, whilst the psoas and iliac elevate and rotate it outwards. It will also be perceived, that these muscles must act with greater force and advantage, when the fracture is high in the shaft of the femur; and, consequently, that the projection outwards, and the elevation will be increased, in proportion as the bone may be broken high up, and near the brochanters."

When the femur is fractured near the trochanter, a plane, fitted for one extremity only, is employed. "By this contrivance," says the writer, "we have it in our power to give the limb whatever direction, with relation to the trunk, we may think proper."

> "This position consists in the inclination of the thigh and leg outwards, so that they may form an obtuse angle with the trunk of the body. By these means all the muscles will be relaxed; the lower portion of the fractured bone will be brought into a line with the upper; the broken extremities will be retained in due apposition, there will be no further tendency to displacement, and thus shortening of the limb will be prevented."

It should seem that Mr. Bell has not yet succeeded in banishing Desault's splints from the surgery of the Middlesex Hospital. Joe Burns, we warrant him, is inexorable. So was Cartwright; and we are free to confess, that we have seen better limbs turned out of that hospital, under the auspices of the long splint, than by the apparatus here proposed; which, though well adapted to many cases, is far from being generally applicable. The best judge in London, of the relative value of the two plans of treatment, is the sensible nurse of Percy's ward —we forget her name,—Bayliss, we rather think.

We pass over Mr. Travers's "case of wound of the carotid artery," because it has been fully reported in this Journal, Vol. X. p. 572. Some foolish person, to be sure, has added a few remarks on wounds of arteries, but these are quite unworthy of comment. He talks of "saltatory jets" of the blood flowing "per saltem," &c. &c.

Mr. Herbert Mayo has made some experiments, with a view of ascertaining the effect of tying the ductus communis choledochus, in order to settle a question which seemed to have been decided some years since by Mr. Brodie, (who tied the duct in young cats, and found that chylification was arrested, until Nature had repaired the mischief,) but which has lately been agitated by Magendie, who, in the last edition of his Physiology, has the following note:—

> "I have repeated the experiments of tying the ductus communis choledochus in adult animals; the greater number died of the consequences of the wound of the abdomen, and the violence attending the ligature of the duct. But in two cases, in which the animals survived several days, I was enabled to satisfy myself, that while chyle had been formed, and fæcal matter produced, the fæces had not the usual colour; which is not surprising, as they contained no bile. The animals had not become jaundiced."

Mr. Mayo's experiments tend to confirm the deductions of Brodie, and lead him to "*suppose* that M. Magendie may *possibly* have overlooked some source of error in his experiments, or that the duct had been restored in the two instances which he mentioned, and that the bile had thus again found its way into the duodenum;" but Mr. Mayo does not perceive that the French physiologist found *no bile in the fæces*, which is sufficient proof that the duct was tied, and that it had not been restored. When Mr. Mayo makes his next attempt "to reconcile conflicting accounts," he will, perhaps, be less venturesome with his "supposes."

In our last Number we noticed the resignation by Mr. Lawrence of the situation of surgeon to the London Ophthalmic Infirmary, and cautioned the Governors against approving of any recommendation from the present Committee, in favour of either of the candidates for that office. If the Governors of this, and other public charities, were aware of the manner in which such Institutions are usually "got up," and of the chicanery and intrigue on the part of the individuals who usually secure to themselves the management of them, they would, we conceive, exercise a greater degree of deliberation than they usually practise, before they place *certain persons* in offices of responsibility. We believe that the greatest portion of subscribers to public charities, are generally actuated by the best possible motives, and that they give their money with the unalloyed intention of mitigating the miseries of their suffering fellow-creatures. They ought, however, to recollect, that the simple act of signing a check for ten or twenty pounds, is not, in itself, sufficient for the attainment of so desirable an object; on the contrary, it often happens, that money thus bestowed, is employed for no other purpose than of supporting either unprincipled quacks, or some other intriguing scoundrels, who are continually ejaculating "charity, charity," with no other view than to their own individual advantage. The supporters of public charities, therefore, should see, that their *intention*, as far as is possible, is fulfilled. They ought to know that their money is properly expended, and should exercise a greater degree of prudence in the selection of those persons who usually constitute *Committees.* As these bodies have the entire government of the Institutions under their control, they not unfrequently act in direct violation of every principle of justice and of propriety; not only neutralise the benevolent efforts of the subscribers, but abuse the trust reposed in them, by filling the offices of the Institution with some of their immediate relatives or dependents, who are altogether incompetent to the adequate execution of the duties which are attached to them. Governors should also bear in mind, that those individuals who are usually the most desirous of being placed upon Committees, are the least deserving of their confidence; such persons have, it is true, *charity* as they call it in view, but it is directed to themselves only.

Through the apathy of the great body of subscribers to public charities, it frequently happens that three or four active, bustling, intriguing fellows, contrive to get the conduct of each of these institutions into their own hands; and when in office, these worthies, with a view to display their consequence, construct by-laws of the most preposterous description. These reflections have been induced from a consideration of the circumstances which led to the establishment (amongst others) of the London Ophthalmic Infirmary, and of the recent occurrences which have transpired at that Institution. We believe the charity has lost the valuable services of Mr. Lawrence, in consequence of the disgust that Gentleman entertains towards those individuals who hold the reins of its government. The conduct of these persons is most extraordinary; in fact, to us it is altogether inexplicable. If they had been desirous that the public should derive extensive benefits from this establishment, they certainly would have exercised every effort to secure to the patients of the Charity, the scientific labours of a gentleman of Mr. Lawrence's attainments; but from the stupid, annoying, and narrow-minded system which they have thought proper to adopt, we understand he has retired in disgust, at which no one will feel surprise, when we state that the Committee, only two or three weeks since, enacted a by-law to the effect that "*no pupil should be allowed in future to take notes of cases;*" a regulation so unjust towards those who have paid to see the practice of the Infirmary, so opposed to liberality, and so calculated to prevent the proceedings of the Institution from adding to our stock of scientific knowledge, that it was impossible for a man of Mr. Lawrence's liberal character to continue any intercourse with such degraded beings. No one can feel surprise at his having left the Institution. There are candidates out of number for the office which he has left, but from another "enlightened" by-law, we fear that those persons who are the best capable to succeed him are disqualified; it having been enacted by some of the boobies composing either the present or a former Committee, that no person can be an eligible candidate unless he has been an apprentice to some Hospital or Infirmary, or a Demonstrator of Anatomy. The public, it is reported, are indebted for this enactment to Mr. Travers. This constitutes a part of the *system*; it is a law, in fact, to secure the office to the apprentices of the London hospital surgeons, and as these gentlemen frame laws, and use all their influence to obtain for their apprentices, situations that lead to reputation and emolument, they render even the apprenticeship itself a matter of some importance; and thus we find them demand and receive premiums of one thousand guineas each for these situations, a sum which a merchant does not hesitate to pay with his boy, when he sees that the child, no matter what his capacity or incapacity, is sure, through the working of the *system*, of being thrust into some office which leads to reputation, if it be possible for him to acquire it, and to emolument, whether he deserve it or not. We entreat the Governors to reflect on these matters, and to make every possible inquiry into the attainments of the respective candidates, before they hazard a vote. Let each put this question to himself, "Am I about to give my vote to a man whom I would employ, if afflicted with disease of the eyes?" Hospital apprentices will doubtless come forward on this occasion, with the most flattering testimonials from their masters and other hospital surgeons; but let the Governors heed them not, as they form part of a system, which is far more characteristic of avarice than of regard either to truth or justice. Let the candidates be asked what experience they have had in ophthalmic surgery; not what they have seen, but what they have *done*. If the Governors will but act with spirit and judgment at this juncture, they will rescue the Institution from the thraldom of an ignorant junta; will do justice to their own characters, and confer a valuable boon on the medical profession. The Governors should instantly annul the regulation which restricts the eligible candidates to those who have been Hospital apprentices, in which case they will be enabled to select their surgeon from a more extensive field of competent practitioners, and the Charity be thus made available to the purposes of surgical science. The order which interdicts the taking of notes of cases by pupils, should instantly be erased from the books; it is an act of gross injustice towards these gentlemen.

When we spoke of this Institution on a former occasion, our observations gave rise to some angry remarks from a part of the Committee; we were of course very much abused for having spoken the truth, and were threatened with "Law." One was determined to maintain his dignity—a second to vindicate his honour—and a third to prove that the Institution was founded in the purest philanthropy, and that the most charitable feelings had influenced the conduct of those who had been officially connected with it. This is all very agreeable, we dare say, to the utterers, and we doubt not they are mightily in favour with themselves; at all events, if self-satisfaction be in the ratio of the success of a scheme, friend Battley is one of the happiest creatures in the world, and it is impossible that we can lessen his enjoyment by indulging the Governors with a sight of his first efforts relative to the establishment of the London Ophthalmic Infirmary, in which they will not fail to discover an extraordinary desire for the welfare of the poor, patriotism of the most exalted description, and an inordinate anxiety for the advancement of surgical science.

This Infirmary was founded in 1805, for the "Benefit of the Public;"—so says the prospectus published in that year, to which is attached the name of Richard Battley, Sec.—for the *public*, so states the printed prospectus. But what says friend Battley to an acquaintance, on the back of the same prospectus? Here the secret comes out, with a vengeance—here we draw aside the curtain, and the objects presented to our view enable us to form a correct estimate of the *patriotic* feelings which gave rise to the establishment of this Infirmary! Of the late Surgeon to this Institution, Mr. Saunders, and the manner in which he was upheld, and annually puffed, we shall speak in our next Number, having enough only of space left to insert the notes of Friend Battley.

"London, 17th Oct. 1804.

"My dear Sir,—You will observe by the printed proposals herewith, what is going on for our friend Saunders. Knowing your good wishes towards him, and that you would be gratified at the progress made, I take the most early opportunity of acquainting you with it, and its success. A number of subscribers have already placed their names, so as to leave very little doubt as to the ultimate success of the business. Mr. Angerstein, a city great man, is to be at the head of it. * * * * * * * * *

"Your obedient servant,
"Richard Battley."

So, after all, it would appear, according to Richard, the Infirmary was not for the benefit of the *public*, but for our friend Saunders. From another printed document now lying before us, it appears, that on January 4, 1805, in a vigorous effort towards the success of the scheme for our friend Saunders, a meeting was held at a City Coffee-house, when the proposal was read, certain resolutions agreed to, and a Committee chosen; in which, according to Mr. Battley's prediction, we find the name of Angerstein. At this meeting Mr. Travers was in the chair, and, of course, subsequently became Surgeon to the Infirmary, established—for the *public?* no, for our friend Saunders.

In another note at the back of the Resolutions, and after the meeting was held, Mr. Battley says to his friend:—

"My dear Sir,—By the inclosed you will observe the progress of Saunders' plan. We have had hot work of it---A Royal Infirmary having resulted from our plan. Look to our advertisements, 2d and 8th January, in The Times.

"Yours most truly,
"R. Battley."

Whilst these letters exhibit the hot work displayed in the efforts of Mr. Battley's friendship for "our friend Saunders," they no less expose the trading which is carried on in the Charities of this metropolis, and the mode in which the far greater portion of them are "got up." For the present we have done; but in our next Number we shall present the Governors with some other information on the subject of this Infirmary, and point out to them the manner in which their Institution was for some years employed in puffing a secret operator.

We advise our correspondent who is anxious to advertise himself by compiling a work on a subject of which he knows nothing, to employ a couple poor Germans to translate a few chapters on some diseases of the eye, from Schmidt, Weller and Beer; as to the *pay* usually given, and for further particulars, we refer him to Mr. Guthrie.

As yet nothing has been done with regard to the disgraceful behaviour of the beadles of St. Bartholomew's Hospital. Mr. Gates still glories in his triumph over the medical men; still laughs at the attempts of Messrs. LATHAM, VINCENT, and STANLEY, to rouse the Committee from their disgraceful apathy. Now we care little about the Committee neglecting their duty, when that negligence is not detrimental to the health of the wretched and unfortunate objects of the charitable founder's bounty; but when these *delegates* or stewards of another's charity take upon themselves to support a contemptible underling in iniquitous conduct, it becomes every upright man to bring the delinquents to the bar of public opinion.

A patient died in Baldwyn's Ward about a fortnight ago, or rather more, in the extremely hot weather, between five and six o'clock in the morning, and the worshipful beadles, although sent to several times to remove the body, took no notice of the summons, but allowed it to remain in the Ward until the friends came to remove it themselves, which took place about one o'clock. The corpse of a patient who died in Darker's Ward on Wednesday week, in the evening, was allowed to remain in the Ward all that evening, not being removed until the following morning. Now, our medical readers are all aware of the disgusting effluvia arising from a patient after being operated on, and will join us in reprobating those who league together to uphold such a system. Mr. VINCENT was at the Hospital on the evening in question (Wednesday), and being told of the circumstance, went to the sister of the ward, complained of the beadles in strong terms, and said, if the body was not removed, he would certainly make a complaint to the Steward. The beadles, nevertheless, *did not remove it until morning.* The spirit shown by Mr. Vincent, on this and the former occasion, redounds much to his credit.

Is it not extraordinary the Committee do not interfere in this business? The great body of the Governors would never allow such conduct in their *employèes* to pass unnoticed and unpunished. The Committee, we believe, take an oath to do their duty conscientiously; how, then, can they reconcile their conduct? It appears to us, however, that their taciturnity on the present occasion goes pretty far to convict them of being —what we shall not say. If the Committee are determined to despise such motives to action as justice and charity, not to mention the obligation of an oath, can it be possible they have screwed up their minds to such a philosophic pitch of indifference, as to be able to meet with firmness the degree of public indignation which would most certainly be heaped on them, in case they were again to generate the (what was then termed) plague of 1822 in this Hospital? In 1822 the contagious fever was very severe in its ravages in St. Bartholomew's; and all London was in agitation until the Committee issued a bulletin to quiet their fears, and inform them that it was merely typhus. We cannot conceive any plan more admirable or better fitted to generate and spread such disease, to produce a like catastrophe, and again set London in an uproar from the dread of TYPHUS FEVER!

A few days ago, Mr. LANGSTAFF produced, at St. Bartholomew's Hospital, a preparation of a femur, which he described as having been fractured at its neck within the capsule, and in which there had been subsequent bony union. The head of the bone, instead of being smooth, was rough, and slightly excavated in several points, having the appearance of ulcerated bone. The head and trochanter were closely approximated, so as to leave no intervening space which could be denominated the neck; the head and trochanter major being on the same level. There appeared a line of fracture at the junction of the head with the great trochanter, and a complete plate of bone firmly uniting the two parts together. Mr. Langstaff was ignorant of the state of the capsular ligament on examination! He showed the preparation to Mr. Earl, who seemed perfectly convinced of the fact. He said, that he had received, a few weeks ago, a preparation from a gentleman illustrating the same fact, and confirming him in the opinion he had formed, from the several specimens that had fallen under his notice. He (Mr. E.) had shown it to several surgeons and anatomists of eminence, who were alike satisfied that there had been bony union within the capsule. He was unable to give the particulars of the case, nor was he aware what was the STATE OF THE CAPSULAR LIGAMENT on examination. It is understood by many, that Sir Astley Cooper is of opinion that such union cannot take place: but this is not the case; for he decidedly says, "that although in all the examinations which he has made of transverse fractures of the neck of the thigh bone, entirely within the capsular ligament, he has never met with an instance of bony union, or one where there was not motion of one end of the bone upon the other; yet he does not deny that, under peculiar circumstances, such union may be possible when the bone is broken, without the periosteum being torn, and when the fracture is oblique, partly within and partly without the capsular ligament." Now, as in neither of the above cases do the gentlemen know the precise condition of the capsular ligament, no one has a right to conclude that these cases come under any other head than an exception to the general rule, which Sir Astley particularly mentions, viz. where the ligamentous sheath, and periosteum of the bone, have not been lacerated, or in so slight a degree as not to prevent the necessary circulation in the head of the bone, to produce the formation of osseous matter.

We have received a long letter from a Mr. Lewis Sayles, of Sheffield, respecting the "new surgical operation" on the teeth, which appeared in our 160th Number. The opinion we then expressed of that operation, remains unaltered; and we did not deliver it until we had ascertained that we were proceeding on safe grounds. If Mr. Sayles can send us a drawing of the instrument, which he says he has occasionally used for many years, with some substantial testimony of his having used it before Mr. Fay's instruments were deposited with the Society of Arts, we shall be disposed to award him the merit of originality to which he pretends. In the debates at the London Medical Society, and in the Westminster Hospital Report of the present Number, Mr. Sayles may find the sort of information he seeks. It is not our business to puff Mr. Fay, or any other person; but, in the discharge of our duties, we shall not hesitate to award the palm of merit to the deserving man, whether English, American, or French, our motto being *palmam qui meruit, ferat.*

A poor sexton, in the North of England, complained a short time ago to a traveller, that trade was dreadfully bad: "not a burial, Sir, have I had for these six months." Bad times, surely; but the trade of the three sextons to Underwood's Mausoleum having dwindled to nothing, our friend James has resigned the spade to his trusty colleagues, Darwall and Conelly. Alas, poor Cop.

Mr. Stone, a *reader* of lectures on midwifery, attended the Hole and Corner meetings, for the purpose of preventing The Lancet from publishing lectures; not HIS lectures, we presume, as he daily *reads* to his class the manuscripts of the late Dr. John Clark.

A correspondent inquires, if we have our price, because we have not given reports, of late, from the Middlesex Hospital; the reply is, that our friend Joe told us he had nothing there to sell. Joking apart, the cases having been worth nothing which have been admitted there for some time past, we have not felt disposed to trouble our devils with printing them.

The following case may serve to illustrate the sort of *discipline* observed at that Hospital:—

Yesterday afternoon, (June 26th,) a grand "*set to*" took place in *one of the wards* of this Hospital, between Tom Russell and another "lad of the fancy"—both patients here. At the commencement, betting was even; but after the second round, Russell's opponent was the favourite, and 3 to 1 was readily taken by the dressers and nurses. The eighth round decided the point, and Tom was fairly thrashed; his antagonist having "queered one ogle," Tom was "floored," and, in the fall, BROKE HIS LEG. This is no joke.

Mr. Bell, in his clinical lecture of last week, recommended the pupils to take copious notes of all the cases alluded to by him:—"Gentlemen," said Mr. Bell, "*every facility* will be afforded you for so doing, and without such attention on your part, my observations will be of little avail to you."—It happens that Mr. Bell's ideas of note-taking, have undergone some change.—How long have such facilities been afforded?

LONDON MEDICAL SOCIETY.

The first meeting of the Society, for the present session, was held on Monday evening, the 24th of September.

Dr. Clutterbuck, the president, announced to the Society, that during the last recess, the Council had been occupied with a subject of great importance to the Society, namely, the present state of the library. It had been found that the catalogue was in a very imperfect state; a revision of it had been made, and it was desirable that it should be printed; but not wishing to break in upon the regular funds of the Society, which would abridge the supply of new works, the Council thought it better to recommend that the necessary sum should be raised by the voluntary subscriptions of the members, and for that purpose a paper would be laid on the table for signatures. It is to be hoped that it will not be allowed to lie there long; as without such a catalogue, the literary treasures of the society are rendered almost useless.

The minutes of the last meeting having been read by Mr. Field, Dr. Clutterbuck congratulated the Society on its prosperous condition, and expresed his conviction, that the present session would be as interesting as the preceding: and it would be in the recollection of the members, that the last session had been productive of more interesting and satisfactory discussion, than many of the former. In adverting to the more regular business of the Society, he observed, that no subject was more deserving their attention than the character of the prevailing diseases at the present period, as well as the state of the general health during the late recess. He saw many gentlemen present, who had extensive opportunities of watching disease, and he hoped that they would communicate the results of their observations, especially as during the autumn many diseases had assumed an epidemic character. By thus giving the results of their experience upon these subjects, whether orally or in writing, they could accomplish the essential objects of the Society. The question of contagion should not be lost sight of, as it was one of great importance, on account of its influence on treatment, and was as yet far from being settled; it was deserving therefore a thorough investigation, and the opportunities afforded to pathologists for making inquiries, were far from being limited. It was not to be forgotten that the healing art was, and probably ever would be, progressive; it was never likely to attain perfection, but we had a right to expect that something should be continually added to the store. By the joint aid of observation and experiment, we were gradually penetrating the dark recesses of the animal economy; physiology was on the advance, and with it of course pathology, and the principles of medical science; for in proportion as we arrived at a more intimate acquaintance with physiology, we acquired a better knowledge of the nature of diseases, and, what must follow as a necessary consequence, a more successful method of treating them.

Among the improvements in physiological science, he would read to the Society some ingenious experiments that had been made on the brain, by Dr. Hertwig, of the Veterinary School of Berlin; for an account of which the public were indebted to one of our medical periodicals:* as it was to be regretted that the knowledge of the German language was very limited in this country. They had led to the most important conclusions, which the President then read to the Society. The important bearing of the facts deduced from these experiments upon pathology, would easily be seen; and if experiments upon living animals were ever justifiable, it was in cases where they were so well conducted as in the hands of Dr. Hertwig, and from the light they tended to throw upon diseases and their treatment in the human subject.

Dr. Clutterbuck then mentioned the tract lately published by Professor Munro, of Edinburgh, "On Spasm of the Canals for the Passage of the Food, the Bile, and the Urine;" which (he said) had not yet, perhaps, reached the Society. It was one of high interest in a physiological and pathological point of view: its main object was to show, which it did to him satisfactorily, that not only the alimentary canal, but the biliary and urinary passages were possessed of muscular contractility, however difficult it might be to demonstrate a distinct fibrous or muscular structure. If that point could be satisfactorily established, it must tend to lessen the difficulty felt by many in admitting the muscular powers of blood-vessels; a point in which the general doctrine of the circulation was deeply involved, as well as a considerable number of diseases. He next observed that he had a subject to mention, which he had no doubt would excite considerable interest among the Members; it was the account of a new medical doctrine which had sprung up in the German Universities, and which appeared to be extensively diffused throughout Germany and some of the neighbouring countries. It originated with a Dr. Hahnemann, a physician of Leipzig, about thirty years ago, and was called Homœpathia; a term derived from the Greek, as it was the leading dogma of the doctrine that diseases ought to be combated by means which excite actions similar to the disease to be removed. There was much ingenuity, and probably some truth, in the doctrine, fanciful as it might appear at first sight. It rejected the maxim that *contraria contrariis curantur*, and substituted the opinion that *similia similibus curantur*; for example, diarrhœa was to be cured by purging, and it was known that purging was generally the most effectual remedy: that fevers were to be cured by stimulants, of course referring to the action of sudorifics, and so on; but, as he had been favoured with an *exposé* of the doctrine by a gentleman then present, Mr. Spry, who was well versed in German literature, he should defer saying any thing more of it until a future occasion.

During the recess another subject of some importance had occupied his attention, namely, the French practice of administering grain doses of tartar emetic, every four hours, as the principal remedy in cases of inflammatory diseases.

He had entertained some doubts, whether the two preparations of antimony, used in the two countries, were alike; but having procured, through his nephew, Dr. Woodforde, some of the French preparation from an eminent chemist in Paris, he had found that, as regarded their sensible effects, they were perfectly identical. He had tried this remedy in grain doses, administered every four hours, in about one hundred cases, with the following results: In some cases, the two or three first doses vomited; in others, it acted also on the bowels, producing vomiting and purging; after which, there was no further apparent action. As to its diaphoretic quality, it was difficult to determine whether it possessed any considerable power in that respect: although antimony had, from time immemorial, been extolled as a diaphoretic, and had acquired the name of febrifugum magnum; yet he was not prepared to say, that it possessed any such efficacy, as it was well known that the tendency of many diseases, was to terminate naturally in that way. As a substitute for bloodletting, for which purpose it had been extensively used by the French, he could not, therefore, recommend it.

There was a subject of considerable interest, which he begged leave to introduce to the notice of the Society; and although a minor branch of surgery, it was of considerable importance, on account of the object it was designed to accomplish, namely, the removal of a very common and distressing affection, the tooth-ache. He alluded to the operation of cutting off the crowns of diseased teeth, as proposed by Mr. Fay, in those cases of tooth-ache in which drawing the teeth had hitherto been deemed necessary; and from all he had heard of that operation, it appeared to him capable of accomplishing the proposed end, in a very satisfactory manner. But as he saw some gentlemen present, who, he believed, had seen the operation tried, they would, perhaps, favour the Society with their observations on the subject. He mentioned these topics to show that there was no lack of matter to engage the attention of the Society, and hoped that the members and visitors present, would communicate their opinion without reserve

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* See Lancet, No. 160, vol. x. pages 817 and 818.

The Society was, for the remainder of the evening, occupied in discussing the merits of Mr. Fay's operation.

Mr. Spry said, that he had seen Mr. Fay cut off a carious and painful tooth for the wife of a solicitor, a patient of his, and that the operation occasioned no pain; it was the first bicuspid tooth, of the left side, in the upper jaw. It was about six weeks ago; and by a letter he had received from the husband of the lady, then in the country, he had learnt that she had not experienced the slightest uneasiness since the operation.

A Member then observed, that this could not be deemed a new operation, as the dentists of this country had been in the habit of filing teeth, and that it was a common case to break off a tooth, in attempting to extract it; that as to the stump left in the jaw, it was generally found to produce great inconvenience, and was obliged to be drawn.

Mr. Spry replied, that there appeared to him an essential difference between the modes of removing the carious part of a tooth, mentioned by the last speaker, and that adopted by Mr. Fay; as the jar of the stump in the operation of filing, to say nothing of the injury usually done to the soft parts, was sufficient to excite the mischief complained of. That as to the cases in which the necks of the teeth had been broken off, in the rude attempts to extract them, which were usually made with the key instrument, it was fair to infer, that a still greater injury must be done to the membrane serving as the periosteum to the fangs of the tooth, and consequently after-inflammation was a very probable result: whereas, by excising the diseased tooth at its neck, by any mechanical contrivance which would not disturb the membranes and vessels connecting the roots to their sockets, it was fair to suppose that these structures would continue to receive their due share of nutrition, and remain perfectly inoffensive, if it could not be shown that they were productive of some good. If, as he believed, they were capable of affording the necessary support to the adjoining teeth, not only by their mechanical resistance, but by their preventing the absorption of the alveolar process of that part of the jaw, he thought that a very important discovery had been made in this branch of surgery. He believed that it was only necessary to appeal to the experience of every one who had allowed teeth to be extracted, to decide whether, in the course of some years, the neighbouring teeth had not much approximated, and whether that falling towards each other of the crowns of the teeth might not go on until such teeth should fall out; although, from the little attention heretofore paid to the subject, the fact of teeth having fallen out had been seldom traced to such a cause as the absorption of the alveolar process of that part of the jaw, before occupied by the stumps of the removed tooth, and the consequence of extraction.

Mr. Kingdon asked whether it was Mr. Fay's design to cut off the crowns of all painful teeth? as he had had a tooth plugged by a dentist many years ago, which was at that time very painful, and the dentist told him he had scraped out the whole of the cavity containing the expansion of the nerve in the tooth, and that it had remained since very useful; he wished to know, therefore, whether that practice was resorted to by Mr. Fay first?

Mr. Spry asked Mr. Kingdon whether, from a consideration of the figure of the common cavity of the tooth, he considered that it was possible to accomplish that, which the dentist had informed him he had achieved, admitting that the extreme sensibility of the delicate nervous structure occupying it, would have allowed of the introduction of any such scraping instrument? It was more reasonable to suppose that the caries had extended through the body of the tooth, until a thin plate only of the bony structure intervened between the cavity and the air, by which painful impressions were easily made on the nerve by sudden differences of temperature, and that the dentist had carefully scraped out such a cavity, and plugged it. He believed that the cavity alluded to being once absolutely opened by disease or accident, produced excruciating pain, and would not allow of the pressure of any foreign body into it. Mr. Fay's operation was intended to remove the tooth below this cavity, and that only in cases where, as he understood, the tooth could not be saved by plugging.

Dr. Blake mentioned a remedy for toothache, which we did not distinctly hear.

Mr. Langstaff, Mr. Chevalier, and Mr. Ray, took an active part in the discussion, but adduced no facts, either in favour or against the operation.

Mr. Fay was, at the suggestion of one of the members, requested to attend the next meeting.

At the second meeting of the Society, on Monday, (Oct. 2,) the discussion respecting the excision of teeth was renewed, Mr. Fay being present, at the invitation of the President. This gentleman very kindly brought his instruments, and a variety of preparations of teeth, for inspection.

Mr. Fay stated he had practised this operation for seventeen years; and that its origin was the result of accident. After teeth had been accidentally broken off in attempts by different persons to extract them, he had frequently observed, that instead of any unpleasant effects ensuing, benefit rather was derived. There were undoubtedly many cases in which excision was improper, and where extraction only, was practicable; as in cases where the socket or root was diseased. One curious circumstance Mr. Fay mentioned, which is deserving of notice; namely, that the canal in the centre of the tooth becomes filled with ossific matter, after the crown has been excised. Now this admits of an important practical application. If the tooth excised be one of the *incisores*, and if it should be necessary to apply an artificial tooth soon after, a *stylette* or *pivot* should be inserted immediately after the crown of the tooth has been excised; otherwise the canal becomes obliterated; and for this purpose he generally used a small piece of wood, as hickory. In this way the deposition of bony matter, and consequent obliteration of this canal, would be prevented.

The *possibility* of ossific matter being deposited, was here brought in question by some members, and among others by Mr. Langstaff. This gentleman considered the teeth of adults *inorganic*, for he had never been enabled to inject them, and hence he was unable to conceive how bony matter could be deposited. This objection, however, was soon overruled. Mr. Wade, who was present, had one of his teeth excised, and the canal within the tooth had become obliterated by the deposition of bony matter.

One of the members asked why ossific matter was deposited in the canal of excised teeth? as this was not observed in teeth which had been accidentally broken.

Mr. Fay replied, that whenever a tooth had been broken by attempts to extract it, its vascular connexion with the alveolar process had been broken, and hence the deposition of ossific matter could not occur.

Mr. Fay then showed his instruments for *excision*. He stated, that he never had occasion to remove the fangs of a tooth which he had excised. After excision, he plied the cajuput oil on a little cotton wool.

Mr. Fay's extracting forceps are somewhat similar in shape to his excising forceps. Instead, however, of laying hold of the crown of the tooth, Mr. Fay's method is to lay hold of the neck and the upper part of the fangs, so that he could as easily extract a tooth which had been excised, as one which was whole. The extracting forceps were of different shapes, according to the shape of the tooth to be operated on. Some of them had small projecting points from the inner side of the beak of the instrument, and which were intended to fix between the fangs of the teeth.

Mr. Fay then showed to the Society his new method of stopping the teeth. The metal he used was apparently some kind of amalgam (which melts at a low temperature). A small piece of it being placed in the tooth, an instrument slightly warmed by a spirit lamp was then applied to the metal, which was sufficient to melt it, and thus the hole was filled with the metal.

In answer to a question put to him by a Member of the Society, Mr. Fay stated, that he had never observed any part of the fang of a tooth which had been excised, become absorbed; and he accounted for it by the circumstance of the nutritient vessels being undisturbed and uninjured in the operation.

Dr. Blake here stated, that excision was unnecessary. He was enabled to cure the most desperate cases of tooth-ache (unless the disease was connected with rheumatism,) by the application of the following remedy to the decayed tooth:

Alum, reduced to an impalpable powder, two drachms;

Nitrous spirit of æther, seven drachms;

mix, and apply them to the tooth.

Mr. Fay admitted, that in 95 cases out of 100, where surgeons and dentists were applied to for the purpose of extraction, relief might be obtained without extraction or excision. The first point was to inquire if the tooth could be plugged; secondly, if it could not be plugged, to examine if the roots were healthy, as in that case excision could be safely performed; if the roots or sockets were diseased, extraction became absolutely necessary. In the cases in which the tooth could be saved by plugging, he observed that he frequently obtained temporary relief for the patient by applying a little of the oil of cajuput on cotton to the hollow tooth, directing a little castor oil, or some mild aperient to be taken; and when the pain had been thus relieved, he recommended the tooth to be plugged, as the most effectual way of preventing its recurrence.

The President thanked Mr. Fay for the candid manner in which he had answered the inquiries of the Society, observing, that he considered the explanations afforded very satisfactory.

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

STRICTURE OF THE ŒSOPHAGUS.

Mary D——, ætat. 32, (May 3,) complains of a sense of tightness and slight pain in the œsophagus, attended with great difficulty in swallowing. She can take nothing solid, and at particular times, fluids will scarcely pass. The sense of tightness is felt immediately below the os hyoides, and is always worse towards the latter part of the day. She constantly spits up a quantity of viscid mucus. On examining the neck, both lobes of the thyroid gland are considerably swollen, but not the least painful to the touch; nothing unnatural is observed on looking into the mouth. She is very much emaciated, but suffers little or no pain. Bowels deranged; pulse very small and feeble.

She states that six years ago, the swelling of the thyroid gland came on without any known cause, and increased to the size of an orange. Leeches and fomentations were applied, and it gradually diminished to its present state. The swelling of the gland was not attended by any of the present symptoms. Three years ago, after an affection of the liver, she complained of a soreness of her throat, which continued to give much inconvenience, although frequently relieved by leeches, until the last three months, when the tightness and difficulty in swallowing commenced.

She has had a small bougie twice passed down the œsophagus, and she eats without much difficulty.

6. Since she came to the hospital, several attempts have been made to pass a small elastic bougie, but without success. The point at which the obstruction is met with, is immediately at the commencement of the œsophagus. A piece of plaster spread with the ex. of belladonna has been applied to the neck.

8. Yesterday a bougie armed with caustic was introduced, and allowed to remain for some time in contact with the obstructed part; at first it produced considerable irritation, but in a hour or two after, she imagined that she could swallow somewhat easier. General health is improved.

12. The armed bogie has been repeated twice since the last report, and yesterday a small bougie passed the stricture with considerable facility. Bowels costive; tongue white.

℞. *Submur. hydrarg.*, gr. iij.;
Nocte sumend.

20. The bougie has been frequently passed, although sometimes with much difficulty; her swallowing is decidedly improved, and she can now get over small pieces of bread, steeped in milk. A bougie, with its point besmeared with the extract of belladonna, has been frequently passed down to the stricture, but without any marked benefit. To take the *calomel*-powder occasionally.

26. Since last report, she has been in the habit of passing a small bougie herself down to the stricture, but has been unable to get beyond it. The difficulty in swallowing continues much the same, but her general health is very much improved.

A small seton to be made on each side of the larynx.

GROWTH OF THE NAIL INTO THE FLESH.

John K. ætat 21. (June 23.) The integuments of the distal phalanx of the great toe of the right foot are much inflamed and swollen, and extend over the nail on each side, so as to leave but a small portion of its centre uncovered. The toe is exceedingly painful, and gives great inconvenience in walking. Says that, about two years ago, he observed that the nail was growing into the flesh, in consequence of which he cut it short, and since then has been in the constant habit of paring and scraping the nail, which has invariably increased the pain and swelling of the integuments. The soft parts to be touched with the nitrate of silver.

July 20. The lunar caustic has been applied on each side of the nail twice a week since he came to the hospital, with decided relief; the swelling and inflammation of the toe have very much subsided, and almost the whole of the nail is now visible. Suffers little or no pain, and can walk without inconvenience.

GROWTH OF THE NAIL INTO THE FLESH.

G. H., ætat 16. On the right side of the nail of the great toe the integuments are inflamed and swollen, so as to overlap the edge of the nail, and he cannot bear the part to be touched. It is two months since the toe began to be painful, and he has since pared the nail occasionally, which, instead of relieving, has invariably increased the tenderness and swelling of the soft parts. The lunar caustic has been applied every third or fourth day during the last fortnight, and the flesh of the toe is now almost of its natural appearance and form; he can also walk without inconvenience.

WESTMINSTER HOSPITAL.

There are, at present, several interesting cases in this Hospital. A woman, in the fifth month of pregnancy, jumped out of a third floor window, and fractured both legs. The patient is doing well: no miscarriage has happened, nor are any symptoms present which lead one to expect such an occurrence.

The case of compound fracture of the carpal and metacarpal bones of the right hand (noticed in Number 159, vol. x.), is rapidly getting well. Portions of the unciform and of the ulnar bones were removed: the loss of substance has been restored by healthy granulations; the patient is now on a liberal diet, and bids fair to be well in a few weeks. A question was raised at the time of his admission, whether amputation should be performed or not. Mr. Guthrie very properly decided on trying what could be done by appropriate management, and the man has saved an useful hand and arm.

OPERATIONS.

For some time past great expectation had been excited that the operation of lithotomy would have been performed on Saturday; consequently a considerable number of persons assembled to witness what, at the Westminster, is a rare operation. Mr. White was to have been the operator, but could not, after repeated attempts, detect satisfactorily the presence of a stone. Mr. White asserted most positively that he had felt a stone a few days ago, and appealed to Mr. Lynn, sen. for a confirmation of the fact. Mr. Lynn said he had heard the sound strike against a stone. Mr. Guthrie affirmed that he could make oath to having felt it also, most distinctly, only a short time since. Why may it not be felt now? asked Sir Anthony Carlisle; taking the sound in his fingers, and finding that he could not turn it about very readily, said, "Mr. White, I think that the sound is not in the bladder." "Do you think not?" asked Mr. White. "I do, indeed," responded Sir Anthony. Mr. Guthrie tried, but he could not satisfy himself that the sound was in the bladder; nor did he appear to get it there. After repeated attempts with sounds of various sizes, until almost all Mr. Stodard's stock had been used, it was at length humanely advised, by Sir Anthony, that all further attempts should be desisted from, and that the child should be brought up again in a fortnight.

This was a great disappointment to Mr. White, as he had been in the dead-house practising some time, and came quite prepared for the exhibition of surgical skill. While the postponement was agreed to by Messrs. White and Guthrie, and Sir Anthony, Messrs. Lynn, junior and senior, were occupied in talk about the bread and cheese chance of making a living by lecturing, since the rescinding of the late by-law, so they had nothing to say. Whether Mr. Stodart does keep sounds and staffs fit to enter the bladder, or not, we shall not determine; suffice it to say, the surgeons present could not find a stone, and could not determine whether the instrument was passed into the bladder or not. Now the fact is, the sound was at first put into the bladder, and the urine escaped; the bladder of course contracted. A child's bladder, in a contracted state, is not very large; not large enough to allow a man to twirl about a sound or catheter in the ends of his fingers, as when introduced into the distended bladder of an adult. The want of considering this circumstance caused all the confusion. The operation was performed last Saturday, by Mr. White.

The students having been for some time past desirous of seeing the operation of excising the crown of a diseased tooth performed, Mr. Guthrie requested Mr. Fay to come to the hospital to operate. A man happened to be present who wished to have his tooth extracted, and being a fair case, Mr. Fay performed the operation of excision. The man, who was about twenty-one years of age, declared, that the pain in the tooth immediately ceased; and that the operation, although it gave him a "funny snap," was not painful. Mr. Guthrie repeatedly asked the man whether he felt any pain in the jaw or neck; he said, "No, not the least." He was desired to call again, which he did several times, and uniformly declared that he had not felt the least uneasiness since the operation, which was performed about a month ago. We abstained from mentioning the case before, to see if the result would be favourable. The surgeons and pupils at the Hospital were highly satisfied with the "New Surgical Operation."

Several serious accidents have been recently admitted. A case of compound fracture of the thigh was admitted on Saturday last.

BARTHOLOMEW'S HOSPITAL.

CASE OF STRANGULATED INGUINAL HERNIA.

On Thursday a man named John Starling, æt. 22, came into Baldwyn's ward about noon, labouring under obstruction in the bowels for the space of a week, and a small tumour in the left groin.

The patient had always been subject to a rupture on that side; eight days before he had been running, and was suddenly affected with violent sickness and vomiting,; these symptoms, in a short time, abated; he had not felt any increase in the size of the tumour in the groin, after that occurrence, but his bowels had been obstinately immovable since that time. When the groin was examined, there was an appearance and feeling, as though the spermatic chord was thickened; but in so slight a degree, as scarcely to substantiate the idea that any hernia existed; he did not complain of pain on pressure of the part, neither were the symptoms those of active strangulated hernia; he had neither hiccup nor vomiting. Presuming, however, that there must be some protrusion, he was placed in the warm bath, and bled to ℥xxx.; after which the taxis was employed, but without any sensible diminution of the supposed protrusion. An enema was thrown up, but speedily rejected. Three grains of calomel, and ten of jalap, were then given him, and ordered to be repeated, if necessary.

At five o'clock in the evening, the calomel and jalap not having operated, he was ordered to take a fourth part of the following mixture every hour, until it should operate; viz. croton oil gtt. iv, sugar ʒi, and mint water, ℥ij; if this produced no change, the warm bath was to be repeated early in the morning, and another attempt at reduction made. If these means should fail, Mr. Vincent said an operation would be indispensable. During the night, and on the following morning, Friday 14th, the symptoms took the character of those of acute strangulation; he had been very restless all night, complained of considerable thirst; his countenance was expressive of considerable anxiety, he had had frequent vomiting, especially on taking any thing into the stomach, and hiccup; his tongue was furred, his pulse small, quiet and hard, and a profuse perspiration covered his body; he had considerable tension of the abdomen, and pain on pressure of the region of the pubes, and situation of the spermatic chord; he had had a scanty evacuation, (probably from the large intestines only,) the warm bath and taxis had been used without effect. At half past one o'clock, Messrs. Lawrence, Earle, and Stanley, having given their opinion as to the necessity for the operation, although they were doubtful as to the exact nature of the case, the patient was removed to the operating theatre, when Mr. Vincent proceeded to divide the skin and superficial fascia, to the extent of about three inches, and, afterwards, to dissect down to the sac, which he opened. On opening it the testicle was seen at the bottom of the sac, whilst the upper part contained a portion of omentum, and a small knuckle of intestine; the omentum was firmly adherent to the neck, as well as to part of the body of the sac, and was changed in appearance, being much thickened and consolidated, having evidently formed the contents of the congenital hernia, which the man spoke of on his admission. The small portion of intestine consisted of a portion of jejunum or ileum, about two inches a half in length, and was considerably discoloured; on feeling for the place of stricture, Mr. Vincent ascertained that it was confined solely to the boundaries of the internal ring; he then divided the stricture with a probe-pointed bistoury, liberated and returned the intestine, and afterwards separated the connexions of the omentum to the body of the sac, cutting off the protruded portion about three inches in length, close to the neck, leaving the remaining portion adherent to the canal; he closed the wound by adhesive plaster, and, in the centre, by a suture, applying over the whole a compress of lint. A few hours after the operation, an enema was thrown up, but rejected almost immediately; and small doses of sulphate of magnesia administered, but without effect. The dresser then gave him ʒvj. of castor oil, which was rejected; aud, afterwards, three grains of calomel, and ten of jalap. In the evening, the pulse being 110, and possessing considerable hardness, he was bled to ℥xx.

15. The medicine of last night opened the bowels freely, he had several copious evacuations, passed a restless night, complained of great thirst, tongue covered with a brown fur, pulse 100, hard, and of a jerking feel; had pain on pressure of the abdomen, but principally on the side, as in the neighbourhood of the wound, which we examined, and looked healthy. He was bled to ℥xviij. this morning, and took the saline medicine. Mr. Vincent ordered the saline medicine to be continued, with the addition of the liq. ant. tart., and gr. viij. hydr. c. creta, every three hours, and a bread and milk poultice to be applied. Evening: the tension and pain of the abdomen increased, tongue coated with a brown fur; pulse 100, and hard; bled ad ℥x.

16. The patient passed a very restless

night, pain and tension not at all alleviated; vomited a considerable quantity of dark, green-coloured matter; countenance expressive of great anxiety, tongue furred, pulse 98, has great thirst. Mr. Vincent ordered leeches xx. to be applied to the abdomen; the saline medicine with the tartarized antimony to be continued, and the hydr. c. creta. grs. x., every third hour; the wound in a state of suppuration. Evening: there being no diminution of the symptoms, save of pain, a large blister was applied to the region of the pubes.

17. Pain of the abdomen nearly gone, and great diminution of tension; the countenance has in a great measure lost its anxious expression, the bowels open, tongue cleaner, but parched; pulse 100; the two latter symptoms would have indicated further depletion, but from the excessive general weakness, and the subsidence of the local symptoms of inflammation. Mr. Vincent said, he should merely continue the saline medicine with antimony, and the hyd. c. creta. Evening: the patient is very restless and uneasy, and countenance expressive of anxiety.

18. A visible alteration for the worse; had a sleepless night, complained of great thirst, laid motionless, eyes dim and fixed, with mouth half open; features sharp, and his articulation difficult and indistinct; tongue brown, and furred; pulse 108, and sharp; the local symptoms of inflammation have completely left; could bear pressure on the abdomen, without uneasiness. Mr. Vincent desired that the dose of hydrg. c. creta. might be increased, and the saline medicine be continued with the antimony. He gradually sunk, and died in the evening.

Post-mortem Examination.

Upon opening the cavity of the abdomen, the intestines were seen filled with flatus, tightly braced down by the omentum, which was firmly adherent at the inguinal canal, and also to the small intestines, with which it had been in contact. The omentum itself presented marks of considerable inflammation; the portion of intestine protruded, had been the lower part of the ileum, it was of a very dark livid hue, approaching to black, and highly vascular. The internal mucous lining of that part of the intestine, had undergone no change whatever from its healthy condition. There were traces of inflammation on the whole of the small intestines, not extending round the circumference of the intestine, but in longitudinal patches, seemingly in those parts with which the omentum had been in contact; but these were slight, with the exception of that part of the ileum near the strictured portion for the space of six inches, which presented marks of active inflammation in the whole of its circumference.

A peculiarity of formation, which could have no reference to the disease, was observable in the gall-bladder; it was considerably longer than usual, and its greater circumference was reversed, being larger above than below, about the middle of the bladder was a kind of hour-glass contraction dividing it into two parts. It was filled with bile, but of a less viscid quality than usual; its colour also was not so deep, the internal lining of the bladder not being stained, but of a whitish colour; the duct was not obstructed.

CASE OF PHAGEDENA GANGRENOSA.

On the 21st of July, a woman named Mary Brown, ætat. 30, was admitted into Magdalen Ward, with sloughing phagedena of the right labium. On seeing her, Mr. Lawrence inquired of her from what part of the town she came, observing at the same time, that almost all the patients admitted into this Hospital with sloughing phagedena, came from a place named Swan-alley, near East Smithfield, which was the haunt of a most wretched and miserable set of women, who, in the exercise of their vocation, were devoted to the service of sailors and Lascars Her answer confirmed his observation, as she actually came from the above-mentioned Swan-alley. She said, that whilst affected with gonorrhœa, the disease first made its appearance, five weeks previous to her admission, in the form of a pimple or small boil; the pimple afterwards vesicated, and had gradually progressed and acquired its present magnitude, three inches in length, and rather more than one in breadth. The surface of the sore now presents an irregular appearance; is covered with a fœtid, pulpy, and thick slough, with a dark brown discharge: around the sore, which is oval, is extended a circumscribed thickening, with a dark red halo of inflammation; to this is added a puffy and less limited tumefaction of the cellular substance. The edges abrupt, of a deep red colour, were, as well as the surface of the sore, dotted on the inner surface with numerous small, elevated, and angry-looking points, which, according to Blackadder,* may be considered as one of the characteristic marks of the disease; from these an occasional oozing of blood took place. On approaching the patient, that peculiar and fœtid odour always attendant on the frightful progress of this disease, was very annoying: the whole of the right labium was destroyed. Contrary to our own experience in the disease in eight or ten cases, and to the dicta of Messrs. Blackaddder, Delpech, Hennen, Thompson, Ponteau, and Welbank (all of whom describe the darting, progressive, though intermittent pain, as a constant symptom), the patient had never felt pain except when the diseased parts were put on the stretch. In the eight cases detailed by Mr. Welbank in the xvth vol. of the Medico-Chirurgical Transactions, the darting pain was a never failing symptom; indeed, in the case of Samuel Cooke, page 331, it led him to anticipate the disease. She slept well, and her general health had not been much disturbed: her pulse did not exceed the natural standard in frequency: her tongue clean, and her appearance, generally, not indicating any indisposition, no expression of anxiety, no haggard look. Mr. Lawrence desired the pupils to remark the well-defined edges of the sore, its putrid and spongy sloughing surface, and the copious and very fœtid discharge which issued from it, as well as the bleeding points. He remarked that, in this species of ulceration, when the constitution was unaffected, any general treatment was unnecessary; that the local application of concentrated nitric acid was, in almost every case, sufficient to produce a healthy surface, which healed up without any trouble. The application of the acid was ordered, after which the slough was to be covered with dry lint: one grain of opium to be given shortly afterwards, and to be repeated at bed-time. The hair having been shaved from the parts around, the surface of the sore cleansed, and the surrounding parts protected by a thick coating of lard, the dresser having previously immersed some lint in the concentrated acid, proceeded to apply it, and to press steadily upon every point of the diseased surface until it appeared converted into a firm and dry mass. The woman did not express any pain whatever: did not cry out during the application.

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* See Blackadder's Observations on a-gedena Gangrenosa.

22. The application of the acid had not produced its usual beneficial effects; the sloughing ulceration still proceeding, and the sore considerably deepened. The patient passed rather a restless night, but continued free from pain: the acid to be again applied.

23. The patient appeared much the same; the slough had come away; the edges of the sore were well defined, and healthy; the inflammatory appearances in its vicinity were much diminished; the sore itself, in its upper and outer parts, presented the most healthy granulating surface, but, at its lower and inner parts, still retained the decided phagedenic character—dark putrid surface, and fœtid discharge. Mr. Lawrence observed that the acid had not produced its usual beneficial effects; that, in the cases which had come under his notice, a single application had generally been effectual, and yet it had been applied twice in this case, and the disease was still proceeding in its career in part of the sore: he, however, ordered the re-application of the acid to those parts of the sore still retaining the original character, and the opium internally.

26. Instead of an improvement in those parts of the sore to which the acid had been applied yesterday, they seemed to be considerably deepened; the remaining parts of the sore presenting large and florid granulations. Mr. Lawrence said, that as he had given the acid a complete trial without success, he would try the external and internal use of opium; he ordered a piece of lint wet in the liquor opii sedativus, to be kept constantly applied to the sore, and five grains of the pil saponis c. opio, every fourth hour. This plan of treatment was persevered in until the 31st; on the 30th, the ulceration appeared to be deepening in one part of the sore; and on the 31st, there was a circular excavation, about the middle of the sore, of considerable depth, into which the end of the thumb might have been placed; the circumference still presenting a most healthy surface, Mr. Lawrence again reverted to the acid and dry lint, with opium internally; and, on the 3d of August, the spongy sloughs having been cast off, the whole presented a healthy granulating surface.

August 6. The sore has diminished in size one-third, and is filling up very fast; her bowels had been in a relaxed state for the last ten days, which had been combated by the mist. cretæ comp.; her tongue, during that time, had presented a preternaturally red appearance; the general health but little affected, with the exception of slight febrile symptoms. August 9th, the sore almost filled up, and diminished to one-fourth its original magnitude.

September 20. Patient is now quite well.

CASE OF PHAGEDENIC ULCERATION OF THE PENIS.

On Thursday, 3d of August, ——, æt. 50, was admitted into Lazarus Ward. Mr. Lawrence saw him on the 4th. On examination, the penis was found to be enlarged to twice its natural size, with considerable hardness and inflammation. A chancre, about the size of a small horse bean, was discovered in the situation of the frænum, and a bubo on the left groin; the chancre had existed for the space of five weeks, and, at this time, its surface presented a very foul dirty appearance, with a thin acrid discharge, approaching nearly to the phagedenic character; it had completely destroyed the frænum. Mr. Lawrence observed, that the appearance which the chancre had taken was very unfavourable, and that it was of a nature which would speedily destroy the end of the penis, if active and decided measures were not adopted; he said, although he considered the ulcer to be a venereal chancre, yet he thought its present foul appearance depended, in a great measure, on the very inflammatory state of the penis, and that general depletion would be proper in the first instance; he therefore ordered ℥xvi. of blood to be taken from the arm, 12 grains of jalap, and 4 of calomel to be taken immediately, and a dozen leeches to the penis in the evening; he desired the prepuce might not be withdrawn, but the sore be kept clean, by syringing the part with warm water at intervals.

5. The inflammatory state of the penis not at all diminished; the sore, which still retains the same character, has increased to twice the size, extending from the glans itself to that portion of prepuce which was in contact with the original sore: there is but little pain. Mr. Lawrence now thought the best way to retard the progress of the disease would be to affect the constitution with mercury in as short a time as possible. He ordered a piece of lint, wet in the black wash, to be applied to and left between the opposing surfaces of the sore; two grains of calomel, and one-third of a grain of opium, to be taken every six hours; and one drachm of blue ointment every night rubbed on the inside of the thigh.

6. The man slept well: pulse natural, and tongue clean; very little pain in the part; mouth not at all affected by the mercury. On examining the penis, it appeared considerably lessened in size; its inflamed appearance, in a great measure, gone, the sore itself not extending, and its character decidedly changed for the better: its colour by no means so dark, and its upper part clean, and exhibiting a healthy appearance. Mr. Lawrence said it was rather difficult to decide upon the treatment in cases of this kind: should the ulceration not be venereal, but merely caused by irritation depending on excessive inflammatory action going on in the penis, the antiphlogistic treatment would have been sufficient; but were it a chancre that had taken on the phagedenic character, it was most important to exhibit mercury freely, and affect the constitution in as short a time as possible, in order to put a stop to the rapid progress of the disease, which would otherwise destroy a great part of the penis. He said he considered this case to come under the latter head, and remarked the beneficial effects which the mercury had so speedily produced.

7. The man slept well, and has no pain, only a slight degree of soreness in the part: his bowels are open, his pulse natural, and tongue clean: the penis rapidly decreasing in size. The sore has still a foul, dirty look, discharging a thin brownish-white fluid, but at its upper part clean and healthy, in a greater extent than yesterday. Mr. Lawrence said it was considerably better, and he had not the least doubt the mercury which he had taken deserved the credit of arresting the progress of the disease. He had seen a number of cases of this kind, and been impressed with the speedy and decided benefit which mercury produced, in completely and rapidly changing the character of the ulceration, and converting it into a healthy sore.

9. The mercury had affected his mouth very decidedly yesterday morning, and he had omitted it since that time: the sore has assumed a healthy aspect in its whole extent; the penis nearly its natural size, and his general health good: the mercury was not persevered in any longer.

20. The sore is completely healed, but the man still remains in the Hospital, for a bubo which has suppurated.

CASE OF ELEPHANTIASIS, OR LEPRA ARABUM OF THE EAST.

Thomas Spencer, a man of colour, about 45 years of age, was admitted into this hospital on the 25th of February, labouring under the disease called elephantiasis. He stated at the time of his admission, that his skin first became diseased a few days after his quitting the West Indies, and that during the voyage to this country, it gradually got worse. It is now eleven months since the disease first broke out. For the last three months he has been a resident of Middlesex Hospital, where he had been somewhat benefited, but not being able to get his admission paper renewed, he was obliged to leave. When he came to this hospital, the face and hands were the only parts of the body diseased, except the feet, which had a slight scaly appearance. The cheeks were studded with small hard tubercles, more or less distinct, varying in size from a millet-seed to a large lentel: on different parts of the face, and particularly about the nose, lips, and eye-brows, the disease was further advanced, and had gone into a superficial state of ulceration; these patches of ulceration were very irregular, but most of them presented a healthy aspect. Two tubercles seated over the eye-brows, had suppurated, and the discharge being allowed to accumulate, two small conical projections had formed, very much resembling the tubercles of Rupia. The roof of the mouth, as well as the soft palate, were found studded with tubercles, similar to those observed on the face, and these also had here and there gone into a superficial state of ulceration. The uvula is in great measure destroyed.

A kind of chronic inflammation of both scleroticæ appears to have existed, at the same time implicating the corneæ to a certain extent, as there existed an opacity of their ciliary margins, which gradually diminishes towards the centre of each membrane. Towards the outer angles of each eye, and more particularly that of the left, and beneath the conjunctiva, small fatty depositions or granules, are observable, resembling the affection styled *pterygium pingue*.

Neither the ears nor scalp were affected. Both hands were swollen, but in an inconsiderable degree, and in them the disease existed in both stages, as in the face. The body was quite clear.

A degree of atrophy of the virile organs (according to the patient's account,) had taken place, but no glandular enlargement, or "femoral tumour," as Dr. Adams styles it, existed. His bowels were regular; and he slept tolerably well at night. Tongue slightly loaded; pulse 80. He is ordered to take 5 grains of Plummer's pill, every night, and the warm bath each alternate day. Milk diet.

He continued under this plan of treatment for about three weeks, without any visible alteration in the character of the disease. A few days since he complained of great weakness, and he has, in consequence, been allowed meat diet without beer. Within the last few days, the superficial ulcerations, on the face, have been touched with a weak solution of the nitrate of silver. By the 23d of March, the tuberculated condition of the skin of the cheek had become diminished, and the ulcerations much improved. A few days subsequent to this, Mr. Lawrence was induced to try the arsenical solution; and the patient was, consequently, directed to take the following draught three times a-day, a purgative being previously given, as the bowels were rather constipated:—

Pimento water and
Distilled water, of each half an ounce;
Solution of arsenic, 5 minims. Mix.

He persisted in the use of this medicine for a week, when his stomach became irritable, and the system generally excited; it was therefore discontinued, and saline medicine substituted in its stead.

In the course of a few days, these unpleasant symptoms had completely subsided; the saline medicine was discontinued, and the bath ordered to be repeated, as before.

May 3. The ulcerations are gradually healing, and the tubercular eruption has diminished considerably. Within the last ten days, the glands in each groin have enlarged. The testes appear to have shrunk in size since the admission, but only in a very slight degree. The hands are much improved in appearance. Adhesive plaister is all that is at present applied to the ulcerated surfaces. Continue the use of the bath.

June 27. He has continued grradually improving, and is, on the whole, considerably better. The skin of the cheeks is almost entirely clear of all tubercles, and has now regained its soft and natural feel. A great portion of the ulcerated surfaces has cicatrized over; and this has been more evident since the application of the red precipitate ointment to the raw surface. The ulcerations in the mouth and soft palate continue, however, much the same, as do also the enlarged femoral glands. All he at present takes, is an occasional aperient; with the red precipitate ointment, as a local application.

July 18. The character of the disease has now considerably altered; the patient is much better, and although there still remains a few patches, Mr. Lawrence thought, from their healtny condition, that a little fresh air would be very beneficial. The patient was in consequence discharged.

OPERATIONS.—AMPUTATION ABOVE THE KNEE; AND HARE LIP.

On Saturday (Oct. 7), Mr. Vincent performed the operation of amputation above the knee. The patient, who is a young man about twenty-six years of age, has been labouring under a scrofulous enlargement of the knee joint for some months past, and all the ordinary modes of treatment proving ineffectual, the propriety of his losing his limb was pointed out to him, and he readily consented.

For what reason we don't know, but the operator chose to adopt the double flap method, instead of the circular incision: perhaps it was intended as a show off; or, as Mr. Carpue would say, *a flash in the pan*, to let the *virides* see that such things can be done.

Since the operation the man has gone on very favourably, and the stump is fast granulating. (On examining into the condition of the parts after the limb was amputated, every morbid change usually met with in these diseases was observable: a considerable effusion of a curdy-like secretion, thickening of the synovial membrane, softening of the bone, and absorption of the cartilages.)

This was succeeded by a hare lip case, which was operated on by Mr. Earle. The subject of it was an infant, but a few months old. The case presented nothing unusual. We certainly have seen Mr. Earl operate more dexterously than in the present instance. One needle was introduced, and the ligature applied in a very neat manner.

THE LANCET.

No. 164.] LONDON, SATURDAY, OCTOBER 21. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

*At St. Bartholomew's Hospital.**

Mr. Abernethy began his Lecture by describing the bones of the face; and, in the course of his disquisitions on the *nasal process* of the superior maxillary bone, he said, In the inside of this process I perceive a groove, which is for the *lachrymal bag*, and continues downward forming a sort of canal; not a complete canal, indeed, but pretty much of a complete canal. It goes down the bone, and is called the *ductus nasalis.* It is the canal for the tears to run into the nose. And it is of great importance that you should understand this; because, if you are to lay open the lacrymal bag for the purpose of clearing away any obstruction in it, and if you are to apply force to it, it is of the utmost importance that you should use that force in a right direction; for, if you used it in a wrong direction, you would be going against the bone. But, luckily, the ductus nasi runs nearly perpendicularly; not exactly so, but nearly perpendicularly, having a slight inclination backwards.

Then I see, at the right of this nasal process, a sort of ridge; a ridge across which the *inferior os spongiosum* is extended. It is a bone as light as possible, convex on that side next the lamella, and concave on the other side. I don't know that we have any right to consider it a separate bone; I may say, it is soldered to this ridge; and, therefore, the ductus nasi terminates below the inferior os spongiosum. Now I may tell you, with a view to impress this anatomical fact on your memories, that on the continent, they don't adopt the same mode of clearing away the obstruction that we do; they clear it away by putting an instrument into the nose, and turning it up into the ductus nasi.* If you go into an hospital abroad, you will see many instruments lying, which are used for that purpose. To me it seems a bad mode of treatment, for it requires great talent, and a great deal of knack and ingenuity, safely to introduce the instrument. And where you are obliged to use a great deal of force, it is very likely that you may use it in a wrong place.

The Lecturer proceeded until he had described the *antrum,* which he thought had better be called the *superior maxillare sinus,* though the old technical term was *antrum maxillare.* He then said, "The disease in the antrum is a *very, very* important subject indeed. And I always take occasion to mention diseases, where I think they will impress anatomical facts on your memories, and where the importance of those facts may be shown. The disease of the antrum, then, I say, makes a great subject in surgery. A man may have a kind of chronic inflammation in the cavities of his antrum—a kind of morbid secretion of stuff in his antrum. It might have originated from the tooth-ache affecting the lining of the antrum; and a very pretty predicament he is then in. *Egad*, when he is in bed, on turning round, a quantity of stuff will come into his nose, most disgusting to himself, and most horribly disagreeable to his bed-fellow, if he has one. (*Much laughter.*) An aching pain in the cheek, and a dreadful discharging of matter, will torment a man in that way for years and years. What is to be done? Draw one of his teeth, to be sure; and, from the socket, penetrate into the antrum. But which tooth are you to draw? is the question. There is an important question. It luckily so happens, that all the grinding teeth of the jaw are below the cavity of the antrum. There are two small grinders, three larger ones, and all those grinding teeth are situated below the cavity of the antrum, and if you put the probe through the socket of the first grinder, it goes into the cavity of the antrum. Turning the head far back, and putting your instrument in, where does it go? Why, into the cavity of the antrum. And, luckily for the benefit of memory, it happens that all the sockets of the grinding teeth are placed below the cavity of the antrum. Which tooth, then, should I draw? Why, I would rather draw a rotten one than a sound one. You may draw which you please. Then putting a gimblet up into the socket, you pierce the cavity of the antrum; put in a piece of bougie, and having pierced the socket, it then lies snug between the teeth in the jaw. What is the patient to do? Why, when he washes out the antrum, he has only to pull out the bougie, clear away all the matter, and there is a subsidence of the disease. And many, many persons have I seen relieved from a state of great discomfort by an operation of this sort. But this is a trifle.

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* It is the practice of Mr. Abernethy to lecture on certain parts of anatomy in alternate courses, and having provided ourselves with the matter delivered by him in his *last* course, we shall also give such parts as may be delivered by him in the present course, and thus make the subject complete. Mr. Abernethy frequently apologised for the apparent imperfections of his surgical lectures, by saying, that he was in the habit of treating of many *surgical subjects* in his *anatomical lectures.* By the arrangement we have now made, we shall not only render his lectures on *surgery* complete, but, at the same time, shall be enabled to publish a complete series of his physiological and pathological opinions.

* This might have happened when Mr. Abernethy was on the Continent, or in the time of Le Dran, but no such practice is resorted to at present.—Ed.

A morbid state of the membrane may be induced, and it may throw forth a *fungus*; that fungus growing, fills the whole cavity of the antrum, sprouting forth in all directions till the bone becomes absorbed, till that bone which forms the strong part of the cheek becomes soft, the orbitar plate becomes soft; until the fungus will make its way into the socket of the eye, shove the very eye out of its socket, and until the fungus itself will actually shoot out of the mouth, get into the nostrils, and fill up the nostrils, and what then? Why, just see a man in the dreadful state of having his eye turned out of its socket, and the fungus shooting out of his mouth, and growing up into his nostrils; and you say, this is horrible—I'll have nothing to do with it. And, in many cases, you would be right. You had better have nothing to do with it. But though many of these cases are the results of morbid actions which nothing can cure, if you neglect to do any thing at all times, in the interim you would neglect to serve many persons who might be most materially comforted. What should be done, then? Why, when you see the fungus growing there, it is your duty to take it out of the mouth. Trefine the bottom of the antrum; put your finger into it, and scoop it out. A most bloody scene it is! A most desperate hæmorrhage ensues! I have seen a quart of blood lost when this was performing. But this does not frighten a surgeon who understands his profession, for he knows it is the discharge of blood from a multitude of small vessels; and if he saw the same discharge from a large one he would be horribly afraid. He would say, if this was a discharge from one vessel the patient would die, but it being from a great many, when he becomes faint, they will stop bleeding. But you don't give him time to faint; scoop it out, put in a bit of sponge—wrench it in—tell the patient to bite it, bathe his face with cold water, and what becomes of him then? There is no more bleeding; after a little time the sponge becomes loose, you draw it out, and any thing collected in the antrum comes into the mouth, and thus, if I may so say, you prevent the walls of the antrum giving way. Now I have seen several people made comfortable in this way. It is true the fungus may grow again, but then you may scoop it out with your finger; you may put your finger into the antrum and scoop it entirely out. Still I am aware that all this is of a cancerous nature; it is a morbid action which will go on and extend beyond the antrum, even between the different sinuses of the head. I have seen some osseous matter formed sometimes in the different sinuses of the head. I remember one case particularly, as showing the morbid nature of it, and yet showing that all the cases were not of that horrible nature which would prohibit a surgeon from interfering with them. I shall relate one instance, of a poor man who came into this Hospital—a poor fellow who had this morbid growth in his antrum. He had his cheek in a dreadful state, and he applied to a *quack*, who put a large *caustic* on the tumid cheek—a large and sharp caustic. It made a slough; the slough came off, and it healed, leaving a hole by which a probe could be put into the cavity of his antrum. He was relieved so far, but there were morbid actions set up; the bone was affected as well as the membrane, and the bone gradually threw forth a fungus. There was a little aperture, and that little aperture increased in circumference. There was a bony substance thrown out from the aperture, which, at first, seemed like a little cup on his cheek, and it gradually increased until it became like a basin—like a large breakfast basin, the bottom of which laid on the antrum covered over with a thick skin; it had gone to such a degree, that unless you had sent M. Le Dran to it, there was no other surgeon who would undertake it—none here, I can tell you; and, to be sure, there are many operations set about which don't seem to me to be vindicable; you had better let the poor creatures die. In looking at the French reports, I can read of taking away the whole of the *maxillaria superiora* bones, and leaving only the hollow jaw! Why, to have shot the man with a bullet would have been much more humane than that. To have let him die, as he would have done, would have been, what I should call, only christianity; to have done that would have been doing to others as you would be done unto; and much the better way, than making a person such an object as long as he lived. Well, this poor chap used to go to a quack of the name of *Doctor Bussey*, and he bound it up for him from time to time. He also often came here, and I always told him, if you like to have it treated so, be it so, but I would let it alone. I would neither endure the pain, for it's altogether unavailing, nor would I throw away my money in such a way; but he went again and again to this quack, until he could bear it no longer. Well, I was going to say, that many of these actions extend beyond the limits of the antrum; but if you can take away the distressing cause—if you can take the fungus out of the mouth, you may render very effectual service to many people.

Mr. Abernethy resumed his lecture until he had described the situation, &c., of the *ossa nasi*, two in number, forming an *arch* for the protection of the nasal lamella, which supports the ethmoid bone. He then said: this arch is a very strong arch indeed, protecting the nasal lamella, and how important is this! If it were not so, a man having a blow on the nose might have his *crista galli* driven in upon his brain. What's to prevent it? Many a man has his *crista galli* driven in upon his brain, producing cerebral inflammation, and the man dies in consequence; I have seen accidents of that kind. Now what's to be done if a man gets a blow on his nose, and has his *crista galli* driven in upon the brain? What's to be done? why, you must try to pull it out again. You have to raise up the ossa nasi, introduce an instrument lined with sponge, raise up the depression, and then pull it out. But, luckily, this is a very rare accident, and don't believe that every broken nose is followed with such frightful consequences. You see the nose is excessively well constructed to elude the effects of violence; the blow lights on the elastic part of the nose, which breaks the effect of it, and the blow may operate on the nose without driving in the nasal lamella. 'Faith, if every one had their crista galla driven in, when they have their nasal lamella broken, I myself would have had it, because on one occasion, when I was riding, my horse's head and my own came pretty near together. I was riding, and on putting the spur to him and pulling the bridle, he threw up his head and struck me with it right upon the nose. The blood flowed from it, just like as if it had been streaming from an arm after you had introduced the lancet. I got off; got into a stable near at hand; washed my face, and squeezed the bones into their proper situation as well as I could. The people were certainly very kind, and wished to send for a surgeon to me; but I told them I would rather they sent for a hackney coach (*much laughter*), which they did, and I went home in it. I then perceived, for the first time in my life, an imperfection in my sight. I could not see more than two-thirds of an object. First of all, however, I should tell you, my vision was indistinct, but I found it arose from the eclipse of the *third* of every object on the right hand. I ascertained this particularly as I went home, because if I saw such a long name as my own, for instance, *A-ber-ne-thy*, in a *bookseller's* shop window, or any such place, I could see *A-ber-knee*, but I could not see the *thigh* at all. (*Loud laughter.*) Well, I looked with one eye, then I looked with the other, and I looked with both, but still I perceived that the third of every object was eclipsed, on what I may call my right side. Now this sort of case is alluded to by Dr. Woollaston, and he contends that it might be a defect in the optic nerves. Well, I was telling all this to a medical friend of mine—a very clever man, and he said, it was *impossible*. I said, well, I don't know whether it is impossible or not, but I know that what I tell you is true. It afterwards happened that he had a fall from his horse, I believe, or something of that kind, and he had the same imperfection of sight, the eclipse of the objects being on the opposite side. I said to him, there was only one thing I regretted, which was, that when I was in that state, I had not *squinted*, to have seen how the things would have looked then. He told me he was convinced it arose from the nerve. But I said, did you squint? O *gad*, no, said he, I never thought of squinting. But since that time I have been entertained with it often, and often without having had any blow; and I have on those occasions squinted too, and it's just the same. And let those who can account for it as arising from a decussation of the nerve, do it; my own opinion is, that it arises from the *irregular actions of the retina*. You know there are people who see *ghosts*, and *goblins*, and so on; not *blue-devils*; I suppose they don't see any of those, but they absolutely see men and women; you know all *that*, I dare say.

There is a very curious case related, of a man who was a well known character, and a man of sense,—where it was said, he used to see a number of people in the room with him. Now, he himself has described the whole of the phenomenon, and all the adjuncts to it. He has said, after taking a cup of coffee, or tea, or so on, they came into his room in great numbers; and as he got better, and less nervous, he has only seen the arms or legs of the persons, without seeing any other part of them. Now this is all an irregular action of the retina. A gentleman sitting in his library one day, reading or writing, on turning round his head, saw, sitting in a chair, a woman in a red cloak. And he said, how came you in here, good woman? The woman said nothing. What is the meaning of your being here, woman? No answer was made. You have no right to be here.—Go out of the room. She took no notice of him. He got up and rang the bell for the servant. The servant came in. Turn this woman out. What woman, Sir? Why the woman in a red cloak. There's no woman, nor any red cloak, Sir. Well, go and fetch the doctor for me; tell him I am ill, and I wish to speak to him. The man, however, was not to be frightened by this, because he knew it was a delusion of his sight. Now I have had it so often, that it has been a matter rather of amusement to me, than any thing else. I have stood before a glass, and seen the upper part of my head, and eyes, and nose, very distinctly; but I never saw that I had any mouth or jaw; and I have seen my shoulders very well, but all was blank between my nose and shoulders. Why, now I say, what can you make of this, but that it is, *errors of action, or inactivity in parts of the retina?* Now this is a digression; this is no part of the lecture; but I am speaking about the fractures of the ossa nasi, and I am telling you what seems to me to be the surgery of those cases.

When I finished the bones of the skull, I had a word to say about the *sutures;* and having now finished the bones of the upper part of the face, I have still a word to say on that point, and this is it: All the bones are united together by sutures; and if there was to be an elaborate account of the sutures given, I don't know to what length it would run. But anatomists have contrived to make one suture out of a number of sutures. They say there is a suture which is called the *transverse suture*, running between the bones of the head and the bones of the face; and I have seen dreadful things occur here. There was a poor wagoner, whose head was crushed between two cart wheels going in different directions, on Clapham common, and his face was literally torn off from the skull. Part of his face hung by the optic nerves. There was no jaw; all was vacant. No raw, half dissected head, could ever equal it. To give you some idea of the horror the scene presented, I may tell you, the nurses of a hospital fainted when they saw the man. He went to the hospital; went to bed; got up to void his urine; went to bed again; and, in about five or six hours, he died. Now it might form a good subject of inquiry, in a medical society, why he died. He did not die from loss of blood; torn arteries will not bleed. He could not have been starved to death in so short a time. Whatever blood he might lose before, he lost none in the hospital to cause his death. Then why did he die? Now it does so happen, and we have seen, that it is a most wise and benevolent circumstance, where such an injury occurs as is actually irreparable, the vital powers decline and cease to act, and people die without any seeming necessity for doing so. It is really very curious, but true, that the most extensive injuries are generally unproductive of pain. I say, it seems to be wise and benevolent, that it should be so ordered. There are plenty of facts which you will collect in the pursuit of your profession, that seem to warrant metaphorical phrases, such as John Hunter would have introduced: Nature takes the alarm from something having occurred, apparently without any necessity; or Nature, conscious of the injury, relinquishes the contest, and the patient sinks and dies. But however much this may be a digression, the case goes to induce you to remember the sort of connexion that subsists between the bones of the face and the bones of the cranium.

In his lectures on the *Bones of the Vertebræ*, Mr. ABERNETHY said, "There is such an immense quantity of elastic matter in the column of bones supporting the head, that the head rides upon it as if placed on a spring machine; and it is very important that this should be so. If it were not, the head would be subject to perpetual jars. There is a very important case related by Mr. Pott—a case of concussion: An officer standing on the deck of a ship, after some sleet and rain had fallen, began to walk upon it; he slipped, and upon feeling his feet go from under him, he put all his muscles on the stretch to save himself. He came down on his bottom—merely on his bottom, nothing more; but his head was jarred; there was a complete concussion; he was stunned; an inflammation came on, and he became delirious. Now that's a very capital case. The head received no outward hurt at all."

FOREIGN DEPARTMENT.

ANATOMY.

A case was recently communicated to the Anatomical Society of Paris, by M. Philouze, of which the following are the particulars:—A patient, affected with anasarca, and labouring under general symptoms of disease of the heart, was admitted into the Hospital, but died soon after admission. On opening the body, considerable dilatation of the right auricle was found, together with ossification of the right auriculo ventricular orifice. The orifice of the pulmonary artery was also found ossified, as well as contracted. One of the semilunar valves at the commencement of the pulmonary artery, contained, according to the narrator, an osseous prolongation. What this means, it is not quite easy to say; but it is to be regretted, that in describing a pathological change, which has never, we believe, been before detected in the human subject, something less vague and more satisfactory had not been given.

There are two cases related in the *Nouvelle Bibliotheque Medicale* for August, of tetanus, in which the appearanees found in both after death, were inflammation of the spinal marrow and its membranes. It is a fact worth attending to, that in all the cases of arachnitis spinalis mentioned by M. Ollivier in his work on the spinal marrow, the most marked symptoms of tetanus were present during life. The tetanus in the cases given by this author, and in those mentioned in the Bibliotheque, was only the consequence or effect of inflammation of the spinal marrow and its membranes. Unfortunately, in this country, the spinal marrow is so rarely examined, that few pathological anatomists have had an opportunity of seeing this part of the body a sufficient number of times after death, to give any decided opinion on it. The point is one deserving of attention. In fact, we have been informed that in the largest lunatic asylum of this metropolis, there is a standing order against opening the spinal marrow!!

On the Os Metacarpi Pollicis.

By M. J. Bluff.*

It may perhaps appear a little extraordinary to English anatomists, the majority of whom rest in general satisfied with a coarse and superficial knowledge of anatomy, that it has been a subject of great inquiry abroad, whether the thumb has a metacarpal bone and two phalanges, or *no* metacarpal bone and three phalanges. The object of this paper is to prove the latter of these points.

Aristoteles regarded this bone as belonging to the carpus, without assigning any reason for this classification. Among the writers of later date, and of real authority in anatomy, Galen was the first who regarded the metacarpus pollicis of Aristotle the first true phalanx, and gives us at the same time his reasons in the following words:—"Consentaneum est et asserere magnum digitum ex tribus ossibus constare, et non metacarpis primam illius phalangem ascribere quæ ab utrisque sui partibus per diarthrosin connexa est, quod primis quidem digitorum, non autem metacarpi ossibus accidit. Unde nonnullis jure asseruerit metacarpi quidem quatuor duntaxat, quinque vero digitorum quindecim ossa esse." (*Galenus de ossium natura, Cap. XIX. de metacarpo ac digitis.*)

How very slender the osteological knowledge of Celsus was, appears very evident in his *De Medicinâ, Lib. VIII. cap.* 1, where he says, "In manu vero prima palmæ pars ex multis minutisque ossibus constat, quorum numerus incertus." His assertions on anatomical subjects are of little worth; in one place he ranks the os metacarpi pollicis, as it has been called, among the metacarpal bones, and in another he places it among the phalanges: "Quinque ossa recta, ad digitos tendentia palmam explent," and shortly after: "A quibus ipsi digiti oriuntur, qui ex ossibus ternis constant." Pliny has copied from Aristotle, without having used his own eyes, and has consequently been led into much confusion. The following authors have declared themselvs in favour of Galen's opinion, and against Aristotle's:—

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* Meckel's Archiv fur die Physiologie: April, 1826.

Stephanus (de Dissectione partium Corp. Hum. Libr. III. cum fig. a Stephano Riverio compositis, 1539).

A. Laurentius (Hist. Anatomiæ Corp. Hum. 1599).

F. Plater (de Corp. Hum. Structura, 1603).

Knoblochius (Disputationes Anatom. et Psycholog. 1642).

Fabricius ab Aquapendente (Opera Anatom. et Physiolog. 1619).—" Natura tres articulos digito unicuique constituit et pollex prae caeteris motu pollet."

I. Casseri Placentini. (Tab. Anatom. LXXXII. 1627.)

Spigelius (Op. Anatom. 1645),—mentions that Galen has with truth admitted *four* metacarpal bones, since the bone commonly known under the name of metarcapus pollicis, possesses by far too great motion for it to be classed among the carpal bones, but ought much rather to be regarded as a real phalanx.

Bidloo (Anat. Corp. Hum. 1685).

Manget (Theatrum Anatom. 1717).—" Metacarpi quatuor ossicula, quindecim digitorum, in singulo ; hic etiam annumerato pollice, tria."

Vesalius (Op. Anat. et Chirurg. 1725). " Quatuor metacarpi, quindecim autem digitorum ossa semper enumerabimus."

Cowper (Anat. Corp. Hum. 104 Tab. curante Dundass et Schomberg. 1750).—" Quatuor ossa metacarpi, quindecim digitorum." And many others.

In modern times, Albinus and others, among whom Blumenbach holds a conspicuous rank, have declared for Aristotle's opinion, without, however, stating reasons for the assertion.

In favour of the view which regards the commonly called os metacarpi pollicis as the first phalanx of the thumb, there may be added to the arguments advanced by Galen about the motion it possesses, those of the form of the bone, its ligaments and muscles, with their points of attachment.

On looking at the upper surface of this bone of the thumb, it will be found deepened, which is rather the reverse in a true os metacarpi. In reference to the ligaments, we find the membrana capsularis ossis metacarpi pollicis not wider than a ligamentum capsulare phalangis primæ. The internal and external batral ligaments belong to the ligament. lat, of the phalanges, as they proceed externally and internally from the end of one phalanx to that of another.

If we view this bone as the first phalanx, it will be perfectly consistent with the insertions of the muscles in the other phalanges.

1. Abductor indicis and pollicis inserted into the first phalanx.
2. The middle tendon of the m. exten. com. digitorum, and the exten. poll. maj. into the second phalanx.
3. Flexor digitor. profundus (perforans,) and flexor longus pollius into the third phalanx. Alateral slip from the m. exten. com. digit, and the exten. poll. min.to the third phalanx.

In conclusion, the luxations and fractures of the four proper metacarpal bones, which are not very often observed to take place, frequently occur in the first phalanx of the thumb, as, indeed, in all the other phalanges.

PATHOLOGY.

On the Changes of the Mucous Membrane, produced by Inflammation. By M. Andral.*

The papers on gastritis, published by M. Andral in the " Repertoire," are particularly deserving of attention, not merely on account of the celebrity of the author, or of the great importance of the subject in a practical point of view, but also because they are well calculated to remove the erroneous views entertained by some of our contemporaries on this subject. Some of the contributors to the " Yellow Journal," for instance, seem to entertain most strange notions concerning the nature and treatment of inflammation of the mucous membrane, lining the intestinal canal. One of these learned Thebans saw a patient, who complained of intense pain of the abdomen, with a quick and febrile pulse, pain of the head, eyes suffused, &c.; and though the bowels had been opened freely by medicine before admission to the hospital, purgatives, diuretics, and diaphroretics were ordered forthwith in the greatest abundance. To relieve the pain of the head, leeches were applied to the temples ; to lower the pulse, diaphoretics were given ; the diuretics, probably, were intended to act on the principle of counter-irritation, by inviting or soliciting the diseased action to remove itself to the kidneys ; and the purgatives, ———— the theory on which they were employed is one of the most extraordinary that the history of medicine has to record. The other medicaments appear to have been prescribed to fulfil certain indications. Each was intended to do a certain duty ; the practitioner, doubtless, having been informed by his books, that the best principle in practice is, to combat symptoms as they rise, and so he put down in his prescription an item for every symptom ; but it never for a moment appears to have entered into his head to suppose that these disturbances depended solely on irritation in the stomach and bowels. At length, however, he stumbled on this great discovery ; it appeared to him a matter of much consequence, and forthwith he set about forming a theory to explain the affection, and devising suitable remedies to remove it. Being an acute observer, he recollected to have seen, in some cases that had been examined under his direction (for, being a pure physician, he could not condescend to soil his fingers with a scalpel) some parts of the intestines red; and on these red parts, some small dots of yellow matter. Then came the theory: the irritation began in the mouths of the mucous follicles—spread to the membrane, producing ulceration, general febrile disturbance, and death. But what was the cause of all this mischief? What was it that acted on the mucous follicles, so as to irritate their mouths? The yellow matter appears to have been the exciting cause—the origin of all the evil. Hence the obvious indication of cure suggested by this view of the subject was to remove it as soon as possible, and that could only be done by purgatives. Such notions, we thought, had long since passed away, The idea of removing peccant matters, and eliminating them from the system, we had hoped was consigned to oblivion; but mere bookmen, who learn solely in their study, or in colleges, are eternally reviving these antiquated opinions, just as a certain class of lawyers rake up, at times, antiquated statutes, and put them in force, though totally contrary to the spirit of the age in which they live. We turn away from such things with pleasure to follow M. Andral, in his researches on this important subject of gastric irritation.

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* Repertoire d'Anatomie, Vol. I.

When the mucous membrane lining the stomach has been acted on by any irritating cause, its appearance and consistence are found altered; it is red and vascular; small tortuous vessels are seen to take their course beneath it. The redness is sometimes found in the form of minute dots; at other times in patches of greater or less extent; but there is another alteration which should always be attended to, namely, its softened and pulpy condition; if it be touched, or slightly scraped even with the back of a knife, it peels off, leaving the sub-mucous cellular tissue uncovered, and as it were abraded. The question obviously suggested by these facts is, are we to attribute these changes to inflammation? M. Andral answers in the affirmative, and we fully agree with him. All the characters presented after death are those of inflammation; so are all the symptoms manifested during life. Redness and increased vascularity are the most common concomitants of inflammation, and softening of the substance of the part is an almost invariable consequence of inflammation in its early stage. Of this alteration there are three degrees: in the first, the membrane still remains in its usual situation, but is so soft as to be easily displaced by the slightest friction; in the second, nothing remains of the membrane but a soft pulp, of a grey or reddish colour, which may be mistaken for a mere layer of mucus, diffused on the cellular coat; in the third, even this semi-fluid pulp disappears, and the sub-mucous cellular coat is left altogether denuded. If any doubts should remain as to the cause of these changes, the analogical reasoning of M. Andral, we conceive, is well calculated to remove them. He cites the authority of Dupuytren to show, that inflammation softens the cellular coat of arteries, and renders them incapable of bearing a ligature if applied to them when that change has taken place. Serous and synovial membranes also are similarly altered when attacked by inflammation. The symptoms presented during life, by persons suffering from acute gastritis, are very characteristic. Andral cites the case of a man who was a patient in "La Charité" for some time, and died of phthisis. He had for a long time complained of loss of appetite, and a sense of constriction in the epigastrium, which became intensely painful when he eat any solid food, or took even the mildest fluids; but any of the more stimulating, such as wine, produced a sensation of burning heat, extending from the cardia towards the pylorus. In this case the mucous membrane was found reduced to a mere pulp; there was, in fact, scarcely a trace of its natural characters. This alteration is very common in persons who die of phthisis, as Louis has satisfactorily shown. In such cases, the treatment that should be adopted is quite obvious; it should be decidedly antiphlogistic, and should be rigorously persisted in.

The case of the late professor Beclard is so strikingly illustrative both of the principle and the practice, that we cannot forbear citing it. Some years previous to his death, he was attacked by decided symptoms of gastritis. The "medecine expectante" was tried for a while, but without success; the antiphlogistic was then resorted to with decided relief. Still he was afterwards subject occasionally to indigestion, and to cramp and pain in the epigastrium. He died of erysipelas. On examination, two or three patches were found in the lesser curvature of the stomach, which were depressed, and bounded by a defined line; just such an appearance as may be expected to take place on the healing of a point of ulceration. If such a case were treated according to the follicular theory, what would have been the consequence? Verily it would soon have found a resting place in the pages of the Yellow Journal, and have afforded another specimen of the follicular ulceration.

This book is the p
COOPER MEDICAL

SKETCHES OF THE SURGICAL PROFESSION IN IRELAND.

No. XIII.

MERCER'S HOSPITAL—*continued.*

Hospital Elections in Ireland, &c.

I PURPOSELY omitted an exposition of the economy, domestic and professional, of this Hospital on a former occasion. The facts connected with that subject, I perceived, on estimating their importance, would, when leavened by the zest of observation, have expanded far beyond the limited capacity of this Journal, which must necessarily condense a variety of matter in each impression to keep pace with the exuberant growth of medical intelligence. Besides, it did not exactly harmonise with my views of rhetorical propriety, to mix up descriptions of moral and physiognomical architecture with the councils of a board-room, or the proceedings of an operating theatre. In addition to my literary scruples on this head, there were some other points of general interest, such as Hospital Elections in Ireland, which I conceived could not be more appropriately introduced, than in a notice of an institution presenting so many illustrations of their abuse. To attain, therefore, if possible, these several objects, I deemed it the more eligible course, for once, to divorce the *utile* from the *dulce*, and, at the hazard of a classical denunciation, to make each a theme of separate consideration; but of explanation enough.

The government of this Hospital is quite a curiosity in its line, being a sort of hermaphrodite dynasty, composed of both sexes, or, if you will, of gentlemen in petticoats and ladies in pantaloons; the latter, I presume, claiming a right to one-half of the sceptre by virtue of the female origin of the establishment. They accordingly meet to debate, in weekly committees, the comparative detersiveness of white and black soap, of free-stone and the rubbing-brush; while their coadjutors content themselves with exercising their parental functions on some extraordinary emergencies only, such as the appointment or dismissal of a porter. The superintendence of the floors and the laundry, however, form but a small item in the catalogue of the ladies' concerns, compared with their spiritual labours; for it would seem as if they entertained some notion of colonising the "New Jerusalem" with a cargo of converted Papists from Mercer's, so deep an interest do they manifest in the reformation of its inmates. To accomplish this amiable intention, they supply the wards with the most approved tracts, and other small inspirations of the tea-table, and procure hebdomadal lectures on the "Pilgrim's Progress" and "Holy Writ," by the John Bunyans and Crispins of Goat's-alley. Lest these ordinary stimulants of "grace" should not succeed, their operation is occasionally quickened by the administration of controversial works of the most rancorous description, smuggled into the apartments in the orthodox recesses of a reticule, or the *sanctum sanctorum* of some Lucy M'Swadlum's muff. The only result which can be discovered to flow from all these pious artifices, is to enliven the sick chamber by religious disputation, and of course to add, in some degree, to the tortures of disease by the excitation of the *odium theologicum* in the minds of its wretched victims; and this, forsooth, is to imitate the practical benevolence of the "Sœurs de la Charité" of France! to run about, like so many fanatical Thäises, desolating the human heart with the torch of religious discord!

While the female portion of the conclave thus transcend the sphere to which nature and decency ought to confine them, a part of the medical officers err in an opposite, and much more culpable manner. By one of those overt acts of treason against the interests of medicine, for which the English statute book is so remarkable, the election of physicians and surgeons to the establishment has been vested in their own hands. The charter, or act of incorporation, requires the appointment and attendance of six surgeons and two physicians to this institution. The law, as to number, is at present fulfilled to the letter, but its spirit is grossly violated; for of the eight whose labours were required, no more than five perform their professional duties. For several years, neither Doctor Hill nor Mr. L'Estrange, the one a physician the other nominally a surgeon to this Hospital, has penned a prescription in its wards. In the whole range of hospital abuse in Ireland, I know of no parallel for this shameless job. To be sure their absence may not be detrimental to the welfare of the charity, and disease may vanish though they stay away, but to save appearances, one would think, their presence might be necessary. No, not even this homage to decency is observed; for I am informed, that except on a board-day, these gentlemen never enter the wards of the Hospital. Are they not ashamed to hold situations which their infirmity or their convenience does not permit them to fill? Will they too retain the reins of power like their quondam associate in years, and neglect the duty until an apoplexy snatches them from their hands?

What have they to expect from a connexion with such an establishment? Whatever advantages might have accrued to them from such an office must have been long since attained. They have arrived at that period of life when professional reputation, whatever it might have been, retrogrades rather than advances; when the seeds of fame, sown in the labours of youth, have ripened into full maturity; when the exertions of the past must stand for the future; when, if they have not turned early advantages to profitable account, it is now too late to make amends for the want of prudence and industry. If time has deprived them of the sensibility to perceive the delicacy of the ground on which they stand, or to feel the odium of public opinion, I would appeal to their virtue to avert that obloquy which their conduct is so well calculated to excite, and ask them, is it becoming the dignity of old age to trifle thus with the sacred interests of charity? They should recollect, that while they have nothing emolumentary to gain, much of what should be more dear to them than any pecuniary consideration, may be lost by the retention of a mere honorary title, and that a few years must render that resignation thankless and inevitable, which, if voluntarily performed, would have secured them a lasting tribute of respect. Their perverse adhesion to office, they may rest assured, has not been adverted to in a spirit of wanton personality; for if there were one picture of human weakness which my pencil would disdain to embellish, it would be that of old age ingloriously clinging to corruption, while death was dissolving the feeble grasp. From the example of his predecessors, Dr. Lendrick, who has been lately appointed physician to this Hospital, may learn an useful lesson. He may not, perhaps, be aware, that the motives which led to his election originated in the vile presumption, that he would have adopted the line of policy pursued by Drs. Hill and Bayton; or that another person, Dr. Grattan it is said, was the gentleman intended for nomination, until his late rupture with the College of Physicians, stigmatized him with the name of an honest man in the eyes of Messrs. L'Estrange, Macklin, and Auchinleck, and one "not to be trusted" with the secrets of a surgical borough. Could these gentlemen have selected another person, on whose subserviency to their base designs of converting the Hospital into a hereditary depôt for the professional aggrandisement of their "nati metorum, et qui nascentur ab illis," Dr. Lendrick may be certain that he would not have been chosen physician to Mercer's. He ought, surely, to appreciate the compliment which has been paid him, and if an opportunity should arise for the exercise of his elective functions, prove to these secret libellers of his character, that they have mistaken their man. But of the system which has been carried on in this Hospital, I shall give one or two examples, after having stated, as I proposed, the modes of electing officers in the Irish metropolis.

There are four bodies in Dublin, in whom the power of appointing to medical situations resides: the Local Government, the Corporation, the Governors of public charities, and in the Surgeons and Physicians of some of these establishments, as in Mercer's and other hospitals. Each of these modes of appointment is liable to great, and as experience has shown on numerous occasions, to manifold, objections. When it so happens, for instance, that some broken down lord or earl is sent from England, for the double purpose of representing Majesty and recruiting a fortune, to Ireland, the offices in the gift of the Lord Lieutenant are regularly sold to the highest bidder, and it may be presumed, that at these, as at every other sort of sale, the pounds, shillings, and pence of a dunce are just as acceptable to his "Lordship," as if they were paid down by a Hunter or a Bichat. The state surgeoncy is one of those situations which has been trafficked over and over again; but as the better sense of courts has latterly dispensed with the merriment of royal jesters, it is to be hoped, that the same attention to economy and propriety will remove the absurdity of a state surgeon, and save the country the expense of three or four hundred a year. The Corporation are not only vendors of patent places, but generously permit their customers to sell out life-interests to secondary purchasers. Conveyances or assignments of situations in their gift, are as notoriously transacted as those of any other species of property. That a Lord Lieutenant, or a Corporation, should dispose of their favours at the highest price, is what can be readily conceived; but that the governors of a hospital should imitate their mercenary example, is a little puzzling, it must be confessed. The thing, however, has been put beyond all doubt, by an occurrence still fresh in the recollection of every medical man in Ireland, from the great interest which it excited at the time. The circumstances of the case were simply these: By the death of Mr. Dease, a vacancy occurred in Jervis-street Hospital. As usual on such occasions, the rush of candidates to occupy his place, might be illustrated by a comparison with the fury of the elements to fill up a vacuum. Money they could not directly offer for the office, but the expedient of making governors to elect themselves, answered every purpose quite as well. "I will expend a hundred on the speculation," exclaims one; "I will give two," cries another; "I will treble the sum," rejoins a third; "ten times the sum, or it will be mine," adds a fourth; and to it these honourable competitors set. The governors of the hospital, delighted at the prospect of increasing their capital by the donations of their ambitious suitors, encouraged their pretensions, and on the day appointed for the election, the doors of the establishment were thrown open for this singular exhibition. The two great opponents in the contest appeared early on the ground, each having his pocket freighted with a cargo of "Nathaniel Lowes;" while their mutual friends from the adjoining counting-houses stood ready to be dubbed governors, as the exigencies of the case might require. For a long time the combat seemed doubtful, and governors to the amount of one, two, three, four, five, and six hundred pounds were made, when just as the clock clicked three, Mr. M'Dowel was seen to move down the quays, ejaculating, in a sort of delirious jabber, "cæstus artemque repono," while Mr. O'Reilly, his antagonist, was proclaimed the conqueror, at an equal expense, of this unprincipled exhibition.

The next form of election, is that which experience has found to be the most obnoxious of all, namely, by the Surgeons and Physicians, or what has been called the Medical Board of a hospital. It is in this species of the elective system that we generally find fathers retiring in favour of their sons, uncles predestinating their little nephews to office before they cut their teeth; and friends "doing a kind turn" for each other, by adding another worthy neophyte, or "sound member," as Dr. Harty has it, to the little confraternity of jobbers. An instance of this kind lately occurred in this Hospital. There were two vacancies at the time, and two assistants were appointed, Messrs. Jagort and Daniel, who, it was presumed, would have been nominated as surgeons to the institution as a matter of course, at the expiration of their noviciate of two years. In the mean time a new candidate started up in the person of Mr. Palmer, on the interest of Mr. l'Estrange, to whom he had been, I understand, matrimonially connected. Of the three candidates, public report represented Mr. Jagort as best entitled, both by seniority and qualifications, to fill one of the situations. As the day of election approached, he waited on Mr. Macklin to solicit his vote, when the following characteristic dialogue is said to have taken place. "Hark ye! Mr. Jagort, you know I have a son learning the profession. Now, before I make you a promise of my support in this business, you must pledge me your word, that whenever my son is a candidate for a surgeoncy in the hospital, you will vote for him." A qualified consent was given to the proposal, but not sufficiently strong, it appears, to warrant Mr. Macklin in calculating with certainty on the attainment of his object. He accordingly transferred his affections to a more congenial candidate, and Mr. Palmer was consequently returned for a seat in the conclave, through the united and corrupt influence of Messrs. l'Estrange, Macklin, Auchinleck, Hill, and Boyton, Mr. Reid being left in an honourable, but solitary minority. Things remained so until Mr. Macklin the younger was *ground* into a surgeon, when his father, without any vacancy in the hospital at the time, would have him nominated what he modestly termed a supernumerary to the establishment. The proposition was made in due form to the electors; but nothing could exceed the astonishment on the occasion. They were immediately seized by a paroxysm of conscientious alarm for the honour of the borough, and all declared that it was quite inconsistent with the usage of the house, to elect more than six surgeons. Mr. Palmer in particular, on being applied to for his sanction of the measure, was obstreporous on the side of propriety, and after sundry endeavours to summon up resolution to break through the ties of gratitude for past favours, replied, "I protest, Sir, I cannot think of infringing on the laws of the institution in this affair; and unless you think proper to make a vacancy for your son by your own resignation, I cannot, though I am extremely sorry for it, consent to have him appointed;" while the state surgeon, throwing into his countenance a look of sarcastic pity, turned on his heel, and muttered in a tone of melancholy disappointment, "*Et tu Brute.*"

Enough, however, of the workings of these vicious systems of medical election has been produced for the present to weary the reader, and to prove their erroneousness. It would be no difficult undertaking to follow up the exposure by a preventive remedy; but such a task would as yet be premature. When the errors of this, as well as of every other system by which medicine has been disgraced, and its progress retarded in these countries, shall have been sufficiently discussed, the public may be better able to appreciate the advantages of an alteration, and more willing to receive suggestions for a thorough reformation of the economy of the healing art.

ERINENSIS.

THE ITALIAN SCHOOLS.

[*From our Correspondent.*]

MILAN—No. 1.

Jocundi acti labores.—CIC.

THE labours and difficulties through which one has passed are said to be pleasing to the recollection, and finding myself safely set down in the square of the cathedral of Milan, after having been twice upset since I descended the Simplon, I determined to append this sentence of Cicero to the top of my first letter, as a sort of witness to the truth of the doctrine. I need not describe to you the magnificent line of road formed by the wonder-working Napoleon, which serves as the main entrance into Italy from Switzerland. Hannibal is said to have softened the Alps with vinegar; Napoleon opened a passage for the "Army of Italy," through the rocks, with gunpowder; sixteen thousand tons of which are said to have been expended in that great enterprise. "I hate the man," said the sentimental tourist, "who can travel from Dan to Beersheba, and say all is barren;" there is something to be met with in every place to amuse, and, occasionally, to instruct; and although it is not to be expected that I shall find very much that is new in Italy, a land already so many times ransacked by English wanderers and Austrian troops, yet I shall, from time to time, send you a few communications respecting the state of medicine in this unfortunate country.

Well, now of Milan: the town presents nothing very wonderful at first sight; it is large, dirty, and dull; the principal buildings are the cathedral, of which almost every body has heard, and the large houses in the Corso della Porta Romana. This cathedral has been called the eighth wonder of the world, like eighty other things; but it has certainly a very imposing appearance; its hundred towers and eleven thousand saints seeming to warn the heretical traveller that he is approaching the sanctum sanctorum of papistical power. The whole of this immense pile is built with fine Carragian marble, brought from the neighbourhood of the Lago Maggiore. In the Ambrosian Library are some valuable manuscripts; and, among others, a Virgil, with copious annotations by Petrarch; and it appears from a little note at the bottom of one of the pages, that he commenced to write them on the very day on which he first saw his Laura.

In a medical point of view, Milan, although without an University, may be deemed the Paris of Italy. The hospitals are on a magnificent scale; the physicians residing here appear to be more active than those farther South; the contra-stimulist doctrine proceeded from Milan; and the names of Rasori, Moscati, Sacco, Omodei, and Locatelli, still hold a respectable rank in medicine.

RASORI was unfortunate enough to incur the displeasure of some of the Austrian spies, and a pretence was soon found for visiting him with sufficient marks of *distinction*, to cause him to lose the greater part of his practice. It was pretended that he had formed a plot to poison the Austrian army, and that out of sheer mercy the Emperor had spared his liberty and life; but it is very improbable that he would now be possessing either, if any truth were in the report. The fact is, that Rasori is a liberal-minded man, thinks too much, and is, therefore, dangerous to a monarch, who, like Francis, "does not wish for learned men, but for *good subjects*." Of the hospitals, the largest, as its name implies, is the

Spedale Maggiore.

As a building, it is very fine; the style of the exterior is gothic. It was founded in the year 1456 by the Duke of Milan, and is, at present, supported partly by the estates of the founder, and partly by the contributions of the Milanese. The wards are twenty-eight in number; twenty-four for medical, and four for surgical patients. The number of beds is about 2000; they are made of wood, are without curtains, and are placed too close to each other. To this Institution eighteen physicians are appointed, and two of these are required to be always present, to receive accidents, and to attend to the casualties of the house. All kinds of patients are received, excepting those affected with *pellagra*, that pest of northern Italy; but if it should be combined with any other disease, then the patient is admitted.

I hope, in some future communication, to give you an account of that miserable disease, and also of the method of treating it. To every ward, there is a smaller ward appended for the convalescents, which is a good arrangement. Patients having obstinate chronic affections, venereal disease, the itch, or febrile disorders, are all placed in separate rooms. The ventilation is very good; the greatest cleanliness is observed throughout the whole establishment. Dr. CRESPI is the director of the Spedale Maggiore; and Dr. SACCO, who has acquired a great reputation among his countrymen, on account of his zealous exertions in the cause of vaccination, has the management of all the patients suffering from fever. He has made frequent experiments, both in the hospital and in the country, with the chlorine in the putrid fever, or, as they call it, petechial fever. This fever is often epidemic in the neighbourhood of Milan. The intermittent form of fever is also very frequent and obstinate, especially late in the autumn; and it is very evident that these two forms of fever are essentially only one and the same disease, assuming only a different character, according to the difference of situation and other circumstances, as AUDOUARD has fully explained.

The *Spedale di Sta Catarina alla Ruota*, for midwifery patients, and foundlings, is also large; it was formerly a cloister, and is situated very near to the Great Hospital. The yearly number of births is about 300.

Professor GIANNI was lately the director of this institution, but he died a short time ago, and at present professor Billi has the management of it. Only about 63 foundlings (gli esposti) live in the house, but about 300 are maintained at the expense of the institution in the country, in the same way as by the *Hôspital des Enfans trouvés* at Paris. The children are divided into three classes, the *lattanti*, or sucklings; the *piccoli*, such as are able to take care of themselves; and the *grandi*, or those more grown up; and, according to this arrangement, they are placed in different parts of the building, and taken care of until they reach the age of fifteen.

I have not time in the present letter to say any thing to you about *La Senavra*, or the *Trivulci*, but I shall endeavour to do so in my next. I shall go down to Pavia in a few days, and continue my tour south through Padua, Verona, Florence, and Rome, and as "parvum parva decent," you must not expect too flourishing an account of the state of medicine in the universities of Italy.

You shall hear from me as often as possible.

To the Editor of THE LANCET.

SIR,—However much the readers of your most useful Journal may differ in opinion, with regard to your skill as a *general* practitioner, I think all must admire the bold and decided treatment you have employed in the two most obstinate cases of the St. George's and Middlesex Hospitals. Although myself an admirer of active means in *such* cases, I was fearful that you had carried the depleting system too far, and that your poor patients had fallen into that indolent, chonic state, from which little good was to be expected. But, Sir, your bulletin of last Saturday astonished me; and having the interest of both patients much at heart, I determined to confirm, by observation, what I was fearful you had only imagined, in your over anxiety to inform your despairing inquirers of the least dawn of improvement. Instead of being disappointed, I observed all the favourable symptoms you mention with the greatest satisfaction. In the case of the Middlesex (although when first put under your care I allow it was a most unpromising subject), the mass of coagulum, which was pressing sore upon the anterior lobes of its cerebrum, appears to be rapidly absorbing, and both the *superior* and *inferior members* to be regaining their proper functions. Your practice in this case, in particular, has been severely reprobated, but only by a set of *milk*-and-*water* practitioners, who, in themselves, have shown symptoms of disease, and are afraid of one day coming under the hands of so vigorous a physician. In the unfortunate case of St. *George*, it grieves me to say that appearances are not so flattering, nor, with all due deference, do I think your treatment has been equally judicious. During the progress of the disease, you have certainly allowed several most marked symptoms to escape your acute observation, by combating which a more general beneficial effect might have been produced. Favourable symptoms, however, have shown themselves here as well as in the other cases, which, with all the improvements made, and about to be made, in the medical profession, are equally attributable to your most praiseworthy exertions.

I beg leave to say, that several of the younger part of the profession, who are in the habit of visiting this last case, observe a most obstinate degree of inactivity in one of its *inferior extremities*, and are most anxious to see the effect of an occasional introduction of the *acupuncturation needle*.

It is the prayer of your correspondent, as it must be of all who are in any way connected with your convalescent patients, that you will continue to watch over them with a careful eye, administering *palatable* or *unpalatable* medicines, as your discretion directs. Be not dismayed if your treatment in some cases proves fatal; better, a thousand times, both for patient and connexions, that he did not exist than linger in such state as were the St. George's and Middlesex Hospitals when first intrusted to your care.

So high an opinion has your grateful Correspondent of your medical skill, that he shall lose *no* opportunity of availing himself of it.

A NEAR RELATION.

THE LANCET.

London, Saturday, Oct. 21, 1826.

Dr. James Johnson, as the profession knows, is a restless and ambitious spirit, seeking fame and emolument by a kind of literate labour, ycleped analytical reviewing, which consists in turning over the pages of an author, and rifling them of their most choice and savoury contents; the poor devil being bespattered with a filthy sort of praise, as a recompense for the damaged sale of his work. The Doctor terms this portion of his calling "respectus honesti!" Then we have his periscopes, in which he sometimes belikens himself to a bee, in saltibus omnia libans; sometimes to the ant, or pismire, ore trahens quodcunque potest; now, however, pretending to something above the capacities of bees, and emmets, and spiders, he assumes the bearing of the lordly creature—man. Still there is something so interminable and twisting about him, that we doubt whether he will be pleased with any thing short of the attributes of the godhead, to which, if we were to believe all he says, he is making no inconsiderable approaches. We cannot help regarding him, however, in the light of an homuncule, destitute of all potential qualities save those which excite laughter; and his devices as the perfection of parasitical shuffling and bombastic pedantry. His analytical journal,

——————— of outward form
Elaborate, of inward less exact,

is ever accommodated to the reigning fashion, whatever it may be, and, like the parson's barn, is open to all that comes. It is strange that people do not perceive the unvaried complacency with which this author carries on his trade, and how exquisitely he turns to his own account the labours of others, whether periodicals, monographs, cases, or what not. Hear the scribe:

> "If two or more periodical works run upon precisely the same plan, and contain nearly the same species of materials, it is evident that a principle of selection will be acted upon by the purchasers, and that consequently some, or, indeed, all, must thereby suffer. This is more particularly the case with respect to reviews. There is but a limited range of monographical publications in medicine, and if there were fifty medical reviews, they can *all* give but accounts of the same works. That review then will be selected, which is thought to give the best delineation of the works reviewed (that is, which contains the most extracts); for in medical science, the plan adopted in general literature, of making the titles of a leash of books the peg on which to hang a critical dissertation, cannot, for obvious reasons, be adopted. If, therefore, one journal confines itself principally to original communications; another to hospital reports; a third to analyses of books, &c. there will be a fairer chance for all to succeed. The Edinburgh Medical and Surgical Journal has long been conspicuous, and in the highest esteem, for the number and extent of its original communications; and our respected contemporary the London Medical and Physical Journal has now adopted a plan of publishing authenticated hospital reports."

So that the Edinburgh Journal is to have the original communications, that is, the statements of private practitioners—the Medical and Physical, *fair* reports from the West-end Hospitals, and Dr. James Johnson the overhauling of both, as well as a sole property in the trade of reviewing! A more gross, or impudent, or preposterous, or stupid proposal never escaped the pen of mortal; but it is no business of ours: let our contemporaries beware. He strives hard to insinuate that his can be the only review, and that he has no intention of obtruding upon the departments which he has so kindly assigned to the other journals; but these reports and original communications, forsooth, are to be reviewed, that is, copied "so as to give encouragement as well as an extension to their circulation, that may prove equally *avantageous* to the contributors, (we warrant him,) and to the profession at large"—"sic utile," says the sage.

In his last Number, 158 pages are occupied with the "sic utile," and 171 with the "respectus honesti" parts of his business.

The sic utile motto, which he tells us sufficiently indicates the principles which govern his periscope, and which has been hackneyed ever since the days of Baglivi, is as follows, "Neglecta reducit, sparsa colligit, utilia selegit, necessaria ostendit, sic utile." He will do all he can, he says, to comply with the mandate "sparsa colligit," but to fulfil the difficult task of "utilia selegit," he must be allowed some "discretionary power," as if nothing of the kind were wanting to comply with the other parts of his motto; and here he takes occasion to make some invidious remarks on the conduct of the journals for "original" and hospital affairs, whether justly or not we do not pretend to determine. "Numerous are the articles, he says, "which come abroad into the medical world under imposing titles, and dressed in the specious garb of truth!" He next pays himself the following compliment,

——— *Pauci* dignoscere possunt
Vera bona ;

and remarks that the precept "necessaria ostendit" requires equal care and discrimination with the "utilia selegit."

Here he breaks down, finding that a compliance with the first mandate of the motto (neglecta reducit) might involve questions unpalatable to parties with whom he associates, and has identified himself; and considering, moreover, that his time may be more agreeably occupied with matters cut and dried to his hands, he wisely says nothing about it. When he states, that the plan of making "a leash of books the peg on which to hang a critical dissertation, cannot, for *obvious* reasons, be adopted," we are reminded of the sundry extracts from books with which his review abounds, and of a most imprudent and impudent statement which he put forth in the newspapers on the subject, as well as the havoc he has made with the recent work of Mr. Benjamin Travers; but let him work on,—praise, cajole, and esteem all that comes in his way, we shall not easily be prevailed upon to give him any further attention.

As to Dr. Macleod's Journal, we think we have almost said enough to convince any man in his senses that its hospital reports are neither authenticated nor authentic,—at least, to the extent that the public has a right to expect; and this being settled, we proceed to the papers of Mr. Benjamin Brodie. These musty documents, we apprehend, have been dragged from the secret places in which they had lain for a quarter of a century, for the purpose of defining, most accurately, the various gradations by which Mr. Brodie attained to that enviable pre-eminence in surgery which (according to some wiseacres) is assigned to him; for we cannot suppose Dr. Macleod so deficient of all editorial discrimination as to think them of any other value, however opportunely they may serve him, in place of other materials, to eke out the requisite pages of letter-press. One or two of the cases which are reported by Brodie himself, and *therefore* authentic, may help to amuse our readers :

Wasting of the Testicle, induced by too much indulgence in Sexual Intercourse.

"In September, 1820, I was consulted by a patient, thirty-one years of age, under the following circumstances: Both testicles were wasted, and reduced to so small a size, as to be only just perceptible through the integuments of the scrotum. He sometimes experienced a slight degree of *sexual* desire, but *never* enough sufficient for him to have *connexion* with the OTHER sex, and there was *never* any seminal discharge. He said that he had begun having intercourse with women, at the early age of fourteen years; that he had indulged himself to excess while *yet* a boy, and had continued to do so (while *yet* a man,) for several years. When about twenty years of age, he laboured under inflammation of both testicles; which arose from some accidental cause, and was removed by the usual means. *Some time afterwards*, (but as far as he could recollect, *not immediately*,) the testicles began to waste, and his sexual desires to decline; and, in the course of two or three years, he became what he was when I saw him. I observed that he had very little beard."

Our readers will, probably, opine that the inflammation induced the wasting of the testicles, and not sexual intercourse, as Mr. Brodie would have them believe. Other parts of the narrative are marked by italics, and we leave them to the consideration of the curious, without any further remark; the whole, indeed, is beneath comment. Another specimen of Mr. B. C. Brodie's research into musty and worthless records, and we have done :—

Wasting of the Testicle induced by Onanism.

George P——, a stout young man, twenty years of age, admitted into St. George's Hospital, June 12, 1805!!! He complained of pain in the left testicle, which was wasted to about one third of its natural size, soft and flaccid to the touch, wholly unlike the other. He said that he had never received a blow, nor had he laboured under gonorrhœal inflammation of the testicle; but that, for five years previous to his admission, he had been addicted to onanism. He carried this practice to such an extent, that during the above mentioned period he had seldom passed a day without repeating it, at the least, once.

Ten months before his admission, he first experienced a severe pain in the left testicle; after this the testicle enlarged in size. The enlargement was soon followed by a perceptible diminution, and from this time the testicle continued to waste. During the whole course of the disease, it had been attended with severe pains in the testicle, and a very great depression of spirits. The latter was strongly depicted in his countenance, giving it a peculiarly melancholy and gloomy appearance.

He was directed by the surgeon under whose care he was, to *take* the sulphate of iron, with tincture of cantharides, *internally* (!); and blisters were applied [*externally* !] to the scrotum.

July 6. There was no *increase* in the size of the *wasted* testicle; but he said that the pain was diminished, and he now referred it to the groin rather than to the testicle itself.

10. He complained of pain in the right testicle also; and he was directed to apply a blister over it.

Soon afterwards he was made an out-patient.

August 13. The pains in both testicles had entirely ceased; the size of the *wasted* testicle remained unaltered.

September 9. He remained in the same state. I did not see him afterwards!!

Such is the trash which Messrs. Brodie and Macléod have thought fit to obtrude on the public, and which Dr. James Johnson has so copiously bespattered with his praises. Verily they have their reward.

The College of Physicians of London have deputed a gentleman who has been practising at Brussels for many years, to go into Friesland to inquire into the character of the epidemic which has proved of late so destructive in Gröningen and its neighbourhood. By letters lately received from Amsterdam, it appears that about 150 persons die weekly in the little province of Friesland, 637 have died from September 7, to October 5, and within four months, there have been 1445 deaths. The number of persons at present sick, is estimated at about 10,000. The medical men at present most active, are Professors Bahker and Wolthers, but as yet, no official reports have been published by them.

It will be recollected by many, that when the dikes gave way in the preceding winter, a great part of Friesland was laid under water. With the aid of the windmills the greatest part of this water was pumped out, so that the soil began to be visible. The hot summer succeeding, the decomposition of the vegetable materials went on so rapidly that the fluid waste was not only stagnant, but loaded with putrescent matter, which by a rapid evaporation has been carried into the atmosphere, and has no doubt caused the fatal epidemic by which that part of the country has been visited.

Last week the papers were occupied in detailing the particulars of a *horrible discovery* which had been made at Liverpool; that "the violated remains of the dead" were *salted and pickled*, and barrelled up like herrings, to be shipped from Liverpool for Leith, for the supply of the Edinburgh Schools, where the "trade in dead bodies" is carried on to such an extent, that the students are obliged to pay from six to ten pounds for a subject! Liverpool, it was said, was thrown into a state of extreme agitation, "from the dreadful apprehension that the corpses recently consigned to the grave by the surviving relatives might be among the number of those which had been so sacrilegiously torn from it." This is the language with which the Editors of London newspapers try to excite the prejudices of the people, and throw additional obstacles in the path of a science, the access to which is already too difficult. "Corpses sacrilegiously torn from the grave;" "the violated remains of the dead, *pickled and salted*, and *pickled and fresh*," may be phrases fitted to catch the ears of superstitious spinsters, and weak-minded men, or may serve for the gossip of the winter fire; but it is a lamentable circumstance that the conductors of our daily journals, who possess so much power over the public mind, who are for the most part men of sound thinking and good taste, should be betrayed by the prejudices of education, so far as to forget their duty to science, and thus minister to vulgar errors. They manifest an unaccountable inconsistency of character in thus condemning, what a few months ago they as zealously attempted to justify. We remember that the very journalist who now speaks of "*sacrilegiously* tearing men from their graves," was among the first to laud the paper in the Westminster Review, "On the Use of the Dead to the Living," and to reprobrate the ghostly prejudices of the magistracy and the people. It is known to most men, that the great abhorrence of the Scotch to have the *caput mortuum* of humanity disturbed, has caused them to punish all invaders of burial grounds with such severity, that anatomy could not be taught in Edinburgh if the necessary supplies had not been sent from this country. We know when thirty pounds have been given by the Edinburgh teachers for one subject, and what was the consequence? the pupils could not learn anatomy at such a dear rate, and were obliged to go to Dublin and Paris. We know too, that Mr. Lizars was obliged to suspend the publication of his plates, for want of a subject from which to finish his drawings. Dead bodies are now worth from six to ten pounds in Scotland, say our Ephemerides, and what do their conductors think will be the result of all this hubbub, but to make them soon worth *sixteen*? It is really a pity that any temptation to commit such *ad captandum* tricks should induce men to sacrifice their consistency and good taste. It is high time that the legislature should interfere to remove the sad necessity of prosecuting anatomy by robbery, and often by murder. It will scarcely be believed that England is the only country of Europe in which the Government is opposed to the study of anatomy, a knowledge of which is essential to the safety of the community. In France, the Netherlands, Prussia, Austria, Denmark, Switzerland, and Russia, the respective governments, seeing the great importance of the proper cultivation of this branch of science, have taken care to provide for its support without doing violence to the feelings of any party. The same resources are open to our ministers, and why do they allow anatomy to be studied by *stealth*; why not take some measures to remove the consequences of breaches of existing laws, which they know must be daily committed? We think the best reparation our journalists can now make, is to direct the attention of persons possessing the necessary authority to a careful consideration of this subject, and thus prevent the necessary recurrence of such disgusting exposures.

The vacancy which has occurred in the surgical department of the London Ophthalmic Infirmary, has thrown the "Hole and Corner" *system* into the most active operation; and the newspapers, during the past week, have afforded the most ample testimony of the *honourable intelligence* which directs its peculiar and creditable movements. The testimonials of the various aspirants to the vacant office of surgeon, have been daily blazoned forth, and have been backed by all the art and trickery of which the "Hole and Corner" tribe are masters. The Hospital *Hydra* has been exhibited, and those candidates who could not conciliate the monster with the orthodox food of *Hospital Indentures,* have left the field of contention in affright and dismay. The worthless advocates, therefore, of a base and worthless system, are sure of victory; but it is the triumph of dishonour. It will not be a question with them *which* hospital apprentice will obtain the office, but will one of OUR hospital apprentices obtain it? Accordingly, we find that the Hospital Surgeons of this town have been giving certificates which are calculated not only to "astonish the natives," but even to bewilder persons who are not unacquainted with the intrigues and shufflings of elections in general. For example; we find that ALL the London Hospital Apprentices who have offered themselves on this occasion, have produced the most flattering testimonials from THE SAME, or nearly so, Hospital Surgeons; thus Sir ASTLEY COOPER *strongly* recommends Mr. DIXON, Mr. MACMURDO, and Mr. SCOTT; the first Sir Astley's own apprentice; the second the apprentice of Mr. TRAVERS; and the third, the apprentice of Sir WILLIAM BLIZARD. Now Sir Astley Cooper *is* acquainted with the fitness of these gentlemen to fill the office to which they aspire, or he *is not;* but as the Honourable Baronet has certified his approval of the attainments of the three, we will place the most favourable construction upon the matter, and assume that their abilities are well known to him. But are they EQUAL in talent; does not Sir Astley believe, that ONE of the three is the most competent; and if this be the case, why was not the recommendation given to HIM ALONE? this, we conceive, would be the most consistent practice for the worthy Baronet to have pursued; at all events it would be more becoming his high character, and an act of charity towards the unfortunate patients of the Infirmary. But this conduct unhappily would not have been a part of the *system.* The London Hospital apprentices must be *all* supported, whether they possess talent or not, otherwise the enormous PREMIUMS which the Hospital Surgeons receive with their apprentices, will be greatly diminished. As those who have been Hospital apprentices are alone enabled to obtain such exalted testimony of their talents, no competitors can be found who, in the present state of delusion on the part of the Governors, can withstand the contest with the slightest chance of ultimate success. The subscribers to this and other Institutions are not aware of the duplicity which is practised in filling the situations which they have to bestow; we hope, however, the time is not far distant, when these benevolent persons, and the public in general, will be better informed. They ought to bear in mind that this Infirmary was ,, got up" *for our friend Saunders,* and that the projectors and early supporters of the scheme, with the exception of poor Saunders himself, are the most active, and we are sorry to say, the most influential members of the present Committee. Let the Governors attentively watch their proceedings, and reject with indignation the protigee of this domineering faction. It was our intention to furnish the Governors with a complete history of this Infirmary in our present Number, but from its length we are compelled to postpone it till next week.

NOTHING can be more disgraceful than the mean trick of drawing students to a school by certain advertisements, and then shuffling out of the engagements made, by canting appeals to their benevolence and liberality. We have received a number of letters from the students of St. Bartholomew's, complaining of this sort of trickery on the part of Mr. STANLEY. Last season, a young gentleman, more distinguished for his ruffles than brains, was foisted upon the pupils as Demonstrator: he was patiently borne with for some time, but being found incorrigibly stupid, the pupils would bear with him no longer, and called upon Mr. Stanley to fulfil his engagements. Now, although any man of common sense, who possesses knowledge enough of the English language to give his ideas tongue, may become a good demonstrator, it appears that the promising youth pitched upon possessed neither of these qualifications. The students very properly remonstrated, and said: "Mr. Stanley, if you had advertised that Mr. Skey was to be our demonstrator, we should have known better how to act than to pay our ten guineas to him." Whereupon Mr. Stanley replied: "Gentlemen, having pledged myself to give the demonstrations, and as it appears that Mr. Skey does not give satisfaction, I shall resume them." Notwithstanding this acknowledgement of a breach of honour in the last season, a similar thing has been again attempted. It was thought prudent, perhaps, to keep new names out of the advertisements of the present session, especially as Mr. Stanley has a neighbour in Aldersgate-street that he does not much relish; but scarcely has a fortnight elapsed before Johnny, the main peg of the concern, is put to preach to the pupils about a *division* of labour; he is set up by Stanley, being ashamed to appear himself, to appeal to their feelings, to say whether it is not cruel to deny their lecturer some assistance in the dissecting room; and although Mr. Skey did not appear to be qualified for the task assigned him last year, he may do better this; "try him again," said Johnny, "try him again, and, hang it, if the fellow be still unfit, why you know you can turn him about his business;" an accession has now been made, and Mr. Wormald is co-demonstrator. Messrs. Skey and Wormald may be *now* very shrewd, energetic and well informed young men, but from what we remember of their rhetorical flourishes on the night of the uproar of the Bobadils, in the winter of 1824, we have but a very mean opinion of their capacities for teaching. Mr. SKEY's meagre debut in the farce of "*Tom Fool*," and Mr. WORMALD's lame performance in the comedy of "*All in the Dark*," caused both of these interesting pieces to be most cruelly damned beyond all hope of revival.* Indeed, after such decided failures, it is difficult to believe that they could have obtained another engagement, even on the boards of an Anatomical Theatre.

Whether qualified or not, is not the matter; the advertisment was a trick, and disgraceful to the party who resorted to it. We advise the pupils, beware of such mean artifices for the future, and if they do not find the proposals fulfilled, to insist on the entrance money being returned; a step which the law would justify them in doing.

Sir ASTLEY COOPER lost a piece of plate and some reputation in 1824, in consequence of having lent his name to another such trick.

IMPORTANT INTELLIGENCE!—Dr. SCUDAMORE has arrived in Wimpole Street, from Buxton!—*Court Circular, Oct.* 13.

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* For an amusing report of which histrionic attempts, see THE LANCET, Vol. V., Number 4.

pupils are to be prevented from inspecting the morbid alterations of structure after death, a most important part of medical education is denied them; and if the permission to do so be granted only on certain conditions, which amount almost to prohibitions, the value of the opportunities afforded in a large hospital for pathological study, must be lost to many. Nothing can be more absurd, than the practice of allowing three or four menials to extort from the students certain sums of money, for permission to attend a *post mortem* examination. We thought, at one time, that the fault rested with the Governors; but we now find, that the SURGEONS themselves are the persons who are not only winking at the imposition, but absolutely sanctioning it, to save their own pockets! This is too bad, considering the *immense sums* of money *annually* drawn from the students for attendance on the hospital practice. The three porters, or, as they are called, box-carriers, are the *servants of the* SURGEONS, and are paid by them. The surgeons make their dressers pay an *extra half-guinea* for the *box-carrier!* Many of the pupils are recommended to give something to the box-carrier, and some of them are fools enough to do it, after having paid the regular fees to the surgeons.

In addition to these sources of revenue to the box-carriers, the "*sixpenny tax*" was established; and although a sixpence appears a paltry sum, yet, in the course of a season, the number of sixpences paid produces no inconsiderable amount. Scarcely a day passes, in which an examination of a surgical case is not made; and often three or four in the same day; and if it should so happen that Dr. LATHAM should be examining a medical case at the same time, *a shilling* is demanded by these Cerberi, and no pupil is allowed to enter the domain of Pluto without paying, or promising to pay, the shilling, although the surgeons' pupils may know nothing of Dr. Latham's cases. The insolence, too, of these fellows, is excessive; and it not unfrequently happens that they accost the students in the streets, and demand a sixpence, or a shilling, or, it may be, some two or three. If the students put up with this any longer, we shall regard them as so many chickens. Now that they know with whom the power of removing this imposition rests, they should take such measures as will secure its removal. It is a disgrace to the surgeons of that hospital, a disgrace which does not attach itself to any other hospital in London.

So *successful* is the practice at this Hospital, that some students who have been diligent in their cultivation of morbid anatomy, have had *ten* and some *twelve pounds* thus unjustly taken from them *in the course of the year*, by this imposition, this *tax* on the pupils, *supported* by the SURGEONS of Bartholomew's Hospital.

MR. JOSHUA BROOKES has vacated the anatomical chair in favour of Mr. CARPUE. His health has suffered of late very much, and being asked by a friend, why he had given up lecturing, he said: "that he had done so because he did not wish to end his days in a dissecting room." Mr. Brookes is an excellent anatomist, and was a good teacher, but he sometimes appeared to make his descriptions unnecessarily minute. One of his pupils who had attended the Theatre by Covent-garden more frequently than that in Blenheim Street, found himself rather at fault toward the end of the course, and attributing his ignorance to Mr. Brooks' *minute method* of teaching, determined to go where anatomy was taught more in *wholesale*. He accordingly took his place in a large dissecting room, and fixed upon the lower extremity, to display his skill. He had cleaned the muscles on the back of the thigh, and arrived at the sciatic nerve. He was puzzled to know what this was, and his neighbour seeing him perplexed, asked what he thought of it. "It seems like *muscle*," said the young gentleman, "but I believe it is only one of Brookes' *minutiæ*, so here goes," and with one stroke of the scalpel, he severed it from the limb.

On Tuesday morning last, Mr. Earle, having seen his patients for the day, proceeded to the dead-house, attended by thirty or forty pupils, with the intention of examining a body, in the progress of whose case, whilst living, he felt much interested; when, as usual, he found the Beadle had defeated such intention, by "posting, with most unrighteous haste," to the people who had become securities for the due performance of the funeral obsequies. Mr. Earle, on finding this to be the case, went, greatly exasperated, to the house the menial occupies, and desired to see him; he, nothing loth, made his appearance.

Mr. Earle. What is this you have been doing, Gates; there was a patient died yesterday, whose body I was most anxious to examine, and by your officiousness, in prematurely sending for the securities, I have been disappointed?—Gates. (In a most insulting manner.) It is the rule of the Hospital to do so ten hours after death. I have done my duty.

Mr. Earle. You might, at least, out of civility, inform the surgeons (to whom the patients are so much indebted) of the circumstance.—Gates. Oh! that is not at all requisite; besides, I had as much right to tell the other parties. I did not know where you was to be found. (Palpable falsehood.)

Mr. Earle. Well, Sir, for the future, first apply to the House Surgeons.—Gates. I do not know whether I shall or not. I shall first make inquiries.—A pretty system this!

Mr. Benjamin Travers, since his removal from the *Stones*, has become a wit. A young woman, named Avery, under the care of the senior surgeon of St. Thomas's, was supposed by him to be pregnant. One day, when passing through the ward, Benjamin looked at the ticket placed at the foot of the patient's bed, on which was written her name; and having collected himself into an air of importance, diluted with a waggish smile, which led us to expect "something good," he at length said, "That is an Avery, (*aviary*,) which, if I mistake not, contains a little bird."

Again we exclaim—Oh, rare Ben Travers!

LONDON MEDICAL SOCIETY.

The Society held its third meeting on Monday, 9th instant. Dr. Clutterbuck, the president, in the chair.

The minutes of the preceding meeting having been read, the discussions commenced. Before we give any account of the business of the Society, we would ask why the huge, rusty, tricocked hat, the knotted black staff, and the gilded serpent are allowed to disgrace the table of a scientific association, in 1826? We remember when the Apothecaries' bolus slabs were, after the fashion of the Dutch tiles surrounding the chimney, ornamented with Apollo, the Dragon and the Rhinoceros, the *Opifer que per orbem dicor* flourishing beneath in all the luxury of the potter's pencil; and, until very lately, one of our monthly's sought to astonish the vulgar, by exhibiting the twisted serpent on its title-page, surmounted with the display of some uncouth Greek. But although Machaon and Podalirius may now guard the portals of the building in Lincoln's Inn,—although three gilded saddles may fitly adorn the entrance to Saddler's Hall, or a bunch of grapes the village ale-house, we can see no reason why the president and council of the London Medical Society should retain the symbols of superstition and mystery. It is unbecoming the present character of the Society, and the liberal spirit of the times. Such things might do in the days of Dr. Fothergill, but science now walks abroad in a plain attire, and is, when unadorned, adorned the most.

Mr. Kingdon related a curious case which he had attended in company with Mr. Lawrence; it was supposed that the lady, who had been married a short time before, had an imperforate vagina; but it was discovered, after a very minute examination, that she had no vagina; there was a fleshy pouch, the fundus of which appeared to be attached to the rectum; for when the upper part of this pouch was drawn forward, by means of Assalini's tenaculum, it appeared to draw the rectum forward also. The state of misery into which both parties have been thus plunged, may be very easily conceived; it argued, as Mr. Kingdon properly observed, the grossest neglect, not only on the part of the accoucheur, who had delivered the young lady, in not examining the parts more accurately, and reporting it to the friends, but also on the part of the nurses, and those who had the early management of the child.

Mr. Kingdon mentioned, as the converse of this case, another, equally singular, which had occurred in his practice, in which there was a vagina of about three inches in length, but no uterus. He had availed himself also of the opinion of Mr. Lawrence, in the present instance; and although they had both made a most careful examination of the parts, with the aid of Weiss's speculum vaginæ, and had most cautiously investigated the case, no uterus could be detected; the upper part of the vagina appearing to lie in contact with the surface of the rectum, beyond which nothing could be felt. This patient had the usual female figure; but the breasts, although of a moderate size, appeared to be so rather from a state of general *embonpoint*, than from a development of the glandular structure.

Mr. Langstaff asked Mr. Kingdon, whether it was not more probable that a uterus did exist, although it might not have been developed.

Mr. Kingdon replied, that although he had instituted many careful examinations, no such structure could be detected, and of course it was not considered prudent to attempt an operation in such a case.

Mr. Brown related a case which had occurred some years ago in his practice, in which the vagina was not perfectly formed, but which had been relieved by puncturing what appeared the extremity of the pouch with a fine trochar; a considerable quantity of fluid was discharged, and the case did very well.

Mr. Calloway mentioned a curious case, in which the anterior parietes of the abdomen were wanting in a child. The ureters appeared to open in the midst of a fungous fleshy tumour, a little distance above the pubis. He mentioned the case as one showing a very singular example of defective organization, as that subject had been entered upon by the preceding speakers.

Dr. Johnson related the case of a lady, about 40 years of age, residing in the neighbourhood of Blackheath, who had been afflicted for many years with a very peculiar affection. She was very meagre, and excessively irritable; ordinary sounds producing great disquietude, and often violent pain; with a general excitement of the nervous system so that the shutting of a door threw her almost into convulsions. Her bowels were very irregular, being moved only about once in eight days; but it was found that purging rather aggravated than alleviated the complaint. She had occasional convulsive actions of different parts of the body, but without a loss of consciousness. We have not room to go into all the symptoms detailed by Dr. Johnson, but he supposed that the cause of the disease was to be sought for in some morbidly irritable state of the nerves supplying the viscera, and, on that principle, he ordered the nitrate of silver, which he had frequently used with success in such cases, and was glad to say that it had not failed in the present. He had given the nitrate in large doses, until he had reached as much as five grains in the day, without finding any inconvenience. He had given it to this lady, and had continued it for three months, and was happy to say now that she was much relieved. He adopted this plan of treatment in the present case, because the purging plan had utterly failed in the hands of former physicians who had the management of the case, and from having seen great benefit derived from the judicious use of the same medicine in some cases of chronic dysentery.

Mr. Kingdon thought Dr. Johnson's case was highly instructive, as cases frequently occurred in the routine of the general practitioner in which the treatment adopted by Dr. Johnson might be very useful.

Dr. Clutterbuck said that he deemed the case of Dr. Johnson very useful in a practical point of view, but could not agree with the views taken of its pathology. He thought that the symptoms mentioned were more referrible to the brain, than to the condition of the bowels. It appeared to him a variety of epilepsy or brain affection, and the increase of excitability in all the senses of hearing and so forth, appeared to support that opinion. Whilst on his legs he should take the opportunity of mentioning a case which had come under his notice, of a very singular kind. He had been called to a lady who manifested some of the symptoms mentioned by Dr. Johnson; he had considered the case as a modification of epilepsy, and had treated it accordingly. The hand of this lady, whilst awake, was always firmly clenched, the nails were pressed so forcibly against the palm of the hand, that no exertion of his could open the hand; but as she fell asleep this contraction gradually gave way, and when fast asleep, the fingers became as forcibly and rigidly extended, that is to say, as far as the structure of the joint would admit being bent backwards, considerably beyond a right line.

Dr. Johnson did not mean to deny that the brain was also affected, but he contended that it was only in a secondary manner, the alimentary canal being, as he conceived, primarily disordered, and the principal seat of the affection, although he confessed that it would be difficult to explain its nature.

Mr. Langstaff inquired of Dr. Johnson if the disease might not be in the colon, especially as he had mentioned that the bowels were habitually constipated, and the fæces passed in scybalæ.

Dr. Johnson replied, that he had carefully examined the whole of the colon soon after it had been emptied, and he could never find any marks of disease in it; from the emaciated condition of the patient, he thought that if any disease had existed there, he could have detected it.

Dr. Blake observed, that Dr. Johnson had said, that he had been induced to try the nitrate of silver in the present case, from having seen frequent good effects produced by the same medicine in chronic dysentery. He (Dr. Blake) was at a loss to conceive how a caustic substance could do good in chronic dysentery, that disease being generally attended with ulceration of the mucous membrane of the intestines. He knew a gentleman who had put a solution of lunar caustic to an inflamed eye, and the disease had been aggravated. He could recommend a better remedy for chronic dysentery, and in the numerous cases of that disease he had seen in the Baltic and other places, he had never known it to fail; (*infallible*, it will be observed, like Dr. Blake's remedy for tooth-ache;) it was a combination of rhubarb, ipecacuanha, and opium.

Mr. Iliff said, that as regarded the inference which Dr. Blake had drawn from a comparative consideration of the action of the nitrate of silver on the eye and the bowels, he thought it must be regarded as erroneous, as there was little or no analogy in the two cases. He believed that large doses of that substance might be given without producing any ill effect; he had prescribed it for an epileptic patient, progressively increasing the dose until he had given ten grains daily, and was afraid to go farther for fear of discolouring the skin. It did no good; but it did not appear to produce any mischief.

Dr. Roberts said, that the remedy mentioned by Dr. Blake for chronic dysentery could not be depended on. He had frequent opportunities of seeing that disease in all its forms, and frequently in its very worst, among the seamen, who, on coming home from abroad, were sent into the Seamen's Hospital. He had made repeated trials with such a combinatton of medicine, but without any beneficial result. He had found a combination of *calomel and opium*, the most useful remedy in that distressing complaint.

Dr. Johnson begged leave to say, that he did not mean to insinuate that the nitrate of silver would cure chronic dysentery; he knew to the contrary. Many cases admitted of no cure, but much benefit might be derived in many, from a very strict regulation of the diet, and small doses of the nitrate of silver. He repeated this, lest he should be misunderstood.

After some further discussion, which had no relation to the matter of the argument, the Meeting broke up.

PREVALENCE OF REMITTENT FEVER.

A Correspondent, who has lately visited the fenny districts of Lincolnshire and Cambridgeshire, informs us, that fever of a remittent type prevailed throughout these parts during the last two months, to such an extent, that scarcely a house but one or more of its inmates have been the subject of fever.

Notwithstanding that much has been effected, more especially by the patriotic efforts of the Duke of Bedford, towards draining the fens, still there is a large tract of country which is overflown in the winter season, and consequently in which stagnant waters abound. The inhabitants of these districts are therefore subject to the endemic affections peculiar to marshy countries, and it usually happens that an autumnal fever, more or less, prevails, which commences in October and mostly assumes the remittent type.

But, according to our Correspondent's statement, the disease on the present occasion made its appearance in the month of August, when a long, hot, and dry summer, which had almost desolated the face of the country, was succeeded by slight rains. In some cases, he observes, the disease commenced as a quotidian intermittent, and after a short time, the intermissions becoming less and less perceptible, the fever gradually assumed the remittent form, in which the cold stage was very slight, and the hot protracted and severe, the remissions, or exacerbations, being in many instances very inconsiderable. With some patients, the fever at first assumed a remittent type, and ended as an intermittent.

There was no one particular organic affection attendant upon, or characteristic of, this fever, but in its progress different organs in different individuals became affected. In some, the functions of the brain were disturbed—in others, not at all; with many, the liver and mucous membrane of the stomach and bowels became the seat of disease, hence the functions of these parts were deranged, and their secretions rendered of an unhealthy character.

With respect to the treatment of the diseases, this was, in a great measure, regulated by the concomitant symptoms. In some cases it was necessary to deplete, in order to relieve the inflammation of some particular organ; but the fever, it appears, was in general attended with so much prostration of strength, that the patients could but ill bear the loss of blood. The treatment found to be most successful consisted in the exhibition of the sulphate of quinine, in doses of two or three grains every three or four hours.

It would seem that the late hot weather operated in giving to the customary febrile affections of this part of the country, a more than usually severe character, which fact is in strict accordance with the opinion expressed by one of the best writers on the subject of marsh diseases—Montfalcon. He observes, that marshy emanations are far more powerful in hot climates than in cold, and that the more intense the heat of the atmosphere, the more rapid in their march are the diseases engendered by marsh effluvia.

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

FUNGUS HÆMATODES OF THE EYE.

A boy, aged 2 years and 8 months, applied for advice, having a very considerable swelling of his abdomen, which had commenced six months before, and for which he had used a variety of remedies. His urine was sparing in quantity, and when cooled became milky; his bowels were opened two or three times a day, and the evacuations were dark-coloured; his nights were restless, with occasional screams during sleep. When the abdomen became extremely tense he was tapped, and nine pints of a greenish-coloured fluid evacuated. The swelling soon re-appeared; he was tapped a second time, and he died in a few days afterwards.

It had been remarked, some weeks previous to his decease, that there was a peculiar appearance in his left eye; the bottom of the posterior chamber having a metallic lustre, produced by a yellowish opaque body.

Appearances in the Abdomen.—A large bag was found, adhering to the peritonæum, and the sac was found to be formed by the separation and thickening of the two laminæ of the great omentum, which were formed into a pouch, containing a large quantity of a puriform fluid, mixed with serum. There was another similar cyst formed between the two laminæ of the lesser omentum, which also contained about a pint of a similar fluid.

Dissection of the Eye Ball.—The optic nerve of the affected eye was found to be perfectly similar to that of the opposite side, from the thalamus till it entered the globe. The consistence or density of the sclerotica was not perceptibly altered. The choroid coat appeared rather paler than natural, and being lacerated at one small point, during the dissection, a quantity of a creamy fluid escaped. On turning back the choroid coat, the posterior chamber appeared filled with an opaque white mass, on the anterior part of which lay the crystalline lens. By immersion in spirits the retina was rendered more opaque than the new production, and was found of its natural appearance, and enveloping the diseased growth. The hyaloid membrane also surrounded the tumour, and had become opaque in a few points where the diseased production was found firmly adhering to it. This presented a mass consisting of granules, or lobules, united by fine reticulated membrane. It seemed to have commenced at the point where the optic nerve pierces the sclerotic coat, at least it was connected to that point by a small pedicle, which was continuous with the larger mass attached to the hyaloid membrane, the structure of the whole being perfectly identical; viz. small granules, about the size of a millet seed, connected together by reticulated membrane.

FUNGUS MELANODES OF THE CONJUNCTIVA

A. B., aged 40. The form of the anterior chamber is changed, the cornea having become prominent and irregular on its surface, and it has lost its natural transparency, having an appearance as if it were filled and distended with a dark blue substance. These changes of the anterior chamber came on about six years ago, after an attack of puriform ophthalmia, and are nothing more than the usual appearances of staphyloma. But the peculiarity of this case consists in a portion of the conjunctiva covering the nasal side of the sclerotica, being converted into a dark-coloured mass, precisely the shade of Indian ink. The tumour is not larger than the nail of the little finger, but of an irregular and angular shape, and flattish. It seems to consist in a mere thickening of the conjunctiva, which membrane is still moveable on the sclerotic coat. It was first observed twelve months ago, in the form of a small black spot, a part of which was removed by a surgeon, since which it has increased in size. This is considered by Mr. Wardrop as an example of melanosis affecting the conjunctiva, of which he has seen a few examples, some of which are delineated in his Morbid Anatomy of the Eye, Vol. 1.

FUNGUS MELANODES OF THE BRAIN.

Mr. Wardrop exhibited, at the hospital, a most interesting specimen of melanosis of the brain, taken from a patient (a farmer) fifty-eight years of age, whose right eye he had extirpated upwards of three years ago. The operation consisted in removing a growth of nearly ten years duration from the right orbit, of so large a size as to render the extirpation barely practicable, from its close contact with the bony cavity. No remains of any of the natural structures of the globe were recognisable in the diseased mass, except the sclerotica, which had burst asunder, and was distended by the different portions of the tumour. This tumour consisted of a dark brown or blackish substance, rather firmer than brain, but in some parts so soft as readily to be washed away with water.

The patient recovered quickly after the operation, and got apparently into perfect health. He continued free of ailment, until about 15 months ago, when he had a fit, which left no effect but that of weakness, and on the following day he went about his farm as usual. He had a second fit six months afterwards, which was followed by a great degree of weakness, and some difficulty of speech. In a few months he had a third fit, followed by loss of power of his right arm, and his speech. The fits now became more frequent, and he lost the power of his right leg, together with that of both limbs of the left side, except the joint of his left hand, which was never affected, and which he used to make signs with until his death. The powers of the mind were never impaired.

Appearances after Dissection.—The vessels of the dura mater were slightly injected, and there were several small pieces of lymph in the superior longitudinal sinus, the pia mater was very vascular, thickened, and opaque at several points. The substance of both hemispheres at their posterior part was unusually soft, and readily yielded to a slight pressure of the finger. On cutting into the left hemisphere, on a plane with the corpus callosum, a large dark sanguineous coloured mass presented itself, which at first had the appearance of coagulated blood, but on examining it minutely, it was found to be of a firm consistence, having numerous small vessels passing through its substance. This mass seemed to have no connexion with the surrounding brain, which was quite natural, and formed a sort of bed for it. By immersion in water, a quantity of blood was extracted, and the mass which remained was of a dark brown colour, consisting of a very loose cellular tissue. In the substance of the right hemisphere there were also several dark-coloured masses of the size of a pigeon's egg, very similar in texture to that found on the left side.

The ventricles contained a small quantity of serum, and the choroid plexus was of an unusually pale colour. The cerebellum appeared natural. The optic nerve on the right side, from its bifurcation to the orbit, was much wasted, having no medullary matter, and seemed to consist only of neurilæma. At the extremity of the nerve, where it had been divided during the extirpation of the eye, there was a hard tumour of the size of a small nut, of a black granular appearance.

EXTRACTION OF THE CATARACT.

There have been two operations for the extraction of the cataract this week; one patient was an old woman, blind of both eyes, and whose constitution appeared in every respect healthy. The operation was undertaken under the most favourable circumstances, as the eyes were in every respect sound, except the opacity of the crystalline.

The lens of one eye only was removed. Mr. Wardrop made the incision of the cornea, as is recommended by him in a Paper in the Edinburgh Medical and Surgical Journal.

In the other case, the operation has not been undertaken under the same favourable circumstances. In one eye the lens had been extracted by Mr. Wardrop, and the patient enjoyed very perfect vision for seven years afterwards; but without any evident cause the sight began to decay, and he is now nearly blind, though, to all appearance, the eye is perfect; both the cornea and the pupillar opening being transparent. There being a cataract in the other eye, it was deemed proper to extract it; and the operation was performed in the same manner as the former, excepting that the incision was made upwards.

GUY'S HOSPITAL.

CASE OF EMPYEMA, IN WHICH UPWARDS OF 200 OUNCES OF PUS WERE EVACUATED FROM THE LEFT SIDE OF THE THORAX.

The particulars of this interesting case are as follow:—Benjamin Saxton, ætat. 23, a working jeweller, pale and emaciated in appearance, was admitted into Job's Ward on Wednesday, August 16th, under the care of Mr. Morgan, on account of a tumour in the left lumbar region.

He stated, that he had been much indisposed for upwards of four years, and his account evinced a series of attacks of thoracic inflammation. He was first affected with cough and pain in the side, when he applied at Bartholomew's Hospital as an out-patient, and obtained considerable relief; shortly after, however, he became much worse, and after expectorating viscid phlegm of different colours, he spat up blood, and this continued for three months. He was then recommended to go into the country, where he remained for a long time, until his health became so much improved, that he was enabled to return to town, and pursue his ordinary avocation. In the course of a few months he experienced another attack; at this time he had violent pain in the *left* side on inspiration, with a distressing cough. He was repeatedly bled from the arm, blisters were applied, and various medicines exhibited; he was confined to his bed three months, and his medical attendant at length pronounced his case hopeless. He gradually, but very slowly rallied; however, the pain in the side diminished, and the cough became less troublesome. When he had gained sufficient strength to move about, he became sensible of an undulation in the left side of the chest; to use his own familiar expressions, he felt "a squashing noise, as if half a pail of water had been poured into the chest." He experienced this sensation until within six months previous to his admission into the Hospital, at which time the tumour in the loins first made its appearance.

On stripping the patient with a view of accurately examining the tumour, the first circumstance that powerfully arrested the attention was the preternatural expansion or dilatation of the left side of the thorax, and this prevailed in a most remarkable degree; it had a rounded or barrel-like appearance, as if inflated, and afforded a striking contrast to the emaciated condition of the opposite side of the thorax. The left intercostal spaces, instead of being depressed, as they are in thin persons, were more prominent than the ribs; the latter were fixed, and so much elevated as to be nearly at right angles with the vertebral column. Hence the left nipple was higher by an inch than that of the opposite side, and on tracing the ribs of each side, it was found that they did not correspond. The left side of the chest, as measured from the middle of the sternum to the spine of the sixth dorsal vertebra, was found to be nearly two inches more in circumference than the right side measured from the same points.

An alteration in the position of the heart formed another prominent and remarkable symptom in this case. On the left side, over the usual site of the heart, the pulsations were very indistinct, whilst on the right side of the sternum they were so forcible as to be perceptible at some distance from the patient. The heart appeared to be completely pushed to the right side of the sternum, for the pulsations observable in the right intercostal spaces, were precisely such as, under natural circumstances, would have occurred on the left side. The patient's respiration was difficult, short, and frequent, being principally performed through the medium of the diaphragm. The left ribs were, as before stated, immoveable, but the motion of the ribs on the right side was natural. The patient stated that he could only lie on the left side, and that if he attempted to place himself on his right side, he experienced a most distressing sense of suffocation. The pulse at the wrist was frequent, but it was regular. The left side of the chest, when struck, had a dull fleshy sound; the sound emitted on the right side was healthy. No respiratory murmur could be heard on applying the stethoscope over the left side of the chest, with the exception of about an inch and a half on the side of the spine, where it may be supposed the air was passing into the large bronchiæ.

With respect to the tumour in the loins, it was equal in magnitude to a moderate sized orange, and was situated between the last rib and crista of the ilium, at some distance from the spine. It was soft, fluctuating, and readily emptied of its contents, by making pressure upon it for a short time, but was again speedily filled, when the pressure was removed. There was a distinct pulsatory motion to be felt throughout the whole extent of the swelling, and on directing the patient to cough, the impulse given to the contents was very great. The integuments were discoloured generally; in the centre, however, they had a dark red appearance, as if on the immediate point of ulceration.

22. A valvular incision was made this morning through the integuments covering the tumour, and upwards of twenty ounces of "laudable pus" drawn off. The operation afforded much relief to the patient's respiration. The opening was carefully closed, and a bandage applied round the body.

23. The dressings and bandage removed, and *twenty ounces of pus drawn off*.

25. The patient was attacked with febrile symptoms last night, not preceded by chilliness; his pulse this morning is upwards of 120; the skin hot; breathing much hurried, and tongue furred. The bowels have been freely acted upon by castor oil. *Twenty ounces of pus evacuated to-day.*

26. Better; pulse less quick; ordered

infusion of cascarilla, with diluted sulphuric acid, to be taken three times a-day.

28. The patient felt tolerably well this morning, but went to the water-closet slightly clothed, and became chilled. Shortly after, he was attacked with violent pain in the right side on inspiration. Seen by Mr. Callaway at noon, and *twenty ounces of pus drawn off*, but without producing any alteration in the symptoms.

29. The pain in the side has gone off; he obtained some sleep during the night, and perspired very profusely. The pulse is small and feeble, the respiration short and hurried, but less laborious. The patient has frequent cough, attended with expectoration of a viscid phlegm. He takes freely of beef tea, which indeed constitutes his principal support. *Twenty ounces of pus were removed to-day*; the bandage is kept on, but the matter discharges through it.

30. Complaining much of flying pains about the chest; *twenty ounces of pus taken from the tumour*; the patient ordered a mutton chop daily.

31. *Six ounces of pus taken away.*

Sept. 1. We found the patient to-day sitting up in his bed; but his respiration, as he himself remarked, is more difficult in this than in the recumbent position. The pulse is still quick and small; the tongue is moist, and the bowels open. The cough and expectoration continue. *Forty ounces of pus evacuated this morning.* The matter is of a very healthy character, possessing all the essentials of what is termed "laudable pus."

5. *Sixteen ounces of matter evacuated*; it has now become thinner.

6. *Sixteen ounces of pus drawn off.* The patient appears to us to be rapidly losing strength, and the cough is more frequent. The expectoration is more copious, of a brownish colour, and of a muco-purulent kind. Pulse upwards of 120, and very feeble.

8. *Eight ounces of pus taken from the chest.*

9. Complains of debility; the cough is frequent and distressing. The matter is now constantly issuing from the tumour; the opening having ulcerated, its flow is of course unrestrained.

13. Linseed meal poultices are now applied over the opening, and the matter is allowed to discharge in them. It is copious, thin, and very offensive, and if pressure be made around the opening, the matter issues out, mixed with air. He takes wine with arrow-root, and strong beef tea.

15. The constitutional powers are evidently sinking. The cough is exceedingly harassing; the expectoration copious, and more decidedly of a purulent nature. The stethoscope indicates nullity of respiration over the left lung.

18. Progressively becoming worse; the pulse is very feeble and quick, the cough frequent and distressing. The discharge from the opening in the loins is thin, exceedingly fœtid, and mixed with air. He takes a little wine, with arrow-root, frequently.'

From the date of the last report, the patient was gradually sinking until the 25th of September, when he died. There was nothing material to remark in the symptoms during this period. It will be seen from the report, that two hundred and six ounces of matter were evacuated from the 22d of August to the 7th of September inclusive, independent of that which oozed through the bandage.

Post-mortem examination.

Thorax.—The left cavity of the thorax was filled with air, and contained about ten or twelve ounces of the same offensive matter which had issued from the opening in the loins for some time previous to the patient's decease. The left lung was observed to be lying in the upper part of the chest, and so much compressed that it was not larger than a closed fist; it was firm to the feel, and when cut into, was found to be very dark coloured, but was not otherwise diseased. The pleura pulmonalis and pleura costalis, were covered with a layer of coagulable lymph, which was readily removed; the left lung had become adherent to the side at its upper part, but the adhesions were evidently of long standing. Both the costal and pulmonic pleura were much thickened throughout, but the thickening was more especially evident at that portion of the pleura covering the diaphragm. The opening through which the matter had passed, was situated between the eleventh and twelfth rib, and the cyst of the tumour was formed by an elongation of the bag of the pleura. On the right side of the thorax, with the exception of old adhesions between the pleura, there was no evidence of disease until the right lung was removed, when it was found that there were two small vomica or abscesses at its upper part, and near to the bifurcations of the bronchiæ.

From this description, it is evident that the accumulation of matter in the left cavity of the thorax, was the product, or the effect, of pleuritic inflammation, from which, indeed, in a great majority of instances, empyema is known to arise. The patient's own account of the inflammatory disorder and of its termination in suppuration, was very complete, and the symptoms under which he laboured when admitted into the Hospital, were so characteristic of an effusion of matter having taken place within the cavity of the chest, that it was impossible to mistake the nature of the case. The symptoms under which the patient first laboured after his admission, may be said to be rather attributable to the mechanical influence of the pus in obstructing the functions of the heart and of the lungs, than to any disturbance in the constitution from the copious suppuration. But when the cavity of the thorax became exposed, the same effects followed as we find in psoas abscess, when an opening is made and not immediately closed; the matter became changed in character, and great disturbance of the animal economy ensued, which, as we have seen, eventually terminated in death.

CANCEROUS DISEASE OF THE MAMMA.—OPERATION.

F. G., a woman 44 years of age, with dark hair, and florid complexion, came into the Hospital under the care of Mr. B. Cooper, on account of a tumour in the right mamma. She stated that the disease commenced nearly twelve months ago, when she discovered a very small but hard swelling—a "kernel" as she termed it. The tumour went on progressively increasing, and at the time the patient was admitted into the Hospital was of the size of the palm of the hand. It was very hard, irregular on its surface, and firm bands could be traced as it were radiating from its centre; and it appeared that the greater portion of the glandular structure of the breast was involved in the disease. The tumour was perfectly moveable, not having become attached to the muscle beneath, or to the skin above; the nipple was not retracted; there was an indurated gland to be felt in the axilla. There was one remarkable fact attendant upon this case, namely, that the patient experienced little or no pain in the swelling of the breast; she said that she felt occasional pain in the axilla. She ceased to menstruate when about 40 years of age; is the mother of five children, all of whom she suckled; she bore the last about eight years since. Mr. Bransby Cooper, having explained to the patient his opinion of the nature of the disease, namely, that it was a cancerous tumour, proposed an operation for its removal, to which the poor woman readily assented.

On Tuesday last the operation was performed. Mr. Cooper made two longitudinal elliptical incisions through the integuments, which included the diseased mass, and it was then dissected out. Several diseased glands were afterwards removed from the axilla. A section of the tumour was made, which clearly evinced its character. In the centre it was nearly of the consistence of cartilage, and from this, narrow white ligamentous bands were seen passing to the circumference of the tumour. The other portion of the disease was much less compact in structure than the bands and central point of the swelling.

CASE IN WHICH A VERY LARGE CALCULUS WAS FOUND IMPACTED WITHIN THE URETHRA, AND REMOVED BY AN OPERATION.

Edward Keen was admitted into Cornelius'-ward, on the 20th of September, under the care of Mr. Key. He had for upwards of twelve months laboured under what was supposed to be disease of the bladder; the symptoms of which were great pain and irritation along the urethra, straining and difficulty in making water, and at length the urine dribbled away involuntarily. Mr. Key, on passing a sound, about a week after the patient's admission, was sensible of a roughness or grating which was communicated to the instrument at the membranous portion of the urethra, and two days afterwards the point of the sound so decidedly struck on a hard substance, apparently a stone, that Mr. Key determined on making an incision in the perineum with a view to its removal.

The patient was taken into the operating theatre, and it was found on cutting into the membranous portion of the urethra that a calculus of large size was firmly impacted in this part. It was necessary to use considerable force in order to remove it, and it was only effected by making a lever of one blade of the forceps, to which force it yielded. It was of the size of a large hen's egg, flattened, and appeared to be a lithic acid calculus.

The operation was performed on the 2d of October, and on the 12th we found him free from any constitutional disturbance; the urine passing through the wound in the perineum. Two days subsequent to this a flexible cathether was introduced into the bladder, and has since been retained there. The wound in the perineum is healing fast.

SLIGHT INJURY OF THE HEAD, WHICH PROVED FATAL AT A REMOTE PERIOD FROM THE ACCIDENT.

A stout plethoric man, apparently about 40 years of age, was brought to the Hospital on Wednesday noon, Sept. 20. He was in a state of complete insensibility, and apparently as if asleep; shaking him and loudly calling in his ear produced no effect upon him. The head and face were so much swollen as to produce great disfigurement, and the swelling of the eye-lids was such as completely to close the eyes. There was great heat about the scalp, and it had an œdematous feel; the pulse at the wrist was scarcely distinguishable. The friend who accompanied him stated that he had, about a fortnight previously, received an injury in the head from the handle of a crane, which struck him on the forehead and occasioned a small wound. The accident, however, was considered by him to be of so trifling a nature, that he went on with his accustomed avocations, and being a man of intemperate habits he also indulged freely in his usual potations, until he was attacked with violent pain in the head, and the symptoms which we have enumerated above rapidly succeeded. All that we could learn of his treatment prior to admission was that he had been bled and purged. There was an oblique wound immediately over the left frontal sinus, of about an inch in extent, from which there was no discharge. Mr. Key simply directed a dose of colocynth and calomel to be given immediately, the head to be shaved, and cold lotions applied.

Sept. 21. The bowels have been very freely purged, but the fæces and urine are both passed unconsciously. He lies in the same insensible state as yesterday; there is, however, more general heat over the body, and the pulse is soft and compressible. There is no discharge from the wound; the integuments of the scalp are still puffy, and the eye-lids swollen. He was directed to be bled from the arm to the amount of ten ounces, and a blister to be applied to the nape of the neck. Decoction of poppies to be used as a fomentation in lieu of the cold lotion; a poultice to be applied over the wound.

22. The poor man is evidently sinking; great and instantaneous depression followed the bleeding of yesterday. The extremities are now cold, and the pulse at the wrist faintly beating. Sinapisms were ordered to be applied, and the julep of ammonia to be frequently exhibited. He lingered on until the afternoon, when he died.

It is much to be regretted that the body was removed, and thus no opportunity was afforded of examining the condition of the brain.

ST. THOMAS'S HOSPITAL.

EFFICACY OF IODINE IN BRONCHOCELE.

On Saturday last a young man presented himself at the hospital, who had formerly been a patient under the care of Dr. Elliotson, on account of a very large bronchocele. It appears that he remained in the Hospital about eleven months, was subsequently made an out-patient, and attended for the space of six months. Soon after his admission Dr. Elliotson commenced with the exhibition of iodine; the beneficial effects of the remedy for a long time could not be perceived; at length the tumour became softer, and gradually lessened; and at the time he left the Hospital, was very materially diminished. He was encouraged to persevere in the use of the iodine, and being sensible of the benefit derived therefrom, he adhered strictly to the directions given during the time he was an out-patient, and was thus ultimately entirely rid of the disease. When the patient first came under Dr. Elliotson's care the tumour was so large as to be on a level with the chin, of course occasioning much deformity, and also difficulty of respiration. The neck, when measured, was found to be upwards of seventeen inches in circumference; but on measuring it after the cure of the bronchocele, it was only thirteen inches round. The tincture of iodine was first given, and the doses were gradually increased until the patient took two drachms of the saturated tincture for a dose. He did not, however, long continue taking this quantity, as it produced unpleasant effects on the stomach and bowels. The internal use of the iodine was in consequence entirely omitted for a short time, but the patient continued to use the iodine externally. At the period in which he was taking the large doses of the tincture we understand he was seen by Magendie, who expressed much surprise at the circumstance.

SINGULAR TREATMENT OF CHOREA BY DR. WILLIAMS.

We are free to confess ourselves greatly indebted to Dr. Williams—his ward-books are never-failing sources of amusement; and whenever we feel inclined to step from "grave to gay" we turn to the Doctor's "valuable monographs," and wile away an hour. We have much on hand—no small stock of fun; let the following suffice for the present; we give it as copied from the book of Ann's Ward.

Jane Moss, æt. 14, ægrot. 5 days. Chorea—frightened by the acting of a ghost.

TREATMENT.

Oct. 6.
Spirit of nitric æther, one drachm;
Camphor julep, one ounce;
to be taken three times a day.

We may simply remark that this is one of the most severe cases of chorea we have for some time witnessed. Joe Burns would have prescribed mint julep; Dr. Williams prefers the exhibition of the spirit of nitric æther.—*Extract from Memoranda of Williams's Practice of Physic.*

CASE OF EXTENSIVE FRACTURE OF THE SKULL, WITH DEPRESSION OF BONE, UNATTENDED BY SYMPTOMS OF COMPRESSION OF THE BRAIN.

Sept. 25. John Jones, a boy aged 13, received a severe blow on the back part of his head, about eight o'clock this morning, occasioned by a short but heavy pole falling from a scaffold twenty feet high.

At ten o'clock, when he arrived at St. Thomas's, he was cold, his pulse 40, pupils rather sluggish. He was so far sensible as to be able to answer questions correctly, appeared drowsy, his eyes constantly closed, except when roused; no loss of sensation; frequent retching, with occasional vomiting, the matter vomited contained a few streaks of darkish-coloured blood, and he complained of pain in his head. A fracture, situated at the upper and back part of the skull, was discovered, extending in a circle around the posterior and superior angles of the parietal bone and the triangular portion of the occipital bone, including a space as large as a full-sized orange, being in diameter three inches, and nine in circumference. The bones seemed divided into several portions, one of which, on the left side, was depressed full half an inch; the others presented an uneven surface. There was slight puffiness of the scalp over the seat of the injury, on the back part of the head; besides which there was a wound that extended to the bone, over the situation of the right frontal sinus, occasioned by his falling forwards on the ground when he received the blow. At one o'clock in the afternoon the skin had regained its natural temperature; the pulse was 60; the pupils dilated, but obedient to the stimulus of light. He readily answered questions that were put to him, and was even inquisitive respecting surrounding circumstances. The sickness, however, still continued.

With a fracture so extensive, and depression of bone so obvious, not a single symptom of compression of the brain was manifest, or scarcely the ordinary ones of concussion; under such circumstances, Mr. Green did not consider himself warranted in performing an operation for raising the depressed bone; he therefore directed blood to be taken from the arm to the amount of twelve ounces. Five grains of calomel to be taken immediately, and the spirit wash to be kept constantly applied to the head when shaved.

Evening. The patient has been drowsy throughout the day, and apparently sleeping, but perfectly sensible when roused. Pulse 60; skin hot; retching at intervals; passed his urine freely; bowels not moved.

26. He has been, upon the whole, tolerably quiet throughout the night, but occasionally very restless; the scalp is now much swollen, and from this cause the feeling of depression of bone not so evident. Complained of severe pain in his head, to which his hand was constantly raised; sighed frequently. Talked rather incoherently, but answered questions correctly that were addressed to him. Has not vomited during the last four hours; pulse 40, labouring and oppressed; breathing natural; tongue moist. He was again bled to the amount of sixteen ounces. Five grains of calomel were ordered to be taken immediately, and a dose of house medicine to be taken every two hours. A common enema to be administered. During the operation of venesection the pulse increased in volume and frequency, and being again quiet in bed was 90. He expressed himself relieved, and his countenance lost that dulness which previously characterised it.

Evening. Great restlessness; countenance still rather dull and heavy; face pale; pupils active; head not particularly hot. We learn from the nurse that he has been occasionally incoherent, though by no means insensible; still answered questions, and appealed to the nurse for attention to his wants. Temperature of skin natural; pulse variable and irregular, at one minute 60, and in the next ranging from 80 to 90, having but little force, and easily compressible. Has had one copious stool, and has passed his urine freely.

27. Continued much as usual through the night; he passed two copious stools; and his pulse this morning is 48, full and regular; the pupils are natural, and the patient frequently sighs.

Evening. He was bled this afternoon, but only a few ounces of blood were obtained; we find him restless, his eyes looking bright, and face flushed: pulse 56.

28. The patient obtained two or three hours sleep in the night, but appears very restless. Pulse 48, and full; the tongue is moist, and bowels open from the exhibition of an enema. He was directed to be bled to the amount of ten ounces.

Evening. Has been more quiet since the venesection; he is perfectly sensible; the temperature of the skin is natural; the pulse 60, and somewhat irregular.

29. The expression of countenance this morning is perfectly natural; there is no pain in the head; the skin is cool, tongue moist, and pulse 60. Ordered to take castor oil occasionally.

Oct. 10. From the date of the last report the boy has rapidly improved, all the functions being naturally performed; his appetite is good, and he is now allowed milk diet, which is insufficient to satisfy his cravings. The pulse is natural, and there is no complaint of head-ache, even when firmly pressed on at the seat of injury.

The blood did not at any period present the appearances of inflammation; the tongue was always moist and clean, and the alvine excretions healthy.

13. The patient is entirely free from any disease: we found him this morning playing about the ward.

Mr. Green has undertaken to give a Clinical Lecture on Tuesdays; and we now find in the surgery a list of the accidents admitted into the Hospital. "It is never too late to mend," saith an old proverb.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF SUPPOSED POISONING.

About the middle of the day, on the 29th of September, a man was brought to this Hospital by two persons, who stated, that they had just detected him in one of the dark passages of the Clerkenwell Sessions House, attempting to suspend himself from a large nail, by means of his handkerchief. They further stated, that he told them he had taken six pennyworth of arsenic.

When brought to the Hospital, the man was quite unconscious of surrounding objects, and had completely lost the power of utterance. The pulse was frequent and small, and the irides but slightly obedient to light.

The apothecary was sent for, and on his arrival the stomach pump was ordered to be fetched.* An ounce of the subcarbonate of potash, dissolved in a gallon of water, was injected into the stomach; during this process, the man vomited about three pints of greenish coloured fluid, tinged latterly with blood. Subsequently, a second gallon of similar liquid was injected, when the operatives became tired, and the man was therefore ordered to be placed in Matthew's Ward, under the care of Dr. Roberts.

The man continued in an insensible state till late the same evening, when he awoke out of his lethargic stupor. The fact is, the man is greatly addicted to drinking, and on the day on which he was brought into the Hospital, was in an extreme state of intoxication; and whilst in this state of drunkenness, he was discovered attempting to commit the rash act. It is scarcely necessary to add, that on the most careful examination of the contents of the stomach, no arsenic could be detected.

The following day the man complained of great soreness of the throat, and slight tenderness in the epigastric region, which, by the usual antiphlogistic measures, have now been subdued, and after continuing in the Hospital a few days, he was discharged.

The pumpers ought to have examined the fluid brought from the stomach, before persisting in injecting two gallons of a solution of potash, as the irritation excited by the process itself, might have proved fatal.

CASE OF FRACTURE OF THE FOURTH, FIFTH, AND SIXTH RIBS, WITH EMPHYSEMA.

Arthur P., a stout muscular man, about 57 years of age, was brought to this Hospital early on Friday morning, in consequence of a fall from a scaffold a few minutes previously. On examining into the nature of the accident, the fourth, fifth, and sixth ribs were discovered to be fractured near their angles. Their fractured ends having been pushed inward, through the intercostal muscles, pleura costalis, and pulmonalis, into the substance of the lungs, the air had consequently escaped into the thorax, and through the pleura and lacerated muscles into the cellular tissue on the outside of the chest. The patient at this time complained of considerable tightness of the chest, with pain chiefly in the situation of the fractures. His inspiration was somewhat short and rapid; the pulse was at first weak and contracted, but in a very short time became full and hard. In addition to these symptoms he had cough, attended with expectoration, as well as severe pain in the head. The crepitation was for the most part confined to the integuments covering the left side of the thorax. He was bled by the dresser to eighteen ounces, and at noon he was ordered to lose 20 ounces more; to take a dose of house medicine occasionally, and to have a bandage applied loosely.

23. The blood drawn yesterday had a decidedly inflammatory character, and after the abstraction of it, the patient expressed himself relieved. He has passed an indifferent night, and is much annoyed by a troublesome cough. Pulse quick; tongue slightly coated; bowels open. Ordered to be bled to 18 ounces, and to take common linctus for the cough.

24. Noon. Still complains of pain about the seat of injury, but in a much less degree than before; the emphysema has not extended beyond its former boundaries. Free from pain in his head, and on the whole expresses himself better. Pulse 90, full, and rather jerking; tongue moist. *Ordered to lose 18 ounces of blood immediately, and a similar quantity in the evening.*

25. Has passed a good night, and this morning we find him capable of talking cheerfully with a friend. Expresses himself free from all pain. Emphysema just the same; expectorates freely; pulse small and jerking, but very compressible. The blood drawn yesterday has not the slightest appearance of inflammation.

Mr. Lloyd ordered the patient to lose 18 ounces of blood, considering (as we suppose) the state of the pulse as indicative of inflammation, and not resulting from loss of blood, or hæmorrhagic irritation, as this state has been called. The dresser, however, perceiving what effect even the loss of a few ounces had, desisted from drawing any more. About two hours subsequently, Mr. Lawrence saw the patient, and concurred with Mr. Lloyd as to the propriety of the further abstraction of blood; they therefore directed 20 *ounces of blood more to be drawn*. The pulse after this time became a mere flutter, and the man only survived a few hours.

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* Twenty minutes elapsed before the instrument was used; indeed we never saw such inactivity evinced by any set of men, as by the apothecary and his assistants.

Dissection.

The fourth, fifth, and sixth ribs were fractured near to their angles; the left lung was considerably torn and collapsed, and into the left cavity about a pint of bloody fluid was found effused. The right lung was quite healthy, but appeared very light coloured from the almost total absence of blood in it. The left lung sunk on being placed in water; it appeared going into a state of hepatization. Here and there the pleura pulmonalis was detached from the lung by means of the extravasated air, and presented a tuft-like appearance.

The vessels about the heart were quite empty, neither was there any fibrine found in the ventricles, the whole organ being of a very pale colour. The right cavities bore no proportion to the left, the former being considerably larger, and the coats thinner than the latter. The liver was of a very light colour. The spleen was found to be particularly tinged with blood. On removing the skull-cap, the dura mater presented a vascular appearance; but the pia mater, and the substance of the brain were almost colourless. The man was observed to have a reducible inguinal hernia on the right side. On examining the contents of the sac, it was found to be omentum.

CASE OF STRANGULATED INGUINAL HERNIA, RELIEVED BY OPERATION.

Daniel H., a stout healthy man, 42 years of age, was brought to this hospital about five o'clock in the afternoon of the 3d of the present month, labouring under strangulated inguinal hernia on the left side. The man was placed in Darker's Ward, under the care of Mr. Earle.

The patient stated that he had been subject to hernia for five years, and that he had invariably worn a truss until a few days since, when it broke, and he had neglected to get another, or have the same repaired. The hernia came down in a short time after the truss was left off; but it was not until yesterday, (Oct. 2,) that any particular symptoms became manifest; yesterday, about one o'clock, p.m., the patient began to grow sick, and eventually vomited; subsequently, he experienced pain in the upper part of the abdomen. The patient now grew alarmed; the more so, when he found that he could not return the intestine. A medical man, in the neighbourhood of Battle Bridge, at which place the patient lives, was sent for, but did not attend.

The bowels had not acted since the preceding day. The patient continued through the night, and up to the time of his admission, Oct. 3, without further aggravation of symptoms.

At this time the abdomen was not particularly distended; the man did not complain of any severe pain; and the vomiting had, in a great measure, ceased.

The patient was placed in a warm bath, and the taxis employed, but to no purpose, when a messenger was despatched for Mr. Earle; previous to his arrival, 18 ounces of blood were drawn from the arm.

At half past eight, p m., Mr. Earle arrived; and failing to return the gut, he proceeded to perform the operation.

As soon as admitted, 4 grains of calomel and 12 grains of jalap were administered, and ordered to be repeated every two hours; the man, however, rejected these almost immediately; aperient saline medicine was ordered, but none of it was taken.

Operation.

The hair having been shaved off the pubes, the operator commenced, by making a free incisien from above the external abdominal ring, to near the lower part of the scrotum; after which, the layers of fascia were carefully dissected through, and the sac opened in the usual manner. The stricture, which was found to be at the internal ring, was divided directly upwards, and a knuckle of dark-coloured intestine was returned.

Mr. Earle (in this case) took the precaution of drawing down a small portion of the intestine, previous to returning it into the cavity of the abdomen, in order to examine its condition, which was perfectly healthy. In consequence of the extreme depression which the patient laboured under after the operation, it was deemed prudent to administer the following draught to him:—

> *Effervescing draught, one and a half grs.;*
> *Carbonate of ammonia,* 15 *grains;*
> *Compound spirit of ammonia,* 20 *minims.*

Injections were administered, and were returned, mixed with some feculent matter, Continue the pills of cal. and jalap.

4. Has passed a tolerable night. Towards morning, some degree of excitement became manifest, and 18 ounces of blood were, in consequence, drawn from the arm.

Eleven, a.m., pulse very soft, but frequent (120). Bowels have been freely relieved. Tongue moist, but coated. Complains of slight pain in the left iliac region. Abdomen soft, and he does not flinch on pressure being made. Blood drawn yesterday, highly cupped and buffed.

Ordered to be bled in the evening, if necessary; and have leeches applied to the seat of pain.

5. It was found necessary to abstract blood again last evening; it had not the slightest inflammatory appearance. He has passed a good night, and is now quite free from pain. Pulse 84; bowels open.

8. The patient has gone on progressively improving; the edges of the wound, which were brought together by three sutures, have nearly united, and the ligatures are removed.

16. The wound has now completely healed, and, in the course of a few days, he will leave the hospital. A truss has been ordered for him.

CASE OF A YOUNG WOMAN WHO DIED VERY SUDDENLY, WHOSE OVARIES WERE FOUND TO CONTAIN A CASEOUS KIND OF SUBSTANCE, WITH HAIR AND BONE.

Mary Caughton, aged 22, was admitted under the care of Dr. Latham on the 22d of last month. At the time of her admission, she stated that she had been married six weeks; she complained of having been ill a month, and that her complaints commenced with faintness and shivering, with loss of strength and appetite. A fortnight since her left leg became swollen, and continued so for four successive days, at the expiration of which time the swelling subsided, and the other leg became affected in the same manner. Her bowels have been regular throughout.

At present she complains of total loss of appetite, and of extreme debility. There is an increased heat of surface; the pulse is 88, and weak; tongue red at the tip, and up the centre smooth and moist. There is a slight œdema about the ancles, and she occasionally perspires. She further complained of pain on pressure being made on the epigastric region. She did not menstruate at her last period.

25. Somewhat better. Free from pain in the epigastric region. Tongue still red at the tip, and down the centre; bowels have not been relieved since yesterday; pulse 92. Ordered *to take half an ounce of castor oil, and five grains of quicksilver, with chalk, night and morning.*

26. This morning she was induced to get up, but shortly afterwards became very giddy, and complained of great weakness; pulse 124, and very feeble; was advised to go to bed again, and afterwards expressed herself as being much better.

At 2 o'clock a. m. she started up in her sleep, and complained of great pain in the situation of the heart and bowels, which was relieved *by pressure*; the extremities were cold, and she complained subsequently of being somewhat faint. Some water was given, which seemed partially to revive her; shortly afterwards the spasm again returned with renewed violence, and continued, although considerably mitigated, until five o'clock, when she expired. She was perfectly collected to the last. The apothecary continued with her, occasionally administering stimuli, up to the time of her decease.

Dissection.

The body was but little emaciated; skin remarkably white.

Brain.—The meninges were of the ordinary appearance, and the organ itself, with the exception of a small quantity of effused fluid at its base, presented no morbid condition.

Lungs quite healthy, as were the whole of the abdominal viscera, with the exception of the spleen, which was very dark coloured, and in a soft and flabby state.

The heart and large vessels were quite free from disease; the aorta was somewhat smaller than ordinary.

The remains of the hymen were quite apparent. There was an increase of vascularity about the fundus of the uterus, the internal surface being covered by a small quantity of gelatinous or glary kind of secretion. The cervix uteri remained unclosed. A tumour, the size of a hen's egg, occupied the situation of the right ovary. On opening it some *air* escaped. The sides of the cyst being turned down, a tumour retaining the same form was left adherent at its inferior surface, by a small and narrow pecuncle. It had a dirty white appearance, somewhat approaching to yellow, and of a soft caseous consistence in it; hair of a light colour was intimately blended. On scraping off this substance, a sort of nucleus was discovered, surrounded by a dense and fibrous matter, and within this was a portion of bone, about the size of a crown of a bicusped tooth, and in density and whiteness very much resembling it.

The ovary on the left side was sound; in it were several cysts, the size of a large pea, which were filled by a transparent fluid. Attached to this ovary, and indeed a prolongation of it, was a tumour, not quite so large as the corresponding one, containing a similar kind of formation, with the exception, however, of some fluid, which escaped on its being opened.

We regret to say, this examination was not made under water, as it ought to have been.

The fallopian tubes were not examined. This is a strange case; the patient appeared to slip through the fingers of the medical officers, leaving them all in astonishment. The symptoms should have been more carefully watched. We think the woman laboured under *metritis*, but the organic lesion does not appear satisfactorily to account for the fatal termination of the case.

THE LANCET.

No. 165.] LONDON, SATURDAY, OCTOBER 28. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

Dislocations, Fractures, Diseases, and Operations of the Jaw.

Having described the anatomy of the joint of the lower jaw, I shall next speak of the injuries to which it is liable: such are dislocations, and diseases which occur in it.

And I ask, in what direction you could suppose this joint to be dislocated? Could you suppose it to be dislocated backwards? O no; the *vaginal process* prevents that. Could you suppose it to be dislocated forwards? No, not directly forward, because you could not pull the *condyles* over in such a way as to do it in that manner. Then, considering the circumstances in which the bones are placed, there is but one possible dislocation can take place: when the condyles are upon the *emminentiæ articulares*, it is possible they may burst the *capsules* and slip over them, and this is the only dislocation that can take place in the jaw. Then the question is, how it is to be reduced? It is commonly caused by an irregular and spasmodic action of the muscles; for persons, either yawning or laughing, sometimes dislocate their jaw. Then how is it to be reduced? When in this situation, all the strong muscles tend to hold it down. Now the reduction of this dislocation is done upon a principle which I shall explain hereafter. You make a lever of the dislocated bone, raise the chin, and depress the condyles simultaneously. The principle I shall dwell upon, and explain hereafter; therefore, I shall not say much just now upon it. The mode of reducing it is simple; you put your fingers into the mouth, and depress the condyles over the emminentiæ articulares, raising the chin at the same time. There is no other way of reducing a dislocated jaw; it must be done by depressing the condyles, and, at the same time, applying a force to the chin, which closes the mouth; and in doing this, by putting your finger into the mouth, you may make the lever. If you attempt to close the patient's mouth, the condyles still lodging where they were, you never will reduce it; but if you depress the condyles, and then close the mouth, then the dislocation is reduced. They say you should wrap a handkerchief round your thumbs, put them into the patient's mouth, and then with all your force press down the last grinding tooth. It may be done in various ways; and there are some who say you had better put a piece of transverse wood into the patient's mouth; then depress, and so on. For my own part, I never found any difficulty in reducing a dislocated jaw in the whole course of my life, and I have reduced a vast number. I have reduced one condyle and not the other, and things of that kind, but I never found any difficulty, so as to require the use of complex measures; never.

However, whatever measure you do adopt, it is reducible to the simple principle I have stated. With respect to this, I have been in the habit, when lecturing upon this joint, of telling a story I heard related by Dr. M'Laurie at the first lecture I attended of his. He was an old Scotch doctor; and I do it for this reason, that after hearing the story, I never forgot the principle of reducing a dislocation of the jaw; and the story runs thus. But be it known to you, people who have once dislocated the jaw, are very often very likely to do it again; and this I take to arise from the gap in the ligaments not healing, and also from an irregular action of the muscles, which first caused the dislocation, becoming, as it were, habitual to it; but I think principally from the gap of the ligaments not healing. We think we have done a great deal when we have put the jaw into its proper place; but we have done only a very little part of the surgery. You should keep the jaw still until the injury is repaired; that's the point in the surgery. But who is it that will keep their jaw still? People won't do it, and therefore the ligaments won't unite and heal. This happens also with respect to the shoulder continually slipping out, and I suppose from the same reason that the gap of the ligaments has not healed, that there has not been that stillness necessary for its healing. But to the story: There was a major in the army who had the misfortune of frequently dislocating his jaw, and it was an infirmity he cared very little about, for he was generally moving about with his regiment, and when he put it out, the regimental surgeon put it in again. But it happened that on one occasion he was 14 or 15 miles from where the regiment was quartered, dining with a gentleman, and being rather merry after dinner, laughing heartily, his jaw slipped out; his mouth of course remained wide open, and it was impossible to close it, while the condyles remained out of their sockets. His mouth remained open, and no one can articulate with the mouth in that situation. Well, but he made an inarticulate noise, and the host being very much surprised, considered that there was something wrong with him, and sent for a medical man residing in the neighbourhood, whom, if you please, we will for the present call the apothecary. He said, when he saw the major, that there certainly was something wrong with him, that there was something wrong with the jaw, and that, in fact, it was dislocated; and he began to *pull* the jaw for the purpose of putting it into its proper place. Now that would take it just further from its proper socket. The officer knowing the simplicity of the case, and how it ought to be done, was so enraged that a man should be so presumptuous as to put up a pestle and mortar above his door, and yet not know how to put in a dislocated jaw, that he vented his rage in a most furious manner, but in a very inarticulate way. And, *egad*, the apothecary took it into his head that the man was mad; and, *'faith*, it was very nearly verified; for Mr. Pestle's suggestion put the major into a terrible rage, which actually confirmed the apothecary's opinion. He therefore threw him down, put a strait waistcoat on him, left him lying on his back, and then sent him some cooling draughts, and some lotion for the jaw, which was to be applied in due season. The major then found, that there was nothing for him but submission. And after some time had elapsed, he made signs for pen, ink, and paper; and as these were not instruments which it was supposed he could very much injure himself with, they were furnished to him; and when he got them, he wrote on the paper, just these words: "For God Almighty's sake send, with all possible speed, to Mr. So-and-so, surgeon of the regiment." Well, that was considered a very reasonable request, and therefore they sent off a man on horse-back for the surgeon immediately. The surgeon came, took off the blister, put in the jaw; and there's an end of my story. (*Laughter.*)

The case is often attended with the most distressing degree of thirst, I remember a maid servant, who had those foolish attempts made to reduce her jaw, by pulling at it, and who waited from 4 or 5 in the evening till 11 o'clock at night, before a surgeon was got for her, and who immediately reduced the jaw. There was a pailful of dirty water placed in the kitchen, which they had been scouring the house with, and as this happened in the kitchen, the girl put her head right into the pail, drank the water, and turning round on her knees, blessed the surgeon who had reduced the jaw. But they cannot articulate a word while in that situation. Now it is a simple case. But you may reduce one condyle, and not the other; and I have even seen one condyle dislocated and not the other. But there is a case that looks like it, and yet not of the same nature; nor can I tell you what the nature of the case is: but a person by some action of the muscles, remains with the mouth wide open, and yet a little awry; the *symphysis* of either jaw is not in the same line. Yet though it is wide open, it is not so far open but that they can articulate a little; and they can also swallow a little. What the plain nature of the case is, I really cannot tell you; but I have seen this case many, many times in my life, and I have seen people attempt to reduce it by the common process by which they would reduce a dislocated jaw, and without any avail.

Now with regard to this accident, I have partly communicated this to you by way of letting you know what is in my own mind regarding the subject; and I will further tell you of the case of a patient who came out of Essex. The surgeon in the country had tried to reduce the jaw, but had not succeeded; and the man said he would take his wife (for the patient was a female) up to London; and I am pretty sure the surgeon in the country must have understood his profession well, for when the man and his wife were coming to London, he said, "I'll be hanged if any of the London surgeons will ever get that jaw in." I take it, therefore, for granted, that he knew his profession well. However, the man and his wife came up to London, and they applied to a surgeon here—a hospital surgeon, and that surgeon took it for a dislocated jaw, and attempted to reduce it, but did not succeed; and he was excessively irritated at this, and desired to have a consultation as to what should be done. A consultation was agreed upon, and he did me the honour of calling me in to assist him. But as soon as I saw the case, I knew it was not a dislocated jaw, and I said so to the surgeon. He said to me, "Why, what can it be?" "Why, sir," said I, "upon my honour I don't know; but you may satisfy yourself it is not a dislocation. Trace the jaw up to its proper socket; you may do it in your own head, and you will find, from the condyle of the jaw, that it is not a dislocation." "You assuredly are right; it can't then be a dislocation?" "No, it is not." "But what can it be? or rather, can you tell me how we can put it right?" "O, yes, I can do that readily." So I put my hand upon the woman's head, placed my other hand under her chin, and simply shut her mouth, without at all depressing the hind part of the bone, for that was not necessary; I tried to bring the symphysis of one jaw to accord with the other, and to shut her mouth; it required no great force to do it, and when I did that she talked with the utmost fluency, and indeed, in her way, with great gratitude. It was all right then.

Diseases of the Jaw.

Now, with regard to diseases of the jaw, I have seen many, many cases of diseases of the jaw; and those diseases go on, because people won't keep their jaw quiet. I remember telling a lady so. The ligaments get diseased, and the jaw slips about, cracks, and bulges out on one side. Now all diseases that I have seen have appeared to me to be constitutional diseases; and I have been surprised to see how readily they have recovered by confining the jaw to the greatest extent the patient would admit of; that is, by putting a *splint* under the jaw, tying it up, and telling them to drink, out of the spout of a tea-pot, strong broth, and so on, urging upon them the necessity of keeping the jaw quiet, and taking, at the same time, a little medicine, which would keep their bowels right, for they were all wrong too; and it seemed to me they soon recovered. By having been careful of the jaw, they have had no slipping of the condyle again, which was a great annoyance to them before this plan of treatment.

Fractures of the Jaw.

Then the jaw is liable to fractures, and the fractures are of two kinds, perpendicular and horizontal. Perpendicular fractures are continually happening; horizontal ones are of a much more rare occurrence. A person receives a blow on the jaw, which breaks it. He may have another blow on it, and therefore it may be broken in two places perpendicularly, the intermediate part being loose; or it may be broken, with one blow, into two pieces. Now what's to be done? There have been instances where the gum has been lacerated, and there has been a great deal of bleeding from the artery, which runs in the gum. Well, what is to be done in such a case? Why, nothing but what the common principles of surgery demand; to put it right; set it again, and keep it still. I never saw any hæmorrhage that did not cease. You must put the bone into its old situation, and then you must keep the jaw still. But here is the difficulty: what splints would you use? what splints have you for the fracture of the jaw? You must make them for yourselves; there are none sold at the instrument makers. Then how would you set about doing that? Get some thick, strong pasteboard; put it into water till it is soft, then shape it to the jaw; notch it, cut it, make it into the shape of a case for the jaw; make a bandage compressing the case and the front of the jaw together, and keep them so steadily compressed, the jaw being entirely motionless, until the pasteboard gets dry; then it forms a proper splint for the jaw. Now there is the greatest comfort in this. I have seen a fracture put up merely with a bandage, and the patient has been very much distressed indeed; but when I have put him on one of those pasteboard cases, he has expressed his comfort in the strongest way possible. It is sometimes necessary to varnish the pasteboard, for there may be a cut, or a wound, in it, and then it will be no longer a splint; therefore it is sometimes necessary to varnish it. I have to tell you what a comfort it is; I think, that however irregular the jaw may be, even where you cannot get it into its situation, the case will turn out far more creditably than you expect. The action of the muscles, the gentle pressure of the patient's tongue, and one thing and another of that kind, will bring the bone more into its place than you could imagine. I will tell you of one of the worst cases of fracture I ever knew; it was in the case of a very big, large man, called *George the Brewer*, who fought with a little man, but a man of infinitely more science than himself. The little man's conduct appeared excessively strange to all the *amateurs*, for it was evident that the big man laid himself open very often to the little man's blows, and yet he did not strike him; at last, however, he struck him in the jaw, and broke it. The big man was a man of great courage, and he still went on fighting; and the little one danced round him for some time, then hit him again on the jaw, and broke it again. They went on for some time, and every time the little man struck the big one, he hit him just in the very same place, until he broke it in a most horrible manner, until this big fellow was gulping down large quantities of blood, and until those who had bet in favour of the big man obliged him to give in. Well, the bones could not be got into their places; inflammation ensued, and matter came from the mouth; but still the case did well at last, and healed, leaving very little deformity; not at all the deformity that might have been expected.

Now as to the *horizontal* fractures; O, these are excessively vexatious. When you see the *alveolar process* broken, and the teeth falling in, what then is to be done? I have seen contrivances of a gold wire being used for the teeth; but surely a dentist would be the man to give relief, by putting in a wire of gold and fixing it to the teeth behind. You know this is the way in which they endeavour to bring children's teeth straight, which are awry; they endeavour to lessen the wry, by bringing round a circle of gold, and fixing it to two standard teeth behind, and I think that that would be the best way of managing the horizontal fracture of the jaw. Now I was educated at a time when *mercury* was very much used for the *venereal disease*; when excessive salivation was considered necessary, and it was thought a great wonder how it should happen that part of a man's jaw should come away, and part should remain. The *periosteum* quitted the dead bone, the dead bone came away, and still there was no vacancy, no loss of osseous matter in the mouth. A surgeon once told me what he thought a very curious thing, that all the front of the jaw came away, and yet that the teeth did not. It curiously happened, that the teeth sunk down into the new formed jaw, so that the patient lost a great part of his jaw without losing his teeth.

Operations on the Jaw.

The jaw is liable to peculiar diseases, there being a canal running through it; there may be depositions or morbid growths in that canal, and the jaw will expand to a very considerable degree. You will find, too, that there have been cases of diseased jaw, in which a portion of the jaw has been removed—a very considerable portion of the jaw removed. This has been done by a gentleman in America. A very hard operation it is,—taking away a considerable portion of the jaw-bone, which, if it had been allowed to remain, would have spoiled the rest. However, these relate to new operations of surgery, which I have no personal knowledge of.

On the Diseases of the Spine.

It is said there is such a thing as a *concussion* of the spine, the same as a concussion of the brain; a genteel name used to conceal the nature of the injury. But if it be a question, whether there ever was such a shock given as to impair the functions of the spine, I can only say, I believe it is possible. I have seen people jarred very considerably in their spines, and unable to move their lower extremities, and in a great state of nervousness; but who have recovered so quickly and so perfectly, that I believed there was no other injury but jarring. These are very rare cases, however. In general, when a man meets with an injury in his back-bone, depriving him of the use of the parts beneath it, the back is usually broken. But, can it be dislocated? That's the question. And the answer to this question must be—it can scarcely be possible that one *vertebra* can be parted from the other, on account of the *articular processes* being fitted as they are. There is one part of the back, however, where a dislocation may take place; that is where the articular processes are very oblique, in the neck. A force applied to the head, propelling it forward, and another to the lower part, propelling it backward, may cause such an effect as that possibly the articular processes may slip off one another. But I have examined a great number of those cases, and in every one of which, fracture was found; either fracture of the rim of the vertebræ, or fracture of the articular processes, or fracture of the body of the vertebræ. If a person meets with a blow which occasions an irregularity in the *spinous processes*, and after the accident, the limbs below become paralytic; I say, you may be assured that the vertebra is broken. And here I have to mention, that the part which projects is in its natural situation; it projects, because the other part has been driven from its natural situation. There was formerly a saying—fractures of the rising end of the bone. Now there is no such thing, excepting in one case. Wherever one part juts out, that part is in its natural situation, and only juts out from the other part being out of its natural situation. Well, granted; a fracture or a dislocation. What is to be done in such a case? Can you set it, if it be a fracture; or can you reduce it, if it be a dislocation? How? Here are the *viscera* before you. Where can you make the force? Dare you pull it! dare you make extension to make it straight? Egad, I don't know what *you* might dare to do, but I should be afraid of it. What, with all the muscles of the back restraining your force! you may jerk the *medulla spinalis* asunder. I do not know that you can do any thing more than keep the parts still; for if you were to suffer the parts to move about, then pain and inflammation would follow, and I have actually seen matter formed in such a case where the parts have been in motion and moveable. I do not know, therefore, that you can do more than keep it still, in the expectation of its healing, but leaving such a defect in the canal for the *medulla spinalis*, as that very probably it would never act properly again. Most of these cases are dangerous cases. I have, however, seen several persons recover; yet they are so generally fatal cases, that I am convinced an assembly of old surgeons would doubt that there was a possibility of recovery in any case; and yet I have seen many cases of recovery, even where the fractures were in the neck.

I remember a gentleman in that situation, who was paralytic in his arms, and in the whole of his body; but we put the head into a proper situation, kept it steady, and treated the case according to the common principles of surgery, and the patient recovered, and afterwards went about. You may say there was no fracture. I can only tell you, that he fell from his horse with his neck under him, and that there was a seeming projection, though not very distinctly felt, as of course it could not be in the vertebræ of the neck; and that he had no use of his arms or legs. I was sent for into the country, a very considerable distance, to see the case. I put him into such a posture, as that his neck was supported, and never permitted to move from one place. By keeping him confined for a certain time in that way, the bones were knit together; we then got him up, and by stimulating the limbs, and rubbing them, and so on, he came about by degrees. Now I do not know that you can do any thing more in those cases. In the majority of them the depression is so great, that the medulla spinalis never recovers. And here I have been in the habit of telling a story of a case of this kind, where I believe the case was properly treated, very properly treated, by a gentleman who was a student at this hospital. He was a wild young fellow, and was riding with another wild young fellow like himself, riding on Epsom downs at Epsom races; and after they had been riding about for some time, the one said to the other,—for God Almighty's sake stop your horse, or you will be dashed into eternity, or some words to that effect; and suiting the words to the action, he pulled in the reins of his horse, for the fact was, that he had seen a gravel pit just before him; the other having less fear, instead of stopping his horse, spurred him on, made him leap, and he cleared the pit. The horse, however, that had been pulled in, tumbled into the pit, threw his rider, and broke his back. Well, the surgeon returning to his companion, got a shutter upon which he laid him, had him conveyed to an inn in the neighbourhood, and attended him very carefully. And after a confinement of about two months, when it was presumable the broken parts had recovered, and the torn ligaments had been re-united, he was brought to town. The accident was about the middle of the back, about the middle of the *dorsal vertebræ*. There was a projection. It was curious to see this young man, who was very gay and volatile, playing at cards, and entering into conversation with any body who called to see him; but he was living with the upper part of his body, without being conscious that he had the other part of it. And it was proposed, as a question, could any thing be done in this case? And I said I cannot tell you, except taking out the rings of the vertebræ. But that was considered so hard an operation, that it was not at all contemplated, nor does it at all follow that it would have been successful. Yet such a thing has been done, and done in London, at the time too at which the accident happened; at which time I would not undertake it. I would draw a parallel between it, and the fracture of the skull; and I would say, let it alone until all the inflammatory feeling is gone,—until you were sure you would have no more inflammation than what would result from the operation itself,—I say, I should not be inclined to undertake such an operation, just at the time at which the accident happened; and it by no means follows that it would be a successful operation, even afterwards; because, it very often happens, the medulla spinalis is broken, jammed, and crushed to pieces. Nay, sometimes torn asunder. They are most horrible cases. In some cases, where the injury is of such a nature as that, the patient has to lie on his back, the buttocks mortify and become all over sores. However, the treatment is, to put it as right as you can, and to keep it steady. The first part of the treatment is, to guard against inflammation, and to allow time for the re-union of the parts; then the next object of the treatment is, after allowing time for the repair of the vertebræ as much as possible, what we may call stimulating rubbing and electrifying the limbs, to endeavour to give life to them. But they are very, very hopeless cases. There are fractures even of the vertebræ of the neck. There was one case where, the vertebra of the neck was broken, and it was a curious one: it happened in a child, and no persuasion whatever could induce that child to take away its hands from its head; it held the head steadily, with one hand on each side of it, as if conscious of its injury. The child died, and the vertebræ appeared broken. But I should tell you, that fractures may take place there, which is the most important part, and yet the patient may recover.

Distortion of the Vertebral Column.

These are not diseases, they are deformities. It is customary to attribute them as arising from the same state of health which rickets arise from; but I don't think that that is a fair way of viewing the subject. I call upon you to observe what slight things will produce a deviation from the proper direction of the vertebral column. You never saw any one who had a complaint in the hip who was not distorted in the back. The standing upon one leg will occasion a distortion in the back; I cannot stand upon my left leg, for instance, upon any other terms than those of inclining to the right; and if I am to continue in this posture, such is the constructure of the inter-vertebral substance, as to occasion a springing out, an augmenting of bulk on the one side; so that this is a cause rendering a temporary distortion, and in continuing to recline in that way, the distortion becomes permanent. Now, therefore, the habit of standing on one leg will occasion young people to grow awry. If I were to lean over, as it were, upon my right shoulder, what would be the consequence? Why, to balance the weight of my body, I must twist my spine, and incline the loins to the left side, and therefore cause a deviation to the left side. Now, suppose a curvature to take place, and that that curvature was on the right side; if the weight of the head were put on it, is it possible that the head could be supported in a straight line from the *pelvis*? It is not possible; and the first curvature induces another curvature, and the next another, and so they go on, and they are all consequences of one original curve. Now, I say, it is very curious to attend to what slight causes will sometimes lead to the original curve, and causes which we do not easily perceive. I have been in the habit of telling a case, when lecturing on this subject, that occurred in my own family: a child, young and active—and I don't see those curvatures happening except where there is some constitutional disorder—I say, a girl of this kind became awry; I saw the child when I had an opportunity, and I observed that she had got one shoulder-strap very often down, which she was continually pulling up, and I said to her mother, "If you allow that to go on, that shoulder will become warped, as sure as you're alive. Let the gown be made in another way, and don't let her always be twisting herself to keep up that shoulder-strap." The mother said, "O, don't take any notice of it;" and let it pass on for a time. Then I began to swear about the fashions, that had been the cause of those shoulder-straps being made in such a way. But, in the course of a month, the reason appeared why the shoulder-strap did not stop on that shoulder; it appeared that that shoulder had sunk down about an inch lower than the other. I then told her to walk before me, and then to stop, and I observed her particularly, and I found that she was in the habit of standing and resting always on one leg. I then began to ask her if there were any sores about her feet, any sores about her toes, any pains in her leg, or any thing wrong with it, and she said no. I said, "I should like to see you hop; hop round the room, and then stand;" she did it, and did it very well. "Now," said I, "hop round the room on the other leg;" she attempted it, and she took a few hops, and then she was obliged to walk, because that leg was not capable of supporting her. She had been clearly in the habit of standing on the one leg, and by having disused the other, it became a weak limb. Now, by setting her frequently to hop round the room on the weak leg, very frequently until she could hop on it as well as on the other, both shoulders became of the same height, and the shoulder-strap of her gown never slipped off again. But I am quite sure she would have been a-wry if she had not lived in a surgeon's house.

Now, you will say, what's the use of bothering us about these things, they are not diseases? No; it is very true, they are not diseases: but I can tell you that they are very important, and that you will be more bothered about them than about any thing else you may meet with. O, there are young ladies, whose parents would give any thing to have them set straight. Now I tell parents that I have any concern with, that they must avoid all the causes which have produced the original curvature; I try to suggest what those curvatures are, and then I tell them that they are to lie down as much as possible, and to take the weight off the pillar which has yielded, because if the column has yielded, whatever weight is placed upon it will considerably increase the curve. I hear medical men say, you had better put weights on your head and carry them about with you, because they say, people who carry large weights on their head or shoulders, such as milk-pails, have straight backs. But I say, weight on the head must be very injurious, therefore I tell them to lie down, to avoid the causes which increase it, and to lie in a horizontal way. Many say you should lie in a manner so as to extend the vertebral column. That can never be done. Lie down, therefore, in a horizontal way, and you take off the weight from the curve. But I would by no means deprive the patient from taking that degree of active exercise which is conducive to health, because I say there is something wrong about those patients; there is something about them that induces muscular rancour, or muscular irritability. It is an object to give all possible energy to their muscles; it is an object, therefore, that they should have active exercise, and an object to give them all possible strength, that they may have the power of supporting the head and weight. Then, I say, lie down. But people will ask me, "Can't you do any thing more, sir?" and I must say, "No, I don't know that I can, unless you choose to be gibbeted. That is sometimes done; it is a fashionable way of going to work, and is what I call gibbeting. (*A laugh.*) This was first proposed by Mr. Vacher, and the plan is that of taking the weight of the body from the pillar that supports it. A most horrible annoyance it is to the patient. O, the pressure against the chin, and the under part of the jaw, is dreadful; it produces a thickening and ulcerations of the ligament, where it is carried on as according to principle it ought to be. Now there is a gentleman, Mr. Cheshire, of Hinckley, in Leicestershire, I think it is, who perhaps understands the principle on which those machines should be constructed better than any body else; yet I have seen patients who have been there, and really there has been no such good done to them as I should boast of; but he certainly does support the principle, and that principle supports the weight of the body, but greatly to the annoyance of the patient, and productive of the effects I have been describing, occasioning abscesses and deformities, and thickenings, and so on; but he does it effectually; and the effect too of taking the weight from its proper place is, that by using those machines for years, which they have to do, they cannot afterwards do without them; they lose the power of their muscles, so that they cannot do without them; and therefore, if they lay them aside they have to lie until they recover the power of their muscles, until they can properly support their weight. But I cannot say I like this system at all, therefore I don't give my mind to it, but I advise all my patients to avoid all causes which might effect the original curvatures; to take off the weight by lying down, and so on; but the child should not lie down in any constrained attitude. In a boarding school, you will see the mistresses of the school having all the girls lying like a pile of soldiers, on boards turned horizontally, and there they lie for about half an hour; that's a short time, but they can do nothing when they are lying in that position, like corpses. Now I maintain that they may do this on a rug, or carpet; and I say, why can't your child lie down in that way, which is the ancient fashion; but, to be sure, the other is the more modern. But I know that weight on the upper parts of the body must tend greatly to increase the curves; I know also that people will become straight if the cause of the curves is removed; because I have found it to be so in the cases of distortion of the vertebræ from wry-necks, as well as in other cases, by such treatment as I have been endeavouring to explain to you.

I remember, that Mr. Hunter used to say a great deal on this subject in his lectures. He used to say, he was convinced that people got awry, by the endeavours of parents to keep them straight. That parents were continually watching their children, and making them sit in a particular attitude; and that those children, so watched, when unobserved, would naturally sink into another way of sitting, to have a little ease. Besides, that is keeping in action one set of muscles, and not allowing the other to act at all; whereas, every set of muscles should be kept in action. He said, you don't see boys grow awry, any thing like so often as girls, nor yet girls in a low situation of life. I remember when there were *stays* to prevent this wryness; and stays, you know, are good things to let a person slip aside, without that slipping being seen; and that went so far, that I remember the time when it was a *bet*, that upon an examination, in an assembly of well brought up girls, you would not find one girl among them straight, but that they had all a crick in the hip, or a slip in some part or other. I remember Mr. Hunter saying, you should dress your children lightly and loosely, let them run about and exercise all their muscles equally, and then they will not grow awry. To this parents have a sort of objection, which is, that children will become round shouldered, and so on. Now, I have even endeavoured to refute that absurdity, by saying, if children were allowed and suffered to do as they pleased, the body would be formed according to that pattern which nature designed it should be. If two round shouldered parents had a child with a perfectly flat back, I should really suspect its legitimacy; and one might wonder people had not hit on a plan of making Roman noses for children. One cannot counteract Nature. If the body be healthy, it will be well formed; but it will grow according to Nature. But, said Mr. Hunter, if it be necessary, from fashion, and so on, to carry the person in any particular manner, this habit may be obtained at any period of life; and quoting this instance: you see a plough-boy, while plodding away at the plough, an awkward fellow; but he enlists; then he is put under drill of a serjeant; and then observe with what care and precision he marches, after he has been under that serjeant for a time! Now that shows, that if the body is well formed, it may carry any fashion. But there is certainly no counteracting Nature.

These are not diseases, but deformities; and yet points of great importance. In some of the cases, there is no room for the lungs on one side of the chest. It is this which first attracts people's attention: Sir, I want to consult you on my daughter's case; her shoulder is growing out, or her breast is on one side. O, the cause is in the distortion of the vertebral column; and that they cannot believe; but that you will find to be universally the fact, I believe.

Now I go to speak of *curvatures from disease*:—curvatures produced by a diseased state of the vertebræ. The bodies of the vertebræ are of a spongy substance; the ends of the bones are also spongy, and *scrofula* may arise. And a curvature of the back produced from a bend forward, and where many of the vertebræ are gone, then one of the vertebræ sticks out, and makes a very acute angle. And this angle, this sharp projection, is one cause of a surgeon's knowing the nature of the disease. Now, in the commencement of the disease, the question is, whether it begins in the bone, or in the intervertebral substance? Now, I really cannot tell; sometimes it is in the one, and sometimes in the other, in all probability. It is very rare that we have an opportunity of examining it at an early period; but when scrofula begins, the disease goes on to ulceration, and the bodies of the vertebræ are crushed by weight. It's right to tell you, too, that you may have the disease without curvature, and you may have curvature without the disease.

Now, as to the *treatment*,—unquestionably you must keep the patient still; motion of diseased parts is always exceedingly injurious; the greatest good is done by keeping diseased parts in an absolutely confined state. Ease is not only good in counteracting the morbid action of the diseased bone, but in counteracting the disordered action of the medulla spinalis itself, which is the cause of the disorder; and I believe I need not enlarge upon this, because it is obvious to common sense, that ease is likely to be of efficient good. But in all scrofulous diseases, a great deal depends upon the management of the patient's health; the correcting that state of health which gives rise to scrofulous actions, must be considered a most important part of the treatment.

On the Pelvis.

I beg you to remember, that the *posterior superior spine* of the *ilium* is met with half way down the *sacrum*. It is most important that you should remember this, for I have seen surgeons misunderstand the nature of accidents happening here. A man has had some fracture of his *sacrum*, and the surgeon, upon examining the *pelvis*, has traced the *crista* of the *ilium*, and thought it went on to the *vertebral column*. Indeed he might well think so, because there is a strong ligament going from the transverse process of the last lumbar vertebra to this posterior spine, and indeed, in some degree, from the one above, which seems to oppose some resistance, and leads to a belief that the *crista* goes on to the *vertebral column*. But recollect that it goes half down the *sacrum*. If you have any irregularity near the *ilium*, you may be sure it is from the *sacrum*, and not from the vertebral column.

Mr. Abernethy proceeded.—Having described the bones which form the boundaries of the pelvis, I next request your attention to the bowl of the basin. They say it is a basin, and a very curious one it is, with a large hole at the bottom of it. But it is a cavity of great importance, and you should be well acquainted with all that relates to it; it is a cavity of different depths in different parts; that is, suppose I put an instrument in at the *os pubis*, and measure the space to the *brim of the pelvis*; I don't find that it's more than one inch and a half; whereas, if I put an instrument in at the *tuberosity*, and measure it to the brim of the pelvis, I find that it is four inches; and if I put an instrument in at the *os coccygis*, and measure to the brim of the pelvis, I find that it is six inches; therefore the cavity is of different depths. Then the *forms of the apertures* of the pelvis are of consequence to be known. With respect to the upper aperture, they draw a line from the pubes to the sacrum, and say it measures four inches and a half, and from side to side, and say, it measures five inches and a half; then they draw a line diagonally, and say, it also measures five inches and a half. Of course the pelvis is of different sizes in different subjects: the *male* I know to be very irregular in its size, but it is not so with regard to the female, that is more uniform; but there are women with larger and smaller pelves. When you speak of those dimensions you take the average of different cases, which is what they call *a standard pelvis*, measuring four inches and a half from pubes to sacrum, and five inches and a half from side to side, or diagonally. Then, upon examining the inferior aperture, they say it is of the same size, but with the dimensions reversed: they find that it measures, from sacrum to pubes, five inches and a half, and about four inches and a half in the transverse direction. Now children are born with different sized heads, but there is something of a standard for them, and I have now one in my hand which, if it be measured from the projecting part of the face to the back part of the head, it will be exactly five inches, and measuring it across it will be four inches and a half; so that there is just *half* an inch to be allowed for soft parts in the pelvis; and the midwife teacher will tell you how many ways the head may pass; I have only to tell you, that it cannot possibly pass down without turning.

It is also important for you to know that the *axis* of the pelvis and the axis of the abdomen are very different—are totally discordant; so that, in cutting for the stone for instance, it is of much consequence that in introducing your instrument it should not be too much depressed on the side of the os coccygis, nor yet too much elevated; and I take it to be important too, that you should put the patient into a situation in which you will be able to know precisely the situation of the os coccygis. I was educated in the old school, you know, and there I was taught that the patient should be put into the situation of half sitting and half lying, so that you have a horizontal plane; and if you put your patient in that way, you will have the best opportunity of examining the *uterus* when you expect disease. Indeed it is necessary to put the patient in this way, that the uterus may descend more, and that the disease may be more palpable.

FOREIGN DEPARTMENT.

On Chronic Gastritis. By M. Andral, jun.*

The effects of inflammation on the primary tissues of the body, should never be lost sight of in the treatment of disease. If the various changes induced in the consistence and colour in the physical and anatomical characters of these structures were merely a matter of curosity, we should not feel so anxious to recur again to the subject, and to entreat our readers' attention to it. That primary inflammation softens all textures, is a truth so fully established by observation and experiment, that it may be regarded as a fundamental principle in pathology; and whatever encreases or keeps up inflammation in any inflamed structures, must necessarily be injurious. If, for instance, the mucous membrane lining the stomach or bowels, be inflamed, would it not be preposterous practice to administer any medicine likely to produce vomiting, or otherwise to stimulate these organs to increased action? yet this has been done constantly, and cases have been published, even very lately, by some practitioners, and *noticed* by certain reviewers, in which such irritants had been applied immediately to the very seat of the disease, and in which neither the reporters nor the reviewers seemed for a moment to suppose that the practice was injurious, and the principles on which it was founded were altogether erroneous. A case in point just occurs to us, which we recollect to have read in a late number of one of our periodicals.—A physician was called to see a lady who complained of intense pain in the abdomen, particularly in the epigastric region. The pain was increased by pressure, the skin was hot and parched, and a sense of burning heat was felt in the stomach. To relieve these symptoms, a dose of tincture of opium was administered, opium being said, in the books, to possess the power of deadening pain. We wish that those who hold such an opinion would take the trouble to try a simple experiment. If any of them happen to scald his hand or his foot, and while yet the first blush of irritation reddens the part, let him but apply some tincture of opium to it, and he will soon have an idea of the effect which such a medicament would be likely to produce if applied directly to the mucous membrane of the stomach, when irritated or inflamed. Well, the laudanum was given—and in a few minutes was rejected by vomiting. The dose was repeated—the same consequence followed—and the reporter, not warned by the effect of his experiment, resolved still to follow his books, and bravely adhere to his theory of the sedative effects of opium, even when dissolved in ardent spirits. It was given twice, *therefore*, concludes our pathologist; it was given a third time—and then he merely adds, it was a third time rejected. He adheres, however, to his duty as a historian—he merely states the fact, but makes no comment on the practice. After a delay of four hours, the patient was bled, and forthwith a purgative was administered, which produced no effect, as may be supposed; a drastic purge was then given, to which, if we recollect right, some drops of croton oil were added.

After all this, as may be supposed, the patient died. On examination, the peritoneum was found inflamed; the part of it covering the stomach was coated by a layer of coagulable lymph, and the coats of this viscus were perforated in one or two points. We do not just now recollect that any notice was taken of the condition of the mucous membrane. A sapient reviewer reports the case, details the morbid appearances fully, and then exclaims "here was inflammation enough to kill a lion;" but it never occurred to him to inquire how much of that inflammation was owing to the soothing influence of the opiates, repeated three times ad nauseam usque, to the delay of the bleeding for four hours, or to the administration of a drastic purge in a case of acute gastritis. When it is said that acute inflammation softens all textures, and that it constantly produces this state of "remollissement," or softening in the mucous membrane of the stomach, does it follow, that whenever we find a softening of all the coats of that viscus, that this change is produced by inflammation? Erosion of the coats of the stomach very frequently occurs. It has been called by some, spontaneous erosion. Hunter ascribed this to the action of the gastric juice *after death*. More modern pathologists consider it as the result of a vital morbid process, and the symptoms which characterise it have been minutely recounted by several persons, particularly by Dr. Pitschaft,* of Carlsrhue. It is usually observed, he says, amongst children who are badly nursed; it gives rise to paleness of the face, with occasional flushing, loss of appetite, thirst, dryness of the lips, and chapped tongue. All the ingesta are vomited, diarrhœa supervenes; the stools are slimy and fœtid. The countenance is expressive of pain, it becomes shrivelled and contracted, and its lineaments marked as they are in old age. In such cases, Pitschaft gives (he says with good effect) the mineral acids, in some orange flower water. He restricts the diet to barley water and diluents. The practice seems to us to be founded on some chemical notions of the probable effect of the acids in indurating the softened texture of the organ; if so, the principle is erroneous, at least its application is so in the present instance, for the remedy is applied to the effect of disease, it is directed to a mere consequence, and not to the pathological condition which had produced it. It appears to us, that the vomiting, heat, thirst, and other symptoms, are all indicative of irritation, and that the acid is more likely to increase than to allay t. Mr. Hunter's opinion as to the cause of this softening, was founded upon his having observed it in the stomach of a criminal who had been hung, and who was *reported* to have been healthy up to the time of his execution.

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* Repertoire d'Anatomie, Vol. I.

This appears to be rather a hasty inference; a general principle should never be deduced from a single case. Its universality is overthrown by the fact, that this softening occurs during life, and results from some morbid action going on in the part, which may be inferred from the thirst, heat, vomiting, &c. Consequently, Hunter's conclusion, that it occurs *after death*, is by no means tenable. But is this change of structure always the result of inflammation? We shall recur to this subject at a future time; it is of too much importance, in a practical point of view, to be discussed incidentally.

When irritation or inflammation has existed for some time in the mucous membrane of the stomach, it may end by resolution, as happens in other structures. Patients who have suffered from this affection, continue dyspeptic a considerable time; and should it happen that death occurs from some other cause, the mucous membrane will be found as pale, if not paler, than natural; and instead of being softened, it is at least as firm as during the perfectly healthy condition of the organ. Such cases are very likely to deceive persons not conversant with post mortem examinations. They may be led to conclude that no inflammation had existed, and, therefore, that the diagnosis was erroneous. But according to Andral, and we have seen it verified in several cases, there is a pathological condition which proves the nature of the case, and demonstrates, that though the inflammation of the mucous membrane itself had ended in resolution, it still left one of its consequences behind; for the cellular membrane, immediately under the mucous coat, (and which is termed the sub-mucous cellular tissue,) will be found thickened and indurated, and when cut through, the section shows the coats of the tube, whether it be the stomach or intestine, to be considerably thicker than natural. This is a constant effect of chronic dysentery, as well as of chronic gastritis. In the latter case, this pathological condition of the stomach is accompanied by all that train of dyspeptic symptoms marked by heart-burn, gnawing pains, sense of heat, and loss of appetite, which are empirically treated by acids, tonics, blue pill and bitter mixture, as ordered by the regulars, whether purists or generals; and by hippo pill, half grain doses of rheubarb, hot water for dinner drink, and mustard seed by the irregulars of various denominations. In the days of John Brown, the practice of medicine was reduced to a systematic administration of drams; in this "enlightened age," as the critics call it, medicine seems to consist of a ceaseless administration of irritants. How long will these things continue unabated? They will continue until a knowledge of the pathological conditions, induced by disease, are better understood,—until *post mortem* examinations are properly conducted, and more constantly resorted to,—until our hospital system is altered, so as to afford to our students adequate clinical instruction,—they will continue so long as men are put into those hospitals, merely because they have had a university education, and without any reference to their professional acquirements, the majority of whom are mere "imbeciles" in practice, and totally incapable of communicating instruction to others. When such nuisances are abated, we may expect to see men like Andral, Louis, and a host of others in France and Germany, investigating disease in all its varied forms, prosecuting their researches with that ardour which is the true characteristic of genius, and seeking to fit themselves by a long and systematic course of study, and we may say of discipline, for the arduous duties which their profession imposes upon them.

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* Vide Edinb. Med. and Surg. Journal, Oct. 1826. p. 451.

THE FRENCH SCHOOLS.

[*From our Correspondent.*]

Paris.—No. 1.

> Dans un pays libre, on crie beaucoup quoiqu' on souffre peu: dans un pays de tyrannie, on se plaint peu quoiqu' on souffre beaucoup.—Carnot.

In attempting to furnish you with a sketch of the system of medical education pursued in France, I cannot do better than commence with an account of the schools of Paris, since they may be said to be the representatives of the rest. There is much to censure, and much to commend, in the plans adopted by the French ministry, in respect to education in general. The appointment of Frassinous, the Bishop of Hermopolis, at the head of public instruction, has placed too much power in the hands of a priest, the sure consequences of which are intolerance and discontent. But more of this anon. It seemed to me necessary to preface the description of medical education, by an account of the hospitals; as, without understanding the working of them, it would be difficult to understand many points hereafter to be mentioned.

From the time of Philip Augustus, to the period of the revolution, nothing could exceed the wretchedness which prevailed in these abodes of human suffering. Their maladministration, joined with the want of air and beds, caused a dreadful mortality among the inmates and patients; and every successive inquiry brought to light the most appalling facts, without giving rise to any efficient measures for their amelioration. In the year 1786 a pamphlet appeared, which demonstrated the urgent necessity of removing the patients from the Hôtel Dieu, and distributing them in different houses; it also proposed the demolition of the Hôtel Dieu, and the erection of four hospitals without the barriers. This pamphlet called forth an answer from the superintendents of the hospital, who opposed the measure; a third appeared from the first party, which displayed such scenes of mismanagement and misery, that the public became highly incensed at the administration of the hospitals.

This controversy having interested the public in favour of a change, Louis XVI. commanded the *Academie des Sciences* to make an inquiry into the state of the Hôtel Dieu;* their report showed the state of the hospital to be most deplorable. The construction of the four hospitals was therefore ordained, and the king invited all classes to concur with him, by subscriptions and donations, in this work of beneficence. All classes seemed anxious to contribute towards carrying the project into execution, and considerable sums were raised; but the profligacy of the minister Calonne, the impoverished state of the government finances, and the events which preceded the revolution, caused several millions of livres of the fund to be dissipated. The revolution breaking out shortly afterwards, the hospitals remained without improvement; but the project of dividing the Hôtel Dieu, and establishing four hospitals, was not forgotten.

By a decree of the national convention, the administration of the department was directed to transfer, without delay, part of the patients into the convents and other buildings, which had become national property; and by a subsequent decree, two new hospitals were added, so that at various successive periods, the state of the *Hôpitaux* and *Hospices* of Paris, has been much improved, particularly since they have been put under the direction of a general administration.

All the public places of amusement, the French Opera excepted, pay a tax of *ten per cent.* on their receipts toward the support of the hospitals; and nearly a fourth of all the entrance duties collected at the barriers, is devoted to the same object. A heavy tax for their support is also levied on every piece of ground purchased for the purpose of burial in the cemeteries.

The general administration form a board, which is attended daily by medical men to examine the patients who apply for admission; by means of which arrangement, the physician of any hospital, whose attention is directed to any particular class of diseases, may have certain patients sent to the hospital to which he is attached. Thus it happens that the cases of fistula in ano, are sent to Baron Boyer at the Charité, because, nobody knows how, the old gentleman has got a peculiar reputation for *cutting* for this complaint, a reputation which he well deserves, as he generally contrives to cut the unfortunates once in a fortnight, and sometimes more frequently. According to the same system, the diseases of the skin are, for the most part, sent to Alibert and Biett, at the hospital St. Louis; and very deservedly so, since there is no place in Paris where these diseases receive more attention, or are more successfully treated. The patients labouring under diseases of the heart and lungs were sent to the wards of Laennec, for the benefit of the *auscultants*, or Laennec's *trumpeters*, as they have been maliciously called by some; the syphilitic patients are all dispatched to the Hospital de Veneriens, to drink Sydenham's decoction and Van Swieten's liquor, under the superintendence of uncle Cullerier and his nephew Jaques; whilst all ailing bantlings are sent to suck oxymel of squills and syrup of poppies, under the direction of Jadelot, in an establishment especially set apart for the study of juvenile pathological anatomy.

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* Before the revolution, five and six patients were sometimes placed in one bed, the dead with the living; and to be sent to the Hôtel Dieu, was only another word for being sent to the grave.

The Bicêtre and Salpetriere receive the crazy and cracked members of the Parisian population,—a community of which Pinel, Esquirol and Pariset are the mayor and common-council-men. Then, lastly, there is the *Maternité*, where the young ladies of Paris find a very convenient asylum, when it is reported necessary that they should go into the *country* for change of air.

The *central bureau*, or general administration, is attended with many advantages, and some disadvantages; the influential men procure the best cases, and some of the most deserving men have nothing to do but to treat ulcers, *gastro-enterites*, and chronic rheumatisms. Accidents and urgent cases are admitted into the hospitals in their immediate neighbourhood, without the observance of this ceremony.

In general, the hospitals of Paris are clean and well managed, for which they are not a little indebted to the *Sœurs de la Charité*, and females of other religious orders who devote themselves to the care of the sick, and "watch over the interests of the Charity." Notwithstanding all this, they are not to be compared with our hospitals, either in point of ventilation, elegance or cleanliness. The tiles of which the flooring of some hospitals is composed, give a sombre appearance to the wards, which at the same time are frequently badly lighted, and almost always irregularly built.

The *number of beds* in the several hospitals and hospices, is about *fourteen thousand*, and the revenues of the institutions amount to more than *nine millions and a half of francs*. The mean number of beds in the hospitals, occupied at the same time, is about four thousand two hundred, and the mean annual expense of each bed, is 603 francs, about 24*l*. The mean expense of the *hospices*, which must be distinguished from the hospitals, as it is a term applied to those buildings for the reception of the aged, infirm and foundlings, is 2,958,823 francs; and their ordinary number of inmates is nine thousand eight hundred persons, each of whom costs about 18 sous a day, a sum equal to nine pence.

In order to prevent any abuse in hospital government, or the residence of incurable patients in the hospital, the *Bureau d'Admission* must make an examination of all the patients in all the hospitals, once in three months. Eight days are generally allowed to a convalescent for his removal, but those recovered from fever or severe surgical operations, are allowed a somewhat longer time.

The *mortality* in the hospitals of Paris is about 1 in 7, that is to say, about $14\frac{2}{7}$ per cent.; and when it is recollected that the lower classes of the people are admitted into these Institutions without any reference to the nature of the disease, the mortality will not appear excessively great. It must be remembered also, that there are no poorhouses in Paris, to receive the last struggles of expiring wretchedness; since in France there are no poor-laws, whether a loss or gain to the people, political economists have not yet determined. It happens that as the people are occupied in getting their *daily* bread, (*to-morrow* seldom entering the thoughts of a Frenchman,) they are content to spend the fruits of their labour in the *carpe diem*, and to go into the hospitals to die.

By far the greatest number of the Parisian hospitals are supported by the government in the manner before pointed out; and even those which were originally private foundations, as the Hospitals Beaujon, Necker, and Cochin, are, with the former, submitted to the superintendence of the "*Administration generale*" of the civil hospitals and infirmaries.

The patients who wish to get admitted into any of these institutions apply to the Bureau central, which is situated just in front of the entrance to the Hôtel Dieu, in the parvis Notre-Dame. At this Bureau certain physicians and surgeons attend to examine the patients, to send those whose cases require to the hospitals, and to give advice, support, trusses, &c. to such as may not be ill enough to go to a hospital. Assistance is given in this manner to from 10 to 11,000 persons in the course of the year.

The division of the patients into particular classes, according to their diseases, and the sending of these classes to particular hospitals, is a point in the administration which differs essentially from that adopted in the hospitals of London, where, far from admitting only certain classes of disease into certain hospitals, each ward of a hospital is made to receive medical and surgical cases of all kinds and in all stages, so that it is not unusual to see a case of gangrene in the next bed to a patient with fever, and to hear the incessant prattle of the delirious, or the barking cough of the consumptive, disturbing day and night the surrounding patients suffering from painful chronic diseases. The hospitals here are much better regulated; they have their *Salles de Medicine* and their *Salles de Chirurgie,* and the most dominant forms of disease are placed under the care and treatment of the same individuals. In London, the Lock and Fever Hospitals, the Cancer Ward of the Middlesex, and the foul wards of the large hospitals, are almost the only examples we can find of a similar practice.

No doubt can exist as to the propriety of placing surgical and medical patients, and subdivisions of these, into separate wards, and it is a disgrace to our hospitals, and their officers, that they have not adopted such an arrangement; but it is not quite so certain, that in all cases the same advantage results from the distribution of particular diseases to particular hospitals. It is very commendable in the diseases of children, since they require particular nursing and diet, and their incapacity of accurately expressing their wants, requires that they should have persons as nurses who are acquainted, by habit and observation, with their expressive but inarticulate language.

The Hospital Visit.—At the principal hospitals the visits are made at an early hour; in summer at six or seven, and in winter at eight or nine. The visit occupies about an hour, and after the visit is the clinical lecture. By this arrangement both pupils and teachers are allowed the more active parts of the day to their other occupations. The following is generally the routine.

The surgeon enters the ward, surrounded by the pupils, and having tied on his white linen apron, he proceeds to call over the list of the *Elèves,* whose duty it is to be then present. The Elèves having answered, the business commences. The directing officer has two sheets of paper, on which the Elèves mark in the one the dietetic, and in the other the medical orders for the day. The visit to each patient is generally performed in a very slight and superficial manner; the questions are very loosely put, and follow each other in great rapidity. The number of the patient's bed is called out; the physician or surgeon then reports to the Elèves, carrying the papers, what alteration he wishes to have made in the diet or medicine, and the procession moves on.

It is impossible to go through the wards, without being struck with the inert measures generally used; the treatment is passive and dietetic, and that in a degree bordering on the ridiculous; whereas the English practitioners treat their patients with great activity, and perhaps verge to the opposite extreme. Who can go through a single ward of a hospital in Paris, without hearing such prescriptions as petit-lait, eau d'orge, decoction blanche, potion anodyne, tisane de bourrache, de chiendent, bains, and a half score others of the same sort sounded at the bed side of every second or third patient; the most potential command amounts to the application of six *sangsues,* or a bleeding of four ounces. The preparations just named, with the addition of a few grains of nitre or sal ammoniac, make up the entire materia medica of many. Ask a physician either in or out of the hospital how he is treating a given form of internal disease, and his answer will generally be, "*avec des refraichissants,*" "*des delayants*;" and it is in this mild and almost vegetable negative treatment, that they are content to continue and incur the well deserved censure of the practitioners of neighbouring countries. What was once said by a writer in the Edinburgh Review,* still holds good as regards the practice of the French, namely, that "the English *kill* their patients, whilst the French *allow them to die.*" Metallic preparations are very rarely used, and calomel, the *sine qua non* of the English practitioners, is seldom heard of. It is but just, however, to observe, that there are many honourable exceptions to this general slovenness of treatment among the Parisian practitioners.

A peculiarity in the management of the large hospitals, is the changing of the physicians every two or three months. In the Hotel Dieu, for example, where there are several physicians appointed, the change is made every two months, so that one often sees the very opposite doctrines and treatment adopted in the same Hospital in a very short time. A bloodletting disciple of Broussais leaves to day, and is succeeded to-morrow by a stanch hæmatophobist, who loudly abuses the searching for smothered inflammations, and vigorously doses his patients with diaphoretics, valerian, and angelica.

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* On the state of science in England and France. Edinburgh Review, Nov. 1820.

THE LANCET.

London, Saturday, October 28, 1826.

In the last Number of the Medical Mausoleum, which *Dr. Copland* has bequeathed to Messrs. Darwall and Conolly, physicians, of Warwickshire, Dr. Shearman has made a few observations "on the distinction between rheumatism and inflammation," as if such "distinction" had never occurred to physicians, and in happy ignorance of the opinions and writings of the late Bartholomew Parr; to which, however, having first allowed him to broach his ideas, we may have occasion to direct his attention.

"What, in the medical language of the present day," says Dr. S. "is called 'inflammatory action,' is frequently a process instituted by nature for the cure of some previous disease, or deviation from a state of health in some particular part. But this process sometimes exceeds in degree what is merely sufficient for the intended purpose; and we are apt to consider this attempt of nature, whether excessive or not, as a state of disease, overlooking the actual original local disease, or to confound them together: this is particularly the case in rheumatism, which is usually denominated an inflammatory disease; but an accurate investigation into the nature and progress of rheumatism, will convince us, that all the inflammatory action accompanying this affection arises during its course, *subsequently* to the primary attack, and is produced in consequence of the local affection, and as the natural cure thereof.

The division of rheumatism into acute and chronic is unnatural and absurd,—the essence of the disease is the same under all its varieties; but we are in this instance, as in many others, misled by the vague application of general terms. We ordinarily employ the word chronic to signify the protracted state of disease; and in the case of rheumatism more particularly, to denote the duration of the disease, after the cessation of whatever disturbance of the general system accompanied the early stages of the complaint. But we frequently have rheumatism occurring, and that with great severity, without any the least disturbance being produced in the general system; and this state is also called chronic. Nothing but custom could induce us to employ the same term to express such different and opposite conditions. It would be better at once to do away with these distinctive appellations, and to use the term rheumatism simply to denote the disease, whether existing in the one or other form; to consider what is now called chronic rheumatism as the essential disease, the inflammatory affection as an adventitious circumstance; for we shall find that pure rheumatism always *first* arises in this form, and when the local affection is not cured by the general inflammatory disturbance, that it again maintains the same form after the subsidence of such general disturbance, in which case alone could the term chronic be applied with any the least regard to its etymological derivation."

Another argument which he uses is, that—

"Rheumatism does not possess the character of convertibility, which distinguishes the different species of inflammation, one of which is frequently, under certain circumstances, converted into the other. Phlegmonous inflammation, possessing all the distinctive characters of that species, pouring out pure and 'laudable pus,' shall, upon the patient being exposed to the contaminated air of a foul ward, or being otherwise suddenly debilitated, immediately be converted into erysipelatous inflammation, pouring out, instead of pure pus, a sanious ichorous fluid, and extending itself superficially in the usual manner of erysipelas. On the other hand, in many cases of local inflammation, possessing all the distinctive erysipelatous character, we employ cinchona, resinous substances, and tonics, with the effect of converting the erysipelatous into phlegmonous inflammation, and changing the sanious ichorous discharge of erysipelas into the pure and genuine pus of phlegmonous inflammation. But rheumatism, never, under any circumstances, is converted into phlegmonous, nor into erysipelatous inflammation; neither is a phlegmon or an erysipelas converted into rheumatism, although frequently into each other. Rheumatism, therefore, possesses not the common characters of inflammation."

We cannot for a moment withhold our assent to the conclusion of Dr. Shearman, that rheumatism possesses not the common characters of phlegmonous or erysipelatous inflammation, it being perfectly clear that the inflammation is specific, *sui generis*, as much as any other species recognised by pathologists. It is true, as Dr. Shearman states, that what is called acute rheumatism, that is, articular pains or swellings with increased vascular action and fever, will yield to treatment which, in pleurisies, or any other form of phlegmon, would be quite unavailing; but this only proves, that however diffused the disease may appear, it is still essentially rheumatism, and serves to draw still stronger the line of distinction which separates it from all other pains, or inflammations, or fevers, except, perhaps, podagra. It is well known, that what is called acute rheumatism, yields more readily to medical treatment than the more or less chronic affection of the same name; but each is modified by the idiosyncracies of patients, like all other ailments, and by the various states of life with which it combines. Thus, in the young and robust, it is usually attended with increased vascular action, and most of the symptoms of inflammatory fever; while in the cachectic and aged, whom it far more frequently attacks, it burns with a low and smothered flame, in direct proportion to the diminished energy of the patients. Nor can it be removed by restoring the tone of the system *for a limited period* to its pristine strength, or, in other words, by exciting vascular action, which, according to Dr. Shearman, is the method by which nature effects its cure. The late Dr. Gower tried this plan at the Middlesex Hospital, and failed in every instance. Like every other practitioner he could cure acute rheumatism with the greatest facility, but was often baffled in treating the chronic. Upon this he gave his patients wine and brandy, and bark, and beef steaks, thus making the latter state pass into the former; he then commenced the antiphlogistic treatment, bleeding included, and as speedily brought about the chronic state again, which, indeed, was rendered more obstinate by the experiment. The idea was ingenious, but the result proves how little our boasted induction comports with the treatment of diseases. As to Dr. Shearman's distinction between rheumatism and phlegmonous inflammation, that has been settled long ago. Unlike the latter, rheumatism seldom terminates in suppuration, although Morgagni has related one instance to this effect; nor commonly in effusion; and to erysipelas it has not the most distant analogy. As Dr. Shearman thinks it would be better "to use the term rheumatism, simply to denote the disease whether existing in the chronic or acute form," we are happy in being able to inform him, that his suggestion has been anticipated, and that if he will refer to Dr. Parr's Nosology, and to the article rheumatism in the Dictionary, which it is probable he has lately read, he will find that his wishes have been fully attained. Parr makes rheumatism, arthrodynia, podagra, &c. species under the genus arthritis; and "assuming articular pain, as a genus independent of fever," has been able to connect acute and chronic rheumatism, "without losing sight of the operations of Nature, or the rules of classification." What more would Dr. Shearman have?

It might seem invidious not to notice the literary demise of the illustrious Copland, who so long sustained the reputation of the above-mentioned Journal. We shall not be supposed to pretend that he was ever distinguished by superior attainments, correctness of taste, depth of erudition, or what else may make up the Editor, when we maintain that he exercised his craft in a manner less supercilious and cringing, though not less malignant than his brother of the Medico-Chirurgical Review, whom he surpassed in general acquirements. But he wanted the literary tact of the other; that suaviter in modo, and cajolery, by which Johnson has been enabled to pursue a course the most monstrous, perhaps, that ever astounded the judicious, or pleased the vulgar, the interested, the benighted, and the foolish, of this or any other epoch. The fate of the once promising, but unhappy Copland, cut off in the prime of his days, and wafted down to oblivion, without even the momentary stay of an epitaph, is, indeed, truly humiliating. How Messrs. Darwall and Conolly, the rural deans of the Mausoleum, will excuse this want of respect to the memory of their patron, we are at a loss to conjecture; at all events we have done our duty in this simple *hic jacet*, and now take leave of our departed brother for ever.

Salve æternum mihi, maxime Copland,
Æternumque vale!

A Short Inquiry into the principal Causes of the Unsuccessful Termination of Extraction by the Cornea, with the view of showing the superiority of Dr. F. Jaeger's Double Knife over the Single Cataract Knives of Wenzel and Beer. By CHARLES LOUDON, Member of the Royal College of Surgeons in London, &c. 4to. fol. 14. Longman and Co. 1826.

IN this little work, the principal difficulties which present themselves in the performance of extraction, are shortly and accurately described. The general unsteadiness of the globe, from the influence of the mind, and from the mechanical pressure and irritation of the knife; the premature escape of the aqueous humour, and consequent protrusion of the Iris; and the difficulty of retaining the eye in its natural situation to complete the section of the cornea, are circumstances which frequently attend the operation for extraction, and prove very embarrassing to the most expert. Any contrivance which proposes to prevent such contingencies, deserves attention; and although experience alone can determine its value, it appears to us that the instrument described by Mr. Loudon, will be found to possess some advantages in particular cases, especially when the left eye is to be operated on, and when the surgeon is not ambidexter. During his stay at Vienna, Mr. Loudon had an opportunity of seeing Dr. Jaeger, the son-in-law of the celebrated Beer, use a double knife to make the section of the cornea with great success. The description of the instrument, which is accompanied by an engraving, is thus given by Mr. Loudon:

> The instrument is composed of a Beer's blade affixed to a handle; a smaller blade of the same form, having its flat side in contact with the other knife; and a button screw. When not in use, the second blade is situated within the outline of the first, with which the cornea is transfixed. It is introduced in the same way as Beer's knife, not parallel, but nearly perpendicular to the cornea, and afterwards carried across the eye, exactly like the single knife, with the posterior surface of the fixed blade parallel to the iris, at the usual distance from the junction of the cornea with the sclerotica. When the point of the greater knife has transfixed the cornea at the inner side, pressure is made on the button head of the smaller blade, which slides in a grove in the upper part of the handle, with the thumb, with which it is pushed steadily forward, whilst the greater blade keeps the ball firmly fixed, and thus the section of the cornea is completed. A needle is then introduced to lacerate the capsule, and the operation concluded by gentle pressure on the ball, if necessary, to displace the lens from its natural situation.

The advantages to be gained by the use of Dr. Jaeger's knife, are thus briefly stated:

> In employing the double knife, we may use it as we would Beer's knife. After the counter puncturation has been made, we have *a support for the globe* in the greater knife, whilst the *section is performed by the smaller.* There is no necesssity for dragging the eye forward, to enable the operator to complete the incision. This instrument has little or no chance of wounding the parts at the inner angle; and if the knife be fitted to the cornea, there is no danger of making a smaller cut than is necessary for the extraction of the lens. There is less of the aqueous humour discharged, previous to the iris being out of danger; the edges of the wound are smoother and more regular, and the eye is prevented from going nearer to the inner angle than it ought to do, where pressure inwards requires to be made in old persons with hard corneæ.

To our great surprise, the author has dedicated his pages to Mr. Alexander, "as a mark," as he says, "of respect for his high professional talents." No "professional talents," however high, can entitle a man to respect, so long as he seeks to support his reputation by illiberality and secresy, conduct utterly at variance with the character of a scientific man. Mr. SAUNDERS was a man of some professional talents, but was a *secret operator*; Sir WILLIAM ADAMS travelled through Germany, offering his remedies at certain *prices*, like a licensed hawker, at a time when thousands of his fellow-creatures were suffering from the dire effects of ophthalmia, which he said he *could* cure, but *would not*, unless they would purchase his *secret treatment*. Mr. Alexander was brought up in the same school, and has shown that he is a faithful pupil of such a master. Can the present, or future generation, ever *respect* such men?

Lexicon Pharmacopœlium, or a Pharmacopœial Dictionary. By THOMAS CASTLES. Member of the Physical Society, Guy's Hospital. London, 1825, post 8vo. pp. 327, Cox and Son, Simpkin and Marshall.

THIS little work contains the last edition of the London Pharmacopœia, in Latin and English; the chemical decompositions, a description of the simples and compounds of the Pharmacopœias of London, Edinburgh, and Dublin, with their properties, uses, and doses; an English index of technical terms relating to medicine; Cullen and Murray's arrangements of the Materia Medica; an alphabetical explanation of the operations of medicines, and a sort of vocabulary of the terms usually found in prescriptions, &c. It is an unpretending but useful compilation from the best authorities, on the several subjects which it embraces, and well adapted to the wants of apprentices, druggists, and persons commencing their studies of medicine and pharmacy.

THE BUSINESS of the London Ophthalmic Infirmary was commenced, or rather projected, in October 1804, at which period Mr. SAUNDERS published the following prospectus:—

A proposal for the Establishment of a Dispensary for the Relief of Persons afflicted with Diseases of the Eye and Ear.

AMONG the many charitable institutions which mark the wisdom and benevolence of the inhabitants of this Metropolis, there is none particularly appropriated to the relief of the poor who are afflicted with Diseases of the Eye and the Ear. No diseases, which do not affect the life of the patient, are more distressing than such as are incident to these organs, or demand greater dexterity and skill in their treatment. The structure of the eye and ear is so delicate and complex, and their irritability under injury so extreme, that they cannot easily be treated but by those who make them the objects of peculiar study and attention. The acknowledged difficulty in the treatment of the diseases to which they are liable, has induced a few to separate themselves from the general practice of professional duties, and to devote themselves to the exercise of this branch alone, a fact which sufficiently establishes the expediency of making them the objects of a specific institution. Every surgeon must allow, that the most unremitting attention to minute circumstances is requisite to insure success, after some of the capital operations on the eye; and through the want of it, that the most dexterous operations are frequently defeated. In large hospitals and dispensaries, which embrace a variety of objects, where the medical Intendants are deeply interested in the most formidable and excruciating diseases, it can rarely happen that sufficient leisure is afforded for the exercise of that strict care and attention which operations on the eye demand; much less will it happen when patients are the subjects of fortuitous operations, and retire afterwards to their own homes, where they experience a miserable want of every comfort and convenience, that such operations can be successful. Impressed with these considerations, the Author of this Address, who devotes himself to the Treatment of Diseases of the Eye and Ear, solicits the public to patronise an institution, which will enable him to extend relief to the poor who are afflicted with these diseases. An institution of this kind will be the means of restoring to society the exrtions of many industrious individuals, and will be established and carried on, at a very moderate expense. The Author of this Address offers his services to the Charity, without any pecuniary emolument to himself, and he pledges himself to the Promoters of the Institution, that the Public shall reap the fruit of their beneficence.

J. C. Saunders,
Demonstrator of Practical Anatomy, at St. Thomas's Hospital.
24, Ely-place, Holborn.

On this document we shall probably offer a few comments hereafter. On the back of it there was printed the following certificate, signed by the whole of the surgeons and physicians attached to Guy's and St. Thomas's hospital:—

"We are of opinion that the establishment of this charity will prove beneficial, and is therefore worthy of public support; and that the author of the proposal is qualified to secure the accomplishment of its object."

In an advertisement which appeared in *The Times*, on the 8th of January, 1805, we find the following announcement:—

"LONDON DISPENSARY

For the relief of the poor, afflicted with diseases of the EYE and EAR."

At a meeting of the Committee appointed for the establishment of this Dispensary, held at the *City Coffee House*, Friday, Jan. 4, 1805, Benjamin Travers, Esq., in the Chair,—

[It was moved, that the prospectus which had been published by Mr. Saunders, together with the above certificate, should be read to the Committee; after which, as the advertisement states, the following resolutions were put and carried unanimously:]—

"That a Dispensary be instituted under the name of the London Dispensary, for the relief of the poor afflicted with diseases of the EYE and EAR, where they may apply and obtain advice and medicines gratis."

"That the Dispensary be situated in a central part of this city, and contain beds for the reception of patients who undergo the operation for the cataract, or any other operation requiring minute care."

"That the Charity consist of a Treasurer, Governors, Secretary, and Medical Officers."

"That Mr. J. C. Saunders be appointed surgeon of the Dispensary, and that Dr. Farre be appointed physician, in cases requiring medical aid."

"That Mr. R. Battley be appointed Secretary."

Then follows a list of the Committee, and the rear is brought up by the signature of R. Battley, *Secretary*.

The BUSINESS was so well managed, that the Infirmary Shop was open for the reception of *gulls*, on the 28th of March, 1805; and three years afterwards, viz. in April, 1808, a formal account of the proceedings of the Ophthalmic Warehouse was submitted to the public, in the shape of a pamphlet; the title page of which we will here faithfully transcribe:—

LONDON INFIRMARY
FOR CURING
DISEASES OF THE EYE,
No. 40, CHARTER-HOUSE SQUARE,
UNDER THE DIRECTION OF
Mr. SAUNDERS, Oculist,
No. 24, ELY-PLACE;
Dr. FARRE,
No. 30, CHARTER-HOUSE SQUARE,
CONSULTING PHYSICIAN IN
CASES REQUIRING MEDICAL AID;
INSTITUTED, 1804,
OPENED FOR THE CURE OF PATIENTS ON
THE 25th MARCH, 1805.
AND
SUPPORTED BY VOLUNTARY CONTRIBUTIONS.

Is this quackery? Let Dr. Farre, the friend and coadjutor of the SECRET OPERATOR, answer the question.

This pamphlet contained the following Letter from Mr. Saunders to the Members of the Committee, or rather to the public:

TO THE COMMITTEE.

Gentlemen,—As you have resolved to submit this Charity in a regular form to the notice of the public, it will not be foreign to the design, if I should revert to the circumstances which attended its origin. On the 1st of October, 1804, I published a Proposal for instituting a Dispensary for the relief of the poor, afflicted with diseases of the eye and the ear. This Proposal was sanctioned by the testimonials of the physicians and surgeons of St. Thomas's and Guy's Hospitals, where I had then been engaged in professional studies ten years, during eight of which I had acted as the teacher of practical anatomy. The plan was immediately encouraged—this Charity was instituted under the name of the London Dispensary for curing Diseases of the Eye and Ear, and opened for the reception of patients on the 25th March, 1805.

Subsequently to the date of my Proposal, a similar institution, honoured with the royal patronage, was formed and established in Westminster. Although the prospectus of the Royal Infirmary was not heard of until many months after the publication of my Proposal, yet it must be admitted that that Institution first appeared before the public in a regular and organised form; and this, which is the original, is consequently considered by all who are unacquainted with the facts, as the copy. Apprehensive of this impression, I immediately claimed, by public advertisements, which were never answered, the priority of my proposal.

I should be excused for thus obtruding on your notice, if I sought merely the indulgence of honest pride, by maintaining this just claim to respect; but I shall yet more readily be excused, when you reflect, that if I had abandoned this claim, the public would continue to regard me as an humble copyist.

In the return which I have now the honour of delivering to you, the cured are arranged under the heads of the diseases with which they were afflicted. In addition to the observations made on the last Report, which are equally applicable to the present, there is one point on which I must beg the indulgence of expatiating, I mean the adaptation of an operation on the cataract to the condition of childhood, by which I have successively cured without a failure, fourteen persons born blind, some of them even in infancy, and it has just been performed on an *infant only two months old, who is in a state of convalescence.* As I reserve for another occasion the communication of the method which I pursue for the cure of very young children, I shall no farther compare it with extraction, than by observing, that extraction is wholly inapplicable to children, or only fortuitously successful. Those who on all occasions adhere to this operation, and have never turned their thoughts towards the application of means more suitable to this tender age, have been obliged to wait until the patient has acquired sufficient reason to be tractable—*otherwise when they have deviated from this conduct, the event has afforded little cause of self-congratulation.*

How great the advantage of an early cure, is a question of no difficult solution. Eyes originally affected with cataracts contract an unsteady and rolling motion, which remains after their removal, and retards, even when it does not ultimately prevent, the full benefit of the operation. A person cured at a late period cannot overcome this awkward habit by the utmost exertion of reason or efforts of the will. But the actions of the infant are instinctive. Surrounding objects attract attention, and the eye naturally follows them. The management of the eye is therefore readily acquired, his vision rapidly improves, and he will most probably be susceptible of education about the usual period.

I am, Gentlemen,
Your obedient servant,

J. C. Saunders.

Ely Place, March 25, 1808.

And in the address of the Committee to the public, we find the following paragraphs:

"The Committee avail themselves of the close of the third year, when experience has displayed the utility of this infirmary, to publish its proceedings to the world. The benevolent will on this occasion participate in their sentiments—satisfaction for the past and anticipation of future success—an anticipation which is founded on the character and conduct of the gentleman from whom the plan of the Charity originated, and to whose skill and personal exertions its usefulness is to be ascribed. Let it not be thought, that in bestowing this just applause, they have exceeded the line of their duty. By diffusing a knowledge of his talents and the application of them, they advance the interests of the Institution, and it is grateful to their feelings to blend distinguished individual merit with the great and general cause of benevolence.

They feel it their indispensable duty to call the public attention to the fact, that the *operation on persons born blind with cataracts, has hitherto been deferred until they arrive at an age when reason will teach them the necessity of submission. To Mr. Saunders belongs the praise of having overcome the difficulty of the case, by an operation which he has performed with uniform success on children at various ages, earlier than that at which oculists have been accustomed to operate, and even on an infant only nine months old.*"

The lines in italics are thus distinguished in the original. In the same pamphlet is published a statement of the Joint Stock Ophthalmic Company's accounts; it does not say by whom they were audited, but doubtless every item was satisfactory to Messrs. *Saunders*, *Farre*, and *Battley*.

From

From 25th March, 1805, *to 25th March*, 1806.

Dr.	£	s.	d.	£	s.	d.
To amount of Life Subscriptions				483	0	0
To do. of Annual subscriptions				280	7	0
				763	7	0
				763	7	0
To Balance brought down, in the hands of the Treasurer ..				391	18	7
To Lease of the House No. 40, Charter-house-square, value	£300	0	0			
To Fixtures in ditto	118	0	0			
To Furniture in do.	40	0	0			
				458	0	0
				849	18	7

Cr.	£	s.	d.
By Cash paid House Rent to Michaelmas last..............	48	15	0
By do. for Books, Printing, Engraving, Advertising, distributing Letters, and Stamps ..	69	7	6
By do. for Medicines and Drugs to Christmas	68	4	7
By do. on account of the Lease, and for Household Furniture	51	13	11
By do. Butcher's, Baker's, and Coal Bills, to 18th Jan.	28	8	10
By do. collecting Subscriptions	17	17	0
By do. Housekeeper and Assistant—Gratuity for Service....	15	0	0
By do. Surveyor, Appraiser, and sundry petty Bills..........	8	6	7
By do. William French's Estate to Christmas	7	12	4
By do. Taxes, Water Rates, Insurance from Fire, and Lamplighting	6	15	8
By Balance in the hands of Henry Kensington, Esq. Treasurer..	391	18	7
By Arrears of Subscriptions ..	49	7	0
	763	7	0
By Sundries—Cash advanced by Twenty-seven Gentlemen, to pay for the Lease and Fixtures	405	0	0
By H. Bell, for Half a Year's Rent, due at Lady-day last, Half Year	32	10	0
	437	10	0

From 25th March, 1806, *to 25th March*, 1807.

	£	s.	d.	£	s.	d.
1806. March 25. To Balance in the hands of Henry Kensington, Esq.				391	18	7
1807. March 25. To Cash paid into the hands of the Treasurer......				379	7	0
				771	5	7
To Balance				77	9	4
Lease of the House	£300	0	0			
Fixtures..........	118	0	0			
Furniture	40	0	0			

	£	s.	d.
By Cash paid 27 Gentlemen, for Money borrowed to pay the Lease and Fixtures, 15*l.* each	405	0	0
By House-rent to Michaelmas last	65	0	0
By Printing, &c.............	18	12	6
By Butcher's, Baker's & Coal Bills	60	14	11
By Taxes and Insurance from Fire	18	1	6
By Medicines and Surgeon's Instruments	73	11	0
By collecting Subscriptions....	18	19	3
By Housekeeper and Assistant—Gratuities for Service	30	0	0
By sundry petty Bills	3	17	1
By Balance in the hands of the Treasurer	77	9	4
	771	5	7

From

From 25th March, 1807, *to 26th March*, 1808.

Dr.

Date	Particulars	£	*s.*	*d.*
1807. March 25.	To Balance in the hands of Henry Kensington, Esq. Treasurer........ ...	77	9	5
1808. March 25.	To Cash, amount of Subscriptions paid into the hands of the Treasurer......	385	4	0
		462	13	5
		462	13	5
1808. March 23.	To Balance brought down	64	11	1
	To Lease of the House 300 0 0			
	To Fixtures 118 0 0			
	To Furniture...... 40 0 0			

Cr.

Date	Particulars	£	*s.*	*d.*
1809. March 25.	By House Rent from Michaelmas 1806, to this day	93	15	0
	By Taxes and Insurance from Fire	15	18	8
	By Butcher's, Baker's and Coal bills	72	15	6
	By Medicines, Surgical Instruments, and Glasses for the patients restored to sight by operations for the Cataract ..	32	9	3
	By Printing, Advertising, Books, aud Postage	41	11	2
	By sundry Petty Bills, Carpenter's Work, Blankets, and Household Utensils, &c. &c.	22	18	9
	By Housekeeper and Attendant's Salaries..............	50	0	0
	By Collector for receiving Subscriptions	18	14	0
	By Balance in the hands of the Treasurer	64	11	8
		462	13	5

Enough for the present; the conclusion in our next: meanwhile we hope the Governors will give the foregoing documents an attentive perusal.

It is with regret that we announce the death of SCARPA, formerly Professor of Surgery in the University of Pavia. VACCA BERLINGHIERI, or as he was more frequently called, VACCA, died a short time before. Thus, Italy in a short time has lost two of her brightest ornaments in the medical profession. We are promised some account of the lives of these eminent men, from our Italian correspondent.

We have authority for stating that the DEAD HOUSE TAX at St. Bartholomew's Hospital, is neither levied nor sanctioned by the Surgeons and Physicians of that establishment. The BOX CARRIERS are the exclusive servants of the GOVERNORS, by whom they are paid. The students, therefore, would do well to make known their complaint to the COMMITTEE.

We continue to receive a vast number of letters, on the subject of the disgraceful TRICK which has been practised on the pupils of St. Bartholomew's, by the lecturers, in reference to the DEMONSTRATIONS; and we find that the whole of the blame connected with this transaction, attaches itself to Mr. ABERNETHY,—Messrs. STANLEY, WORMALD, and SKEY, being entirely absolved from any impropriety of conduct; indeed, we have the best authority for stating, that the two former gentlemen were most desirous that those persons should be *advertised,* who were to *give* the DEMONSTRATIONS.

THE VETERINARY COLLEGE.

For the prosecution of physiological inquiry, for the cultivation of comparative anatomy, and for an acquaintance with the diseases of domestic animals, which, by their artificial modes of life, and other causes, have been rendered numerous, complicated, and often difficult to discover; no institutions are so well adapted as those termed Veterinary Colleges, or Schools. Every man of science is familiar with the names of Vicq D'Azyr, Daubenton, and Cuvier; their researches into the structure of the animal economy could never have reached half their present extent, nor possessed such value, if the gates of the Veterinary School at Alfort had not been freely open to them. Magendie availed himself of the same opportunities, and many of his experiments owe their value to their frequent repetitions at that school. Founded on equally liberal plans, the *Thierartzneishule* of Berlin has acquired a very respectable reputation from the exertions of its conductors, and from its having been the arena of much interesting physiological and pathological inquiry. Rudolphi, in his Elements of Physiology, has acknowledged how much he was indebted to that institution for numerous opportunities it afforded of determining points of the greatest importance in a practical as well as a scientific point of view. Our pages have lately recorded the interesting experiments of Hertwig on the brain, made at the same place. That a similar institution might be made equally available for the same purposes, in this country, there can be no doubt; and it is to direct the attention of the profession to the neglected, and almost useless state of our Veterinary College, and to show them what benefit might accrue from its judicious management, that we have thus introduced it to their notice.

It is unnecessary to allude to the value of comparative anatomy; every man who reflects a moment, or who knows aught of the history of medicine, must be convinced that the successful treatment of disease can only be arrived at through such a path. To show that the Veterinary College is capable of being made a very valuable institution to medical science, it will only be necessary to say that John Hunter was among its first and most zealous supporters. He was so, not from venal motives, nor because he hoped one day to become a patentee of horse shoes, but because he saw in the future condition of the institution, a rich field would be opened for the culture of the scientific anatomist. In order to attain the legitimate objects of the institution, and to fulfil the benevolent views of its founders, we shall introduce a brief historical sketch of the Veterinary College, and afterwards show how little has been, and how much remains to be done, in the administration of what at present may be fitly styled a sinecure's nest.

The Veterinary College was established in 1792, chiefly by the public spirited exertions of a few individuals; and as there were at that time no men amongst us fitted for the situation, M. St. Bel, a French gentleman of zeal and ability, was appointed professor; and for the same reason, the examining committee were of necessity chosen from the *medical practitioners* of the metropolis, who took an active part in establishing the institution.

Many young men of enterprise and talent became pupils at the College, allured by the prospect of gaining both profit and honour in a new profession which promised well to repay their exertion, and of which the difficulties did not at first appear. St. Bel was an active and efficient teacher, and his death, which took place in the second year of his professorship, was much lamented by the pupils.

As the objects and importance of the Veterinary College became more generally known and understood, it soon acquired extensive patronage; and under the auspices of the present professor, who has added wealth and consequence to the chair, it may be said to have been a most highly favoured institution, with regard to the flourishing state of its domestic affairs, if not in the discoveries which have crowned its efforts; for it is amenable to no tribunal for its conduct, but that of the public, who have hitherto supinely relied upon the report of the director; no critic has demanded a reason for its acts, or disturbed its quiet repose.

An advertisement, dated 1825, sets forth that "the extreme ignorance and incompetence of the greater part of the practitioners on the diseases of horses, called farriers, had been long and universally complained of. To remedy this, and to meet the evil in the most effectual manner, several gentlemen formed themselves into a society for the improvement of the veterinary art. A large piece of ground was provided, and a range of stables, a forge, a theatre for dissection and lectures, and other buildings, were erected at a considerable expense."

"The grand object of the Institution was to form a school of veterinary science, in which the anatomical structure of quadrupeds of all kinds, the diseases to which they are subject, and the remedies proper to be applied, might be investigated, and regularly taught, in order that enlightened practitioners of liberal education, whose whole study might be devoted to the veterinary art, might be gradually dispersed over the kingdom, on whose skill and experience confidence might be securely placed. For this purpose pupils are admitted at the College; who, in addition to the lectures and instructions of the professor, and the practice of the stables under his superintendence, at present enjoy (from the liberal disposition of some of the most eminent characters of the faculty to support and protect this establishment) the peculiar advantage of *free* admission to their medical and anatomical lectures. In order, however, that no doubt might arise respecting the sufficient qualifications of pupils upon their leaving the College, they are to be strictly examined by the Medical Committee, from whom they receive a proper certificate if they are found to have acquired a sufficient knowledge in the various branches of the veterinary science, and are competent to practice with advantage to the public."

Among the rules and regulations, we find the following:—

"Every subscriber of the sum of twenty guineas, is a member of the Society for life."

"Every subscriber of two guineas annually, is a member of the Society for one year, and is equally entitled to the benefits of the Institution, whilst he continues such."

So said the advertisement, which is followed by many noble names, and a list of twelve hundred subscribers.

In order to form a probable guess at the state of the Institution, to support which "great and unremitting pecuniary exertions must be made," we will just contrast its revenues with the expenditure, as it appears to us who are not unacquainted with the details of the subject.

Twelve hundred subscribers, (the number is much underrated,) at two guineas per annum, and 60 pupils at twenty guineas, would produce an income of about 4000*l.*

The livery keep of sick horses requiring a small quantity of food, at the usual charge of stable-keepers, 3*s.* per night, must, on a large scale, be rather a profitable concern; and as "horses are shod at the College forge, at the ordinary prices," it must be inferred, that the Institution does not lose in practising a trade by which so many individuals gain a livelihood.

It must be obvious, that if these departments can be profitable in the hands of private persons, they must, on this extended scale, be more than amply sufficient to support themselves, and all the expenses attending them; and we are ignorant of any deductions which should be made from the College income, excepting the salaries of the professor and his deputy, which are, nominally, only a few hundred pounds; with, perhaps, a demonstrator and a drug-grinder, who would not draw much from the public purse. The bonus, which the former gentlemen receive for professional opinion, must also be considerable. We only wish to show, by these remarks, that the grant of 500*l.* per annum, from Parliament, is quite unnecessary, and, perhaps, even injurious to the true interests of science; for we see, in too many instances, that public institutions are rendered corrupt by superfluity.

Whatever may now be thought of the importance and emoluments of our veterinary professor, at the death of St. Bel the office was so little desirable that for some time no qualified person could be found to fill his station: it was refused by Mr. James Clark, of Edinburgh, who, at that time, had a high reputation; and finally accepted by Mr. Moorcroft, upon condition that a coadjutor should be allowed him.

In the dearth of veterinarians, no one seemed to offer but Mr. Edward Coleman, a young man, who had been educated chiefly at the Borough schools, under Messrs. Cline and Cooper, whose powerful interest was the occasion of his elevation.

He had made himself known to the managing Committee, by some investigations and experiments on the subject of horses eyes; but was, otherwise, professsedly, ignorant of veterinary affairs; indeed, his humble language, on coming to the College, was, that he came to learn rather than to teach; but being a man of persuasive manners, and considerable address, he soon acquired sufficient boldness to forget his disqualifications, and to fill, with greater confidence, the vacant chair into which he had almost unwittingly fallen.

Certain it is, that Mr. Coleman owed not his promotion so much to his own merits, a to a fortuitous union of circumstances; and whether this choice has proved a fortunate one for the public, his conduct decides.

These gentlemen continued for some time to exercise jointly the duties of the professorship; but Mr. Moorcroft soon found the cares of his own business sufficient for him, and resigned the situation wholly to his junior colleague.

Finding himself now alone in power, Mr. Coleman was anxious to do something which should justify his elevation; but it is no easy thing for a Commander-in-Chief, who has the art of seeming wise, to descend to learn the duties of a subaltern, and who, under such circumstances, could doubt that his talents had guided his good fortune?

Among the few veterinarians at that time, who could boast a liberal education, there was much want of confidence, and various opinions on the most important point of practice. St. Bel's system of concave shoeing, had been found useless and unavailing, and the common method was generally allowed to be destructive to the foot, so that Mr. Coleman found himself called upon to make his election, or adopt some measure for alleviating this evil, which should carry with it the semblance of originality.

The writings of a French author, Lafosse, were then in considerable repute; from them, and from some of the pupils at the College, the Professor derived his favourite doctrine, that contraction, and all diseases of the foot, would be prevented, by causing the frog to receive a primary degree of pressure; therefore, sending to Coventry the concave-shoe of his predecessor, he began to recommend the thin-heeled shoe of Lafosse, and to advocate the necessity of this delusive system of frog pressure.

It is much to be regretted that he should have allowed these feelings, and, perhaps, a premature desire of profitable fame, so early to wed his faith to error; though, had he possessed sufficient candour to have acknowledged his mistake, when he found the practice fail, instead of obstinately persisting in the same for thirty years, we should not have had the sin of hypocrisy to add to a lack of judgment. Had he even been content with teaching, and waited till time had ripened his experience, and proved the truth or falsehood of his first convictions, before he published on this important subject, all might still have been well; but, unfortunately for the veterinary art, these opinions appeared in a large quarto volume, hereafter to be considered, which set the seal upon all future improvements at the College, and has proved a bar to the admission of more liberal views, and a stumbling block to knowledge.

By this time the public had become fond of the title of Veterinary Surgeon, and it was usual for opulent farriers who found themselves sneered at, under that name, to send their sons to London for the benefit and credit of a College education.

These young men carried into the country the two-guinea book, and attempted to practise its frog-squeezing doctrines; but finding that their horses were lamed and injured, they have uniformly returned to the common plan of shoeing, with their faith, one should suppose, rather shaken in the principles they had been taught, but with too much respect for their master, from whom they derived their pretensions to knowledge, openly to decry him. Seeing that the thin heeled shoes were losing ground, and previous to the publication of his book, the professor invented an iron artificial frog, calculated to bring pressure upon this part in the stable, for which he obtained a patent; it was rather the most ridiculous of all his patents, and if it ever was used beyond the pecincts of the College, it is now only to be seen in the collections of the curious. So highly did the professor deem of its merits, that it was ushered into the world by a separate treatise from his own hand, published in the *first* and we believe *only* Number of 'Veterinary Transactions;' for even his friends considered this so unfortuate a production, that future exposures were best avoided; indeed the whole affair of this *patent* artificial frog, both in principle and application, was of such a nature as would have damned a man of less good fortune than the author. He seems finally to have been of the same opinion as his friends, having published nothing more on these subjects; but instead of changing his plan of shoeing, or seeing the errors of his way, he only went deeper into the mire, and at different times subsequently, has taken *patents* for *two* or three fantastic fancies, bearing the elegant names of *frog* and *spit bar* shoes, and calculated even more than the shoe of Lafosse, to bring unnatural pressure upon this soft and retiring frog. In the course of thirty years, some hundreds of young men have been educated in these false doctrines, which we venture to say none of them have found generally practicable; yet, though much dissatisfaction prevails, there are many circumstances which concur to suppress the inquiry which the subject merits. Coleman's is a tribunal from which there is no appeal, for the public are silent, and there is no rival establishment, as there ought to be, to form a check upon its proceedings. The examining committee, composed of gentlemen of the medical profession, is a dead form as far as regards this important subject, and the pupils themselves are indebted to the professor for all that they know, for lenity at their examination, and perhaps promotion in the army afterwards.

To the Editor of THE LANCET.

SIR,—A considerable sensation appears to be excited by the belief, that, at the last meeting of the Trustees of the Hunterian Museum, a regulation was made that none but Fellows of the College of Physicians and Members of the College of Surgeons should have the *right* of visiting it, so that the Licentiates of the College of Physicians will see it only by procuring an introduction from members of one of these bodies, like any strangers; and that the Censors of the College of Physicians proposed or sanctioned the regulation. Were this belief founded on fact, the Censors would merit every expression of indignation on the part of the Licentiates. But it is altogether founded on a misconception, and the Censors endeavoured, on the contrary, to place the Licentiates in the same situation, with respect to the Museum, as the Fellows.

The regulation, by which the Museum is open only to "Fellows of the College of Physicians, Members of the College of Surgeons, and persons properly introduced *by them*," has existed for six and twenty years, and did not originate with the Trustees, but was one of the "Terms and Conditions" upon which the Museum was delivered by Government to the College of Surgeons, and of which I have the honour of transmitting you a printed copy.*

To prove the disposition of the Censors, I beg to quote a passage from Dr. Elliotson's letter, published in your Number for June 24, (p. 412.)—"At present, none but Trustees, Fellows of the College of Physicians, and Members of the College of Surgeons, have a right to see the Museum without an order. The Trustees and Curators only can give written orders, and the Fellows of the College of Physicians, and Members of the College of Surgeons, can only introduce friends personally. I proposed that Licentiates of the College of Physicians should also have free admissions, and that all persons having free admission should be empowered to give written orders of admission."

In making this proposition, at the last meeting but one, Dr. Elliotson spoke the wishes of all the Censors; and he made it under the idea that the regulation had proceeded from the Trustees. But Lord Colchester pointed out that it was an original Government condition, which the Trustees had no power to change. The expressions, "properly introduced," however, are indefinite, and give a discretional power; and, at the last meeting, it was determined that a personal introduction should no longer be required, but that a written order from the Fellows of the one College, or the Members the other, should be sufficient. This alteration must greatly facilitate admission to the Museum, as the Members of both Colleges are too much engaged in practice to accompany their friends upon every occasion; and this is the regulation which has been so unfortunately misapprehended.

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* *Terms and Conditions on which the Hunterian Collection, purchased by Parliament, was delivered to the late Corporation of Surgeons; which Corporation having become dissolved, the Members thereof were re-incorporated by his Majesty's Charter, dated the 22d day of March,* 1800, *under the title of the Royal College of Surgeons in London.*

1. The Collection shall be open four hours in the forenoon two days every week, for inspection and consultation of the Fellows of the College of Physicians, the Members of the Company of Surgeons, and persons properly introduced by them; a Catalogue of the Preparations, and a proper person to explain it, being at those time always in the room.

2. That one course of lectures, not less than twenty-four in number, on comparative anatomy and other subjects, illustrated by the preparations, shall be given every year, by some Member of the Company.

3. That the preparations shall be kept in a state of preservation, and the Collection in as perfect a state as possible, at the expense of the Corporation of Surgeons, subject to the annual inspection and superintendence of the Trustees.

4. That there shall be a Board of Trustees, to consist of sixteen Members, by virtue of their public offices, and of fourteen others, to be appointed in the first instance by the Lords of the Treasury, and afterwards to be elected as vacancies may happen, by a majority of the remaining Trustees.

5. That the Museum shall always be open for the inspection of all or any of the said Trustees; who are to take care that the Corporation of Surgeons perform their engagements respecting the said collection. That a *day be appointed for the annual inspection of the Museum*, by the Trustees acting collectively as a Board, and that they are also to have *quarterly meetings*, for the transacting of *any business relative to the Museum*, and for the *filling up of such vacancies* as may happen in the number of the Trustees; and that the Corporation of Surgeons shall engage some person to officiate as *Secretary to the Board*, upon such occasions, and to issue PREVIOUS NOTICES to the Members, in which he is to state particularly whether any vacancies are to be filled up by new elections.

But, although the Trustees cannot give to the Licentiates the *right* of visiting the Museum,—are not empowered to direct the Curators whom to admit, but enjoined only to see that the Curators "perform their engagement" to admit "the Fellows of the College of Physicians, the Members of the College of Surgeons, and persons properly introduced by them,"—it is possible that the Curators are at liberty to admit others. I know the Censors sincerely hope that they are, and that the Licentiates will apply to them and be successful.

One individual has not been content with making observations upon this misconceived regulation, but has expressed himself upon the general conduct of the Censors, relatively to the Museum, in a manner which deserves the strongest reprobation. Dr. M'Leod, in his last Yellow Number, affects to sneer at "their taste and judgment in interfering in the business at all," and terms the performance of their duties "officious interference, which is condemned by none more heartily than by the members of their own body."

Now, I ask any rational being the following questions:—When Parliament appointed the Censors of the College of Physicians Trustees of the Hunterian Museum, did it not expect them to act as Trustees,—to watch over what was confided to their care,—to attend the meetings,—to take a share in the business,—and to discharge their duties conscientiously in common with the other Trustees? And did not Government show a particular anxiety that medical men should be concerned, by appointing nearly one third of the Trustees medical?* Had they not before their face, upon the table, at the meetings of the Trustees, a printed copy of the duties imposed upon them by Government, in which they read, that the Curators had engaged, six and twenty years ago, to open the Museum twice a week all the year, and to place a catalogue of the preparations always in the room, and that the Trustees were *to take care that the Curators performed these engagements*? And could they forget, that, when they were invested with the Censorship they swore a solemn oath, in the presence of the whole College, to fulfil all its duties, and that they took oaths likewise at the Court of King's Bench, and publicly received the sacrament? And have they done one iota more than their duty? When they entered upon their office, was the Museum open more than four months in the year, and was there any catalogue? and were they not told by Mr. Clift, that a catalogue could not be prepared for at least seven or eight years (vide Dr. Elliotson's Letter, p. 409)? and did not a Noble Trustee declare his conviction that, if left to themselves, the Curators would never prepare a Catalogue at all (vide Letter, p. 411)? and had not most respectable persons been refused permission to make drawings?—But now is not the Museum open all the year round? Is not a complete catalogue promised in four years? (it might be prepared before next Midsummer.) Are not the Curators directed to give every facility to persons desirous of making drawings, and is not admission greatly facilitated by allowing written introductions? Yet, to have assisted in effecting these important changes, (I say assisted, because the civil Trustees present,—men of the highest rank and character,—were equally *officious*, took at least an equal share in the business, in fact, made more pointed remarks, actually proposed the resolutions, and declared that the Trustees had previously not done their duty, [vide Letter, p. 410,])—yet to have assisted in effecting these important changes,—to have faithfully discharged a solemn trust,—is *officious interference.*

But Dr. M'Leod has passed a severe imputation upon the College of Physicians, by asserting that the conduct of the Censors is condemned by none more heartily than by the members of their own body. Were this true, it would be no great honour to belong to such a body, and the College of Physicians would be singular; for I have heard of no one besides Dr. M'Leod who condemns them. But it is not true, and I dare Dr. M'Leod to the proof. To satisfy themselves, the three junior Censors laid a statement of their conduct before the two highest officers of the college—the President and Senior Censor. Sir Henry Halford assured them, in a letter written by the Registrar, Dr. Macmichael, which, together with the statement, is in the possession of Dr. Ager, that it appeared to him "perfectly satisfactory;" and Dr. Frampton, that he "entirely approved of it, and, had he not, should have felt it right to attend the meetings of the Trustees and opposed them." Let Dr. M'Leod name the Fellows who so heartily condemned the *officious interference* of the Censors; or, should it be only one, whom Dr. M'Leod considers as representing the whole body, or who may have given him this incorrect information, let Dr. M'Leod name him, that when they or he are proposed for offices in the college, the fitness of men so deficient in sense of moral obligation may be considered.

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* LIST OF TRUSTEES.

Trustees by Office.—Lord Chancellor, First Lord of the Treasury, Chancellor of the Exchequer, First Lord of the Admiralty, Speaker of the House of Commons, Secretery at War, President of the Royal Society, President of the College of Physicians, Four Censors of the College of Physicians, Professor of Physic in the University of Oxford, Reader in Anatomy in the University of Oxford, Regius Professor of Physic in the University of Cambridge, Professor of Anatomy in the University of Cambridge.

Other Trustees:—The Duke of Grafton, Lord St. Helen's, Lord Arden, Sir Charles Long, Earl Spencer, the Marquis of Stafford, Lord Grenville, the Duke of Somerset, Sir Everard Home, Bart., Lord Colchester, Earl of Charleville, Davies Gilbert, Esq., Robert Peel, Esq.

The Censors were recommended to transmit some observations to the Yellow Journal. But for them, as Fellows of the College, to send *any* communication to the Journal of a man, who, *totally unprovoked*, has attacked the highest officers of the college in the faithful discharge of their duties, and cast a severe imputation upon the whole body itself, after solemnly promising, before the whole college, on receiving his license, to do every thing *in honorem collegii*, is evidently *impossible*.

I have the honour to remain, Sir,
Your obedient humble servant,

A Friend to the Late Censors.

London, Oct. 24, 1826.

DISEASE OF THE BLADDER, WITH ABSCESS OF THE KIDNEYS.

The subject of this case, a female about 28 years of age, rather of delicate constitution, having borne several children, applied to me in May with the following symptoms: pain and uneasiness about the lumbar region and pelvis, frequent desire to pass her urine in small quantities, with a scalding sensation, which obliged her to live low, and avoid the use of wine, or even animal food, in any quantities. The urine of a whey colour and very cloudy, apparently containing much sediment; the quantity passed in the 24 hours, being about 20 ounces; which on subsiding in the glass graduated measure, deposited three ounces of a yellow puriform matter, the character of which there could be no hesitation about; her pulse weak, and rather quick; appetite indifferent, and her legs began to swell towards evening; in short, her health was in a very declining state. I saw, by the prescriptions of the physicians who had been attending her, that she had been ordered bals. copaib., uva ursi, mucilages, &c., and opiates occasionally, which she had taken for some time, without deriving any benefit. On my first examination, I expected to find the bladder under considerable state of disease, and which I considered important to ascertain, by injecting it with tepid distilled water. I succeeded, after a few operations, in getting it to contain four ounces of fluid, which was retained for some time without inconvenience. My patient's solicitude to this new mode of treatment, encouraged my attention to be particularly devoted to this extraordinary case; and the process was continued, until the capacity of the bladder would contain eight ounces. During this time, she was directed to take aq. calcis in milk, in full quantities, and an opiate at night, with the occasional administration of confect. sennæ to relax the bowels, which were inactive without the aid of medicine. On the daily introduction of the elastic catheter, I invariably observed the discharge of about a table-spoonful of thick pus. The irritation and uneasiness about the region of the bladder and urethra, were now considerably abated. At this period, which was about the middle of June, as my uncle, Mr. Foot, was then on a visit to me from Devonshire, I proposed, that if agreeable, I would call him in to consult with me upon her case. We accordingly met, and were decidedly of opinion that the disease was in the kidneys, that one or both kidneys had gone into a state of suppuration, from a previous inflammation of those organs, of which she had laboured a short time after the delivery of her last child. The mode of treatment was now directed to her general state of health, and we agreed that she should use the shower-bath every morning, and take the following pills:—

℞. *Zinci. sulphat.*
Quinæ. sulphat. aa. gr, xxiv.
Extract. uræ. ursi. ʒij. M., et divide in pilul. xxiv., quarum sumantur ij. ter in die,

and to continue daily the lotura vesicæ, to free the bladder of the extraneous deposit constantly flowing into it from the morbid state of the kidneys. This plan was pursued to the middle of August, increasing at the same time the dose of tonic medicine. The result was, that her health and strength improved fast. The frequency of inclination and uneasiness in urining decreased. The urine lost its turbid appearance, and the sediment diminished in quantity, and, upon the whole, a great improvement towards her recovery manifested itself. The bladder would now contain, without inconvenience, *upwards of ten ounces of fluid*. I recommended her to go to the sea-side and bathe every morning, and at the same time to continue the other remedies. By regularly attending to which, I am happy to say, she returned home, the latter end of September, perfectly restored to health.

Jesse Foot, Junior.

London, Oct. 20, 1826.

To the Editor of The Lancet.

Sir,—On perusing Mr. Bennett's admirable letter "to the President and Members of the Court of Examiners of the Royal College of Surgeons, London," which appeared in the The Lancet of the 30th of September last, I was much struck with the following passage:—

"You will thereby perceive that I have graduated in the University of Dublin, and that having fulfilled the necessary medical exercises, I await but two years to complete the ten years required in order to be admitted to the degree of Doctor Medicinæ. This entitles me to a similar rank in the Universities of Oxford and Cambridge, and would enable me to become a *Fellow* of the College of Physicians, were I disposed to discontinue the practice of surgery."

I much fear that this Gentleman has yet to learn, that his extensive surgical acquirements have *disqualified* him, and only prepared for him another mortification, should he ever be disposed to discontinue the practice of surgery in order to become a *Fellow* of the Royal College of Physicians in London; and that the most he can ever attain is the honour of being admitted a *Licentiate* of that *learned* body; for if I am correctly informed, one of their by-laws precludes any man, however learned—however extensive his professional knowledge—however high his reputation—from becoming a *Fellow*, should he at any time previous to his presenting himself for examination have been guilty of practising as a surgeon and apothecary, *for filthy lucre.* The first question put to a candidate for examination, suspected of having so *disgraced* himself, would be, "Sir, have you ever sold drugs? Sir, have you ever received a fee for attending a woman in labour?" Any one answering these questions in the affirmative would be refused further examination.

So much for *pure* physicians!

Such by-laws as these, Mr. Editor, can only tend to bring those who enact them, as well as the profession of medicine, into contempt; it is to be hoped also, that they will, before long, bring upon them the contempt and indignation of the Sovereign and of the nation, and that disgusted with their selfishness, charters under which monopolies so disgraceful have been established, will be cancelled.

As individuals, the members of the Royal Colleges are doubtless "honourable men," but as chartered companies, I may, Mr. Editor, undervalue their respectability; but, in my humble opinion, it is almost as discreditable to become a member of them, as it is now deemed to have been a member of the "Bridge-street Constitutional Association," or even to become a participator in the profits derived from the under-mining speculations of Messrs. H. and W.

In point of *intrinsic* value, the diplomas of these learned bodies are much upon a par with the shares of these notorious dispensers of imaginary riches; the honours conferred by the former being as purely imaginary as the riches promised by the latter.

The public and the profession, Mr. Editor, are under infinite obligations to you for your unremitting and manly endeavours to effect a reform in these monopolies, and you have exposed, in a most masterly manner, the imbecility, the meanness, and the selfishness of these self-elected corporations; but you must excuse me, Mr. Editor, for expressing my regret at your having only endeavoured to effect a *reform* in that which is *radically* bad; for in order to place the medical profession in that elevated and dignified situation to which its high importance entitles it, the present futile and corrupt system must be *annihilated*, and one worthy of it, and of the nation, instituted in its stead. In the place of the present narrow-minded Corporations of Physicians, Surgeons, and Apothecaries, I should glory in seeing erected A NATIONAL COLLEGE of PHYSIC and SURGERY, upon a scale of becoming magnificence, and upon fair and liberal principles. The man who could effect such a change would merit the thanks and gratitude of his country, and would, to use a favourite expression of a neighbouring nation, cover himself with glory. In lieu of soliciting the abrogation of the present chartered companies, and of constituting others in their stead who, in the course of a few years, would as assuredly abuse the powers confided to them, let all branches of the profession come forward in a body, and petition Parliament to erect a college, bearing the title, and upon the principles, above suggested. It is impossible, in a hasty and desultory communication of this nature, to enter into the detail of such an establishment; but should you think proper to give these observations a place in your publication, the leading features of it shall be briefly delineated in another paper. In the mean time, accept my best wishes for the success of The Lancet, which, in your hands, has already proved "a little instrument of mighty" good.

A constant Reader.

ANOMALOUS STATE OF THE MEDICAL PROFESSION IN THE BRITISH DOMINIONS.

To the Editor of THE LANCET.

SIR,—Your valuable and distinguished Journal has already effected the most salutary improvement in the various branches of the medical profession in the British dominions, and, I trust, will never cease to expose its remaining defects and abuses at the bar of public opinion, until its total regeneration will be accomplished amongst us. There is no nation in Europe in which the legislative enactments, relating to the different branches of medicine, unnaturally divided into professions, are so incongruous, defective, oppressive, and contradictory, as in the United Kingdom. The Corporations of physicians, surgeons, surgeon-apothecaries, and apothecaries, in England, Scotland, and Ireland, have each distinct and peculiar privileges; and, strange to say, though these professions are precisely the same, (for a perfect acquisition of knowledge is the object required by each,) in each part of these countries; yet the members of the corporation of each country are prevented by law from practising in any other part of the same dominions—a monopoly which is particularly enforced in England and Ireland. Such distinctions were fair and toleable, when each country was a different nation; but are now obviously unjust and oppressive, since the three countries form one united nation. Such laws are also unjust and absurd, since the same courses of study are required by the different corporations of each part of the united empire; the object of each being to require of all candidates, whether of physicians, surgeons, or apothecaries, a perfect acquaintance with their respective professions. Is it not monstrously absurd then, that a legally qualified practitioner of the one country is restricted from practising in another part of the same dominions? Mark this, you enlightened members of the British ministry, who wisely reformed so many obsolete and ridiculous statutes, with which the law books of your country so notoriously abounded! How long will you, who are distinguished for your wisdom in legislating on the broad principles of national welfare, suffer such contradictory and unjust statutes to continue? Imitate the brilliant example of other nations, and cause a law to be enacted, that will entitle every member of the profession, doctor, physician, surgeon, and apothecary, *when duly qualified by any British medical corporation, to practise in every part of the same dominions; let each practise according to his qualifications,* and have and enjoy equal rights and privileges throughout his country. I anxiously hope that the present ministry will attend to this subject, and by assimilating the laws regarding the medical profession, confer a national benefit in protecting and improving the means of preserving public health, which is of the first importance, and worthy of the mature legislative consideration of a first rate, and most powerful nation.

Again: why, in the name of common sense, do certain chartered bodies persecute and degrade men who are duly qualified by medical corporations equally as learned, and yet allow thousands of ignorant empirics to practise with impunity, to the great destruction of human life, and the great disgrace and degradation of the most noble and useful of all the human professions? In every other nation in Europe or America, where the arts and sciences are cultivated, *quackery is suppressed*, except in England; thus in France, Germany, Russia, and America, no persons are allowed to practise any branch of medicine unless duly qualified. Indeed, it is strange that a science so abstruse, important, and extensive as medicine, which requires more study and general information than any other, and consumes the best part of the lives and properties of its members in acquiring a perfect knowledge of it, should be entrusted to the most ignorant and illiterate among society, and this in the first and most enlightened nation in the world. I ask again, how long shall such absurdity continue? From the earliest period of human history, in every age and country, it has been universally admitted, that of all the temporal blessings that man can enjoy, "there is nothing so important to him as health." Hence the professors of the healing art, that godlike science of restoring health to man, have ever received the veneration and esteem of mankind, and the highest public honours have been conferred on them; statues of gold, silver, and the most costly materials, were erected at the public charge to perpetuate their memories, whilst they received the most magnificent rewards for their services.

But to return to the immediate subject of this letter: I would submit, that another great defect and injury in the profession, is the present mode of compensation. Is it not unjust to demand the same fee from a rich and poor man? Are not the lives of the majority of the British people, who are unable during a protracted illness to give daily the usual compensation to the faculty, as valuable as the lives of the affluent or wealthy minority? The church will receive tithes in proportion to the wealth of the subject; so will the law in a great measure; but not the medical profession; and hence arose that useful and meritorious class of men, the surgeon-apothecaries or general practitioners, and yet even these have only the sale of their medicines for their support, as the existing law allows them no remuneration for professional labour or waste of time. Why should medical men endanger their health and lives, and those of their families, gratuitously, when society exempts the other learned professions from such gratuitous exertions? Another defect in our profession is, that the duly qualified physicians and surgeons are in a great measure deprived of their rights, by being precluded from attending the majority of the sick, which arises both from the exorbitance of their fees, and from the infringement of the general practitioners, chemists and druggist. Thus, in Ireland, nearly the whole of the practice of medicine and surgery is in the hands of the apothecaries, who are not obliged to attend any lectures on medicine or surgery, but who, after having served an apprenticeship behind a counter in that country, and never having seen the interior of the human body, or perused a book but the Pharmacopœia, prescribe in all cases with much greater confidence, than the most scientific and experienced physicians; they attend for several days, until death stares them, and then they call most lustily for proper assistance. Another anomaly in the profession in that country is, that the county infirmaries, and most of the fever hospitals and dispensaries are attended by surgeons, and have no physicians; and such surgeons must be members of the Irish College, for those of the English, Scotch, or French colleges, who are a most numerous body in Ireland, are inadmissible. Though English surgeons may attend the large hospitals at this side of the water, they are said to lose all "sound chirurgical knowledge," when in Ireland, "for the members of the Irish College of Surgeons must not consult with English or foreign surgeons, on pain of expulsion." By laws of the College of Surgeons of Ireland, 1815, p. 8, "Nor would they meet Sir A. Cooper, your irritable friend Mr. Abernethy,"* nor Barons Larrey and Dupuytren, if they resided in Dublin, in consultation. Dispensaries, goals, and public institutions to which medical officers are attached in that country, are nearly all jobs, and he who has most interest, however unqualified, will be appointed.

HYGEIAPHILOS.

HOSPITAL REPORTS.

BARTHOLOMEW'S HOSPITAL.

TWO CASES OF RETINITIS.

——————, ætat. 22, was admitted into Henry's Ward, on the 30th of July, with amaurosis of the right eye. On the evening of the 29th, he retired to bed in perfect health. About 3 o'clock in the morning of the 30th, he perceived the sight of the right eye was considerably impaired, and when he arose in the morning, it was nearly lost; in consequence he went to the Moorfield's Ophthalmic institution, where Mr. Lawrence saw him, and admitted him to this hospital. At the time of his admission, although sight was not completely lost, yet he could not distinguish objects; he was merely able to perceive light from darkness; the conjunctiva was inflamed; the pupil in the same state as that of the sound eye; he had pain in the head and eye; his tongue was clean, and pulse 84.

Mr. Lawrence ordered him to be bled ad deliquium, and to take immediately, x. grs. of jalap, and three of calomel, and afterwards to take two grains of calomel, and one third of a grain of opium, every six hours; ℥xxx. of blood were taken from him before fainting was produced. On the following morning, 31st, ℥xvi. more were abstracted from the temples, by cupping. By these means perfect vision was restored.

August 1. The man could read the smallest print; Mr. Lawrence observed that the present was a case which exemplified, in a very complete manner, the pathology of amaurosis, and at the same time the control which we have over the disease at an early stage, by the free use of the lancet; he said that the power of the lancet in overcoming the disease, was considerably lessened when it had continued some days.

Another case of a similar nature occurred at the same time. On the 1st of Aug. Eliza Radley, a girl of 16, was admitted into Elizabeth's Ward, with amaurosis of the left eye, but more confirmed than in the former case. There was a slight redness of the conjunctiva, the pupil in the same state with the sound eye; the loss of vision was nearly complete in the affected eye.

She had received a blow on it about ten days before, but had not experienced any inconvenience until four days before her admission, when vision had been completely lost. Mr. Lawrence ordered her to lose ℥xvi. of blood from the temples, by cupping, to take immediately ten grains of jalap, and two of calomel, and afterwards to repeat two grains of calomel, and one third of a grain of opium every six hours.

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* Dr. Grattan's Remarks on the Medical Profession in Ireland, London Med. Jour., 1821, Vol. XLV. page 183,

The following day her bowels not being open, an enema was administered, which had the desired effect.

On the 3d she had in a great measure regained vision, and at this time, the 6th, is able to perceive the most minute objects; the iris is obedient to the stimulus of light; she took the calomel and opium up to the 5th, but without affecting her mouth.

She was discharged, cured, on the 7th.

SUDDEN DEATH IN A CASE OF COMPOUND FRACTURE, FROM ANASARCOUS SEROUS COLLECTION IN THE BRAIN.

Joseph Keen, ætat. 64, was admitted into Rahere's Ward, with compound fracture of the leg. The wheel of a coach had passed over both legs, and fractured one in the lower third of the limb. The tibia was broken very obliquely, and a small opening made in the skin by the inferior extremity of the upper fragment, the cuticle abraded, and the skin severely bruised in two places, about the size of a shilling. The patient was laid on his back, the limb (of which the calf was very large,) placed on a pillow, straight, in a fracture box, supported laterally by pads; and the external wound dressed with lint and adhesive plaster. The fracture of the tibia being very oblique, the bone could not be very accurately adjusted; the deviation, however, from the natural line, was trifling. The sharp end of the lower fragment was a little higher than it ought to have been, and pressed against the skin, threatening to push its way through.

October 29. By moving in the night, the patient had again displaced the broken ends; a pair of splints was added to the former apparatus to preserve the fracture steady.

November 23. The case has proceeded without a single unfavourable symptom, local or general; the external wound healed by the first intention; the two bruised portions of skin sloughed and separated without inflammation of the surrounding parts. The patient has had a good appetite; clean tongue; and rested well, requiring no other medicine than an occasional aperient. The leg has been kept in the fracture box with the splints.

December 2. Union of the tibia apparently firm; the limb to be removed from the fracture box, and rolled.

14. On accurate examination, it appears the broken bones are not sufficiently united to preclude all motion; the limb to be placed on its sides, and to be confined by splints.

16. Being generally swollen and uneasy, it was placed in the fracture box, with lateral splints, from which it was removed at the end of six weeks; when the union seemed quite firm. In the beginning of February he got up daily; began to move about with the aid of crutches, his health appearing excellent, as it had been throughout. On the 14th of February, his leg and thigh were swollen considerably, without redness or heat; the tumefaction apparently caused by rubbing the limb with soap liniment, was firm and general. He was directed to go to bed, and keep clothes constantly damp with saturnine lotions to the limb, and to take an aperient. The limb became less, and he went to bed in his usual good health, on the 13th. In the middle of the night he called for the nurse, but expired before she could get to him.

Post-mortem examination.

The body was very fat, the adipose membrane covering the abdominal muscles being about two inches in depth. The veins of the lungs and of the body generally, were full of blood; there was no disease, either in the thoracic or abdominal cavities, except old adhesions on one side of the chest.

The arachnoid coat was thickened, opaque, and tough over the whole convexities of the cerebral hemispheres, and the cellular texture of the pia mater loaded with serum. On taking off the membranes, the surface of the brain was drenched with water, and a large quantity ran down.

The cerebral convolutions were separated by considerable intervals, which had been occupied by the anasarcous pia mater. Each ventricle contained about two ounces of the clearest and most transparent fluid; this increased secretion had raised the fornix, so as to make the communication between the two lateral ventricles direct. All the vessels of the brain were turgid, and the bloody points innumerous and large, wherever the cerebral substance was cut into. The patient had complained of no pain, nor had he exhibited any symptom of cerebral disturbance: it must, therefore, be observed, that the above described change in the vessels and membranes, and effusion into the ventricles, had taken place very slowly, and the continued enjoyment of good health must be considered as anomalous in this case. The patient, indeed, exhibited a dulness of apprehension, and general sluggishness of intellect, which were supposed natutural to him, but which probably arose from the morbid changes in the brain. After all, the suddeness of death is not accounted for; he must have expired almost instantaneously; yet no change could be discovered in the brain, capable of causing such an event. The tibia was not completely consolidated, although the union was sufficiently perfect for all the uses of support and motion.

MIDDLESEX HOSPITAL.

CASE OF FRACTURED RIBS, IN WHICH BLOOD WAS SUPPOSED TO BE EFFUSED INTO THE THORAX.

W. Norton, a man aged 51, of a pale haggard countenance, was brought to this hospital on the 31st of July, in a state of intoxication. He had received a severe blow on the left side, by which he was knocked down, and by the fall several ribs were broken. His breathing was difficult, his pulse strong, hard and jerking. He was bled to ℥xvij., a bandage was applied, and he was directed to take a strong dose of calomel and jalap.

Aug. 1. The bowels not acted on by the medicine; tongue furred; pulse 100, and like a cord. The respiration is still difficult; he complains of pain in the chest, and the sputa is streaked with blood; ordered venesection to nine ounces. This bleeding reduced the pulse; and a dose of house physic was ordered every second hour, until the bowels acted. In the evening the respiration became more difficult, although he had been twice bled, and although each bleeding had produced syncope, yet the pulse having again risen, the venesection was repeated. The breathing at this time very irregular. It was found necessary to remove the bandage, which occasioned relief, but he was obliged to be supported in bed, inclining towards the side affected. Mr. Bell was sent for who did not think that the operation of paracentesis was justifiable. He contended that if air had been effused sufficient in quantity to occasion the present alarming symptoms, there would also be some emphysema, but in this case there was none. He contended also, that if it proceeded from extravasated blood, the opening would require to be made of a sufficient size to let the coagulum of blood out, which would be quite impossible. The difficulty of breathing was accounted for by supposing that there was an adhesion of the other lung to the pleura.

3. Yesterday an emulsion was ordered, containing half a drachm of compound tincture of camphor, every six hours. There is but little alteration in the symptoms; tongue furred; pulse full, quick, and irregular. Cough somewhat relieved by the anodyne mixture, and to take the liquor ammoniæ acetatis, with tartarized antimony. Towards evening the breathing became more laborious; he was again bled to ℥xvij. after which the pulse became more regular.

4. The respiration more easy; pulse 84, softer; countenance blanched, and of a ghastly appearance. Tongue furred; bowels much relaxed. On the following day somewhat better, and the pulse was weak and compressible. The man was kept low; the inflammation was kept under; the bandage was again applied, and on the 16th all the untoward symptoms had subsided, from which time he got gradually better, and was discharged, cured.

John B., 35 years of age, was brought to the hospital on the 8th of July. Whilst driving four in hand with great speed, he was thrown from the box of the coach, and the wheel passed over his chest. His fellow servant stated, that he had remained some time insensible, but having been bled by a surgeon, he was perfectly conscious when brought to the hospital. The integuments of the chest were much bruised, and so much swollen, that although on pressing on the fore part of the chest, a crepitus was felt, it was difficult to say what parts were fractured. On passing the hand into the axilla, the second and third ribs were found to be broken; the clavicle appeared also to be fractured, but owing to the great tumefaction of the integuments, this could not be ascertained with certainty. Pulse small, and weak; respiration oppressed; ordered to be kept quiet. In about an hour afterwards, the breathing was scarcely perceptible, the countenance blanched, and the pulse scarcely to be felt; in short he appeared to be moribund, and from the symptoms it was concluded that he was sinking from internal hæmorrhage. He was ordered the following draught:

Compound spirit of ammonia, 1 *drachm;*
Camphor mixture, 1 *and* ½ *ounce.*

In half an hour afterwards, the pulse could not be felt, the surface was cold, and a weak respiration was the only indication of the continuance of life. An hour afterwards the pulse became again perceptible, and the stimulus was discontinued. He remained perfectly sensible all night, was sitting, and was talking in the morning to some friends, and whilst so doing, fell backwards and expired.

Dissection.

The integuments covering the chest measured three inches in thickness, the second and third ribs were fractured through their bodies, and the cartilages detached from their sternal extremities. The upper part of the sternum was also fractured, and the clavicle broken. The sternum being raised, coagulated blood was found in the cellular texture beneath, and the hand could be readily passed to the back part of the neck, through a mass of coagulum, and there was a large sac on the side of the vertebræ filled also with blood. The heart and large vessels were entire; the wounded vessel was not discovered, but Mr. Bell imagined that the hæmorrhage proceeded from the internal mammary artery. Three of the spinous processes of the cervical vertebræ were broken, but the chord was entire.

THE LANCET.

No. 166.] LONDON, SATURDAY, NOVEMBER 4. [1826-7.

LECTURES

ON THE

Diseases of the Nervous System,

BY

DR. CLUTTERBUCK.

LECTURE I.

We are now about to commence, Gentlemen, with a class of diseases, the study of which is attended with much difficulty; and which I cannot hope to treat in a manner altogether satisfactory, either to you or to myself. This difficulty arises from the natural and inherent obscurity of the subject. We are but very imperfectly acquainted with the intimate structure of the parts constituting what is called the *nervous system;* and still more so, with regard to the manner in which they perform their important functions. Where the *physiology* is so imperfect, it is not to be wondered at that the *pathology* should be so little understood. The obscurity that involves almost every thing belonging to the *nervous system* and its functions, has been a fertile source of hypothesis and conjecture. The wildest and most contradictory notions have been entertained with respect to the diseases of this part of the animal economy; while the greatest confusion of language is to be observed, in the attempts that have been made to designate these affections. In order to render the subject as intelligible as possible, it will be necessary to give a brief outline of the different structures comprised under the denomination of the *nervous system;* pointing out their different uses and offices, as far as these are understood. This will prepare us for comprehending the various disordered states to which they are liable, and so lead us gradually on to the treatment.

Under the term, *nervous system,* there are included: 1st, the *brain,* and its prolongation, the *spinal chord;*—2d, the *nerves* (with their appendages, the *ganglions* and *plexuses*);—3d, the different *organs of sense;*—and, 4th, as an essential part of the same system, the *muscles of voluntary motion.*

The parts that have been hitherto described, with their diseases, viz. the sanguiferous and absorbent systems, the organs of supply, of secretion, and of excretion, constitute all that is required for individual existence, having little relation to, or connexion with, surrounding beings. Such a simple state of existence is seen in the lowest scale of animal life, the individuals of which appear to possess only the faculties of taking in food, and of converting it into their own substance, by the processes of digestion and assimilation. Even a plant does all this, though by a more simple organization. We cannot, it is true, find in plants, as in animals, a heart, arteries, veins, and absorbents; but we know that they possess vessels of different kinds, which perform a variety of important actions, analogous with animal circulation, absorption, secretion, and nutrition. Like animals, they take in extraneous matter, and convert it into their own substance;—they distribute their fluids throughout the whole of their structure;—and they *secrete* or form a variety of new substances;—as gums, resins, essential oils, acids, sugar, &c., by processes not at all less wonderful than those by which animals generate bile or urine, and equally beyond our comprehension.

But the higher races of animals are destined by Nature to perform functions of a still more elevated kind. They are connected with surrounding beings, and with one another, by ties of necessity, and of enjoyment. To enable them to perceive those beings, and either to approach or to avoid them, as they happen to be objects of desire or aversion, they required organs of *sensation,* (the *nerves,*) and of *voluntary motion* (the *muscles*). *Sensation* and *voluntary motion,* then, are the characteristics of animal life; as distinguished from mere vegetable existence. Upon these two principles, all the distinguishing operations of animal life depend;—and the one of these necessarily implies the existence of the other: for to *feel* without being capable of *moving*, would be worse than useless, as we might suffer an injury without the power to avoid it; or a want, without the means of gratifying it; which would argue a kind of injustice in the constitution of things;—and, on the other hand, movement without sensation, would be to act without a motive—an effect without a cause.

Man, then, by means of his nerves and their terminations in the different organs of sense, is not only rendered sensible of the existence of surrounding objects, but is made acquainted with their various properties. He can compare, and reflect upon, the different sensations thus produced, so as to form a judgment of them, in regard to their agreeableness and usefulness, or the contrary,—and he comes to a determination to seek or avoid them accordingly. These are operations of the *mind* or *intellect*, and they are performed through the medium of the *brain.*

Whether the *irritability* and *mobility* of plants, are dependent on an influence similar to that of the nervous system in animals, but which is universally diffused throughout their substance, without any peculiar structure devoted to the purpose, is unknown, though far from improbable. The fact lately ascertained by Marcet, of Geneva, that plants, like animals, may be *poisoned*, both by mineral and vegetable poisons, and apparently by sympathy, supports the idea of their possessing something analogous with the nervous system of animals.

The following is the order in which the phenomena belonging to the *nervous system*, take place.

An impression being made, of a certain kind and with a certain degree of force, upon some sentient part of the body, a sensation is excited which is conveyed to the *brain*, by the nerves of the part upon which the impression is made. It is in the brain that the sensation is perceived,—in other words, where we become conscious of what is taking place. This *perception*, or *consciousness*, is the first stage of *mental operation*. As the sensation produced happens to be agreeable or otherwise, the object producing it becomes an object of desire or aversion, and a determination is made to obtain or to avoid it, according to its nature. This is a further operation of the *mind*, and which, in common with all the other mental operations, is performed in the brain, as the organ of the intellectual powers. The *will*, or determination of the mind, thus emanating from the brain, is conveyed to the moving powers, the *voluntary muscles*, the primary instruments by which the purposes of the mind are effected. The medium of communication in this case, also, is the *nerves;* and apparently, the same nerve answers both purposes, that of transmitting the impression from without to the brain, and that of conveying the determination of the mind, or *will*, to the voluntary muscles. As, however, the nerves, when examined, are found to consist of numerous fibrils included in the same external covering, but proceeding distinctly from each other, and without *anastomosis* or intermixture of substance, the nerves of *sensation* and of *voluntary motion* may still be considered as separate and distinct.

The part performed by each of the structures mentioned respectively, in regard to *sensation* and *voluntary motion*, is sufficiently ascertained by very simple experiments, as well as by the effect of injuries and disease. If a nerve be divided or strongly compressed, in any part of its course, neither will an impression made upon its sentient extremity be perceived, nor will the mind be able to put the muscle, to which the nerve is sent, into action: *sensation* and *volition* are both intercepted. So also if the brain itself be accidentally injured, or so altered by disease in the particular part in which the nerve originates as to be wholly unfit to perform its office, *sensation* and *volition* are, in this case, equally annihilated.

As therefore the functions belonging to the *nervous system* are, as I have just stated, *sensation, voluntary motion*, and *mind*, it is in the disordered state of these functions chiefly, that we expect to find the proofs of the existence of disease in those organs.

The part which each portion of the *nervous system* performs in this series of functions, may be pretty well understood, from what I have already said. But for practical purposes, it will be necessary to make a further division of the subject, and which may, I think, be usefully done, as follows. We may consider, 1. The cranial portion, or *enecphalon*, including the *brain* altogether, with its membranes and vessels. 2. The *spinal chord*. 3. The *nerves*, with their appendages. 4. The different *organs of sense;* and 5. lastly, the *voluntary muscles*. The affections of these different parts I shall treat of separately, and somewhat in detail, beginning with the brain, or cranial portion, as the centre of this system, and that which, in its diseased state, furnishes the greatest variety of morbid affections.

1. *Of the Brain and its Diseases.*

The brain, instead of being considered as a single organ, is to be looked upon rather as an assemblage of organs, each differing from the rest, both in structure and in office. Anatomy shows us a great number and variety of parts, and which, from the constancy with which they are found, cannot but be supposed to be of importance in the general economy of the organ; but the particular purposes served by them, are but very imperfectly understood. Certain parts we know to be appropriated to certain functions. Thus *vision* and *hearing* are obviously dependant upon particular parts of the brain, the seat of which is sufficiently ascertained. Many other parts we do not know the use of; and this imperfect state of the physiology of the brain is, no doubt, a great cause of the obscurity that involves many, or most of the diseases of this organ. In speaking of the general structure of the brain, I shall confine myself principally to such points as tend to throw light upon its diseases.

When the cranium is sawn through in the usual manner circularly, and near to its basis, upon force being applied it peels off, as it were, from the *dura mater*, to which it every where adheres, with more or less tenacity, according to the age of the patient; the adhesion being stronger the younger the subject, owing to the more vascular state of the membrane, as well as of the bone itself. This membrane, the *dura mater*, may be considered as an internal periosteum to the cranium, though it furnishes processes which answer other purposes, as you will presently see. When the *dura mater* is raised, it discovers the surface of the cerebrum enveloped by its proper membranes, the *arachnoid*, and, under this, the *pia mater*, which is in immediate contact with the organ, and connected with it by cellular texture, as well as by vessels. The upper surface of the brain is marked by numerous rounded projections, of irregular outline, termed *convolutions*, the depressions between which constitute the *sulci* or grooves in which the veins run in their course to the different sinuses, where they deposit their blood. The convolutions are received into corresponding hollows in the inner surface of the cranium,—a proof that the cavity of the skull is accurately filled by the brain.

The convolutions follow no general rule, as to number, size, or figure; nor do those on one side correspond with those on the other. Hence they can hardly be considered as distinct organs destined to the performance of particular functions, as has been of late supposed, but merely as forming grooves for the lodgment of the veins, which are thus guarded in a degree against pressure.

When the brain is turned out of the skull, and its basis superficially inspected, several inequalities are observed, forming prominences and depressions, to which particular, and for the most part very absurd, names have been given. These peculiar configurations are pretty constantly found, and therefore may be naturally supposed to be of importance. But as their particular uses are at present almost entirely unknown, it will not be necessary to take up your time in further noticing them.

The brain, or general contents of the cranium, admits of division; first, into two principal parts, called *cerebrum* or proper brain, and *cerebellum* or little brain. It is the *cerebrum* only that presents itself when the skull-cap is removed, the *cerebellum* being placed behind and rather below the *cerebrum*.

The *cerebrum* again is divided into two equal halves, from before backwards, constituting the two hemispheres, or a right and a left side to the brain. This division is made by a doubling and dipping down of the dura mater, called the *falx*, or *falciform process*, (from its resemblance in figure to a scythe,) and which is tense and unyielding, so as to prevent one of the hemispheres from pressing on the other, when the head rests on its side. A similar production horizontally of the dura mater, and which is called the *tentorium*, serves to divide the *cerebrum* from the *cerebellum*, answering a similar purpose of guarding each from the pressure of the other.

Not only is the cerebrum, as just stated, divided into its two sides or hemispheres, but a similar division may be traced throughout the whole organ to its termination in the *spinal chord*, which, we shall hereafter see, is itself similarly divided, thus constituting the brain a double organ throughout, though the divisions are not every where equally marked. The *cerebellum*, also, like the *cerebrum*, has its two lateral portions, which are separated by a thinner process of the *dura mater*.

These separate portions of brain, both cerebrum and cerebellum, all unite towards the basis, and proceed downwards, under the name of the *medulla oblongata*, till they reach the spinal canal, when the united mass assumes the name of the *medulla spinalis*, or spinal chord. So that the *medulla oblongata*, and the *spinal chord*, may both be considered as made up of processes or prolongations of all the separate parts mentioned, namely, of the right and left sides of the *cerebrum*, (termed *crura cerebri* or legs of the cerebrum,) and of the right and left sides of the cerebellum (called the *crura cerebelli*);—such is the exterior outline of the brain, or cranial portion of the *nervous system*.

As to the *membranes* or coverings of the brain, there is one usually reckoned, which has no connexion with it; namely, the *dura mater*, which is merely an internal periosteum to the skull. The proper membrane of the brain is the *pia mater*, which consists of a tissue of small vessels, connected together by cellular substance. The *pia mater* is every where closely adherent to the surface of the brain, dipping down between its convolutions, and, at the basis, penetrating to the ventricles.

Exterior to, and intimately connected with, the pia mater by cellular texture, is a serous membrane, termed the *tunica arachnoides;* this membrane, the arachnoid, is supposed to consist of two layers; the external of which, towards the basis of the brain, is reflected back, so as to form an internal layer to the *dura mater*, similar to the *pleura costalis* in the chest; so that, according to this disposition of parts, the *arachnoid*, like other serous membranes, is a complete sac without opening. The arachnoid is extremely thin and transparent, so much so, indeed, that unless rendered opaque by disease, it is scarcely visible. The surfaces of the arachnoid which are in contact with each other, are continually moistened by a serous fluid, which prevents their adhering together. Now if from any cause this fluid should be in excess, it gives rise to the disease termed *hydrocephalus externus.*

On slicing the brain horizontally (according to the common barbarous mode of conducting the examination of this organ), a difference of colour is observed; the central parts being white, (the *medulla* or *medullary* portion,) and this surrounded by a substance of a dark colour (the *cineritious* or *cortical* portion). The cineritious part may be injected, so as to show a very vascular structure. This cannot be done with the medullary substance, at least I am acquainted with but one exception, which is in the museum of Mr. Langstaff; a few vessels only can be thus filled, and which are, probably, veins, traversing its substance. In the cerebellum, these two portions, the medullary and cineritious, are differently disposed, so as to present, when the part is cut into slices, an arborescent appearance.

Deep in the centre of the brain, and rather towards the basis, certain cavities, called *ventricles*, are found; the two lateral, and the 3d, 4th, and 5th ventricles. All these have communications with each other; and admit of fluids passing from one to the other. In a healthy state of parts, there is very little fluid found in these cavities; and it is even doubtful, whether any sensible quantity exists there during life, though, in general, a small quantity is found after death. There is, in strictness of language, no cavity here, the sides of the ventricles lying in close contact, with the exception of any small quantity of fluid that may be collected in them. By the communication between the ventricles, fluid, when present, may gravitate from one to another, according to the position of the body.

Many anatomists believe, that the ventricles of the brain are lined by a continuation of the arachnoid membrane; and hence, that *hydrocephalus internus* is merely the collected secretion of this membrane. This is very probable. In most cases *hydrocephalus internus* and *externus*, exist at the same time.

In some cases of *hydrocephalus internus*, where the quantity of fluid collected in the ventricles is very large, the convolutions disappear, the upper surface of the brain presenting a smooth appearance, while its substance at this part becomes extremely thin, so as to appear little more than a membrane in point of thickness. This has been attributed to an unfolding, as it were, of the convolutions, in consequence of the expansion from within.

Of the Bloodvessels of the Brain.

The arteries which supply the brain, are of considerable size, and are four in number; viz. the two *internal carotids*, and the two *vertebral arteries*. These enter by separate foramina at the basis of the skull. They anastomose within the skull from side to side; which serves to break the force of the current of blood, a purpose which is further answered by the arteries entering through tortuous bony canals. The arteries ramify minutely on the pia mater, before they penetrate the substance of the brain, where they are invisible from their minuteness, unless distended by injection; and they are then only seen in the membranes, and in the cineritious portion. The quantity of blood sent to the brain is very large: if we may judge from the size of its arteries, in comparison with other parts.

With respect to the *veins* of the brain, a peculiarity exists in regard to their distribution. They do not accompany the arteries, as in most other parts, but the venous blood passes out of the skull at different apertures. They are, consequently, not immediately influenced by the more or less distended state of the arteries. The veins empty themselves into the different sinuses; the principal of which are the *longitudinal* and *lateral* sinuses, situated between the laminæ of those processes of the dura mater that form the partitions between the hemispheres, and between the cerebrum and cerebellum (the *falx* and *tentorium*). By the tense state and inelastic nature of these membranes, the sinuses are guarded against the effects of pressure, nearly as much as if they were lodged in bony canals. The veins enter the sinuses obliquely, and in a direction opposite to the course of the blood through the latter. This has the effect of valves, and tends to prevent a regurgitation of the blood from the sinuses into the veins.

The sinuses terminate in the great veins of the neck, the internal jugulars, which return the blood to the heart.

The brain, like other parts, receives its supply of blood from the heart, and is, so far, in dependance upon this organ; but the force and velocity with which the blood moves in the brain, and its particular distribution through the organ, depend upon the action of its own vessels. If the supply of blood to the brain be wholly cut off, it will be unable to continue its functions; as is seen in perfect syncope, where, in consequence of the cessation of the heart's action, blood can no longer be sent to the brain. The same thing, probably, would result, if the arteries going to the brain were all tied; but this can hardly be done. Bichat, however, refers to it, as having been done in animals, and with the effect, as he states, of suddenly interrupting the functions of the brain, and soon inducing death.

The dependence of the cerebral functions upon the circulation, or movement of the blood through the brain, is further shown, by the stupor and insensibility that attend the interruption of the return of blood from the head by pressure upon the veins of the neck; which, if complete, would occasion absolute stagnation of the blood in the brain, and probably put an entire stop to its functions. The same effect often follows from a dependent posture of the head, as in stooping. Pressure made upon the brain itself, must have a similar effect in stopping the circulation through the organ; and we know that it occasions a suspension of its functions.

It appears, however, that the functions of the brain are not much influenced by the *quantity* of blood sent out by the heart, nor by the force with which the heart is acting: provided its own vessels perform their office in the proper manner. Thus, the brain is observed to perform its functions almost equally well, when the heart is acting very feebly, as indicated by the pulse; and when acting with great violence, as in acute rheumatism, and other violent inflammations. We have to look, therefore, to the action of the cerebral vessels themselves, in order to explain the varying states of circulation in the brain. And as the arteries are the chief cause of the movement of the blood, it is to these that the principal changes observed must be referred. The full effect however of an increase of arterial action in the brain, can only be understood by adverting to certain peculiarities, that serve to distinguish this organ from others; and which, though pointed out many years ago by the late Dr. Monro of Edinburgh, have been since greatly neglected, or rather wholly overlooked.

In the first place, the skull is a close, unyielding, bony cavity, having no openings but for the passage of blood vessels and nerves, and for that of the spinal chord. These openings (the orbits are scarcely an exception) are all situated towards the basis. The contents of the cranium, therefore, are thus guarded against the direct pressure of the atmosphere.

2dly. The hollow of the skull is completely filled by its contents, namely, the brain, its membranes, and vessels; as is evident from the correspondence in figure between the surface of the brain every where, and the inner surface of the skull; and the same may be observed with regard to the opposite surfaces of the ventricles, which, when no preternatural quantity of fluid is present, are evidently in contact with each other. There is, in fact, no absolute cavity or vacant space to be found, any more than in the other great cavities of the body, (as they are improperly called,) the chest and abdomen.

3dly. There is nothing elastic or compressible within the skull; for neither can the solid substance of the brain itself or its vessels and membranes, suffer compression, so as to be diminished in bulk from pressure; nor is the blood itself compressible in any sensible degree, at least by any force that can possibly be applied during life: and as far as is known, there is no elastic fluid present. These facts must be disproved, before the inferences I am about to draw can be controverted.

The cavity of the skull being always completely filled by its contents, and these contents being incompressible, it cannot of course admit of more; consequently, the absolute quantity of blood within the brain altogether cannot materially vary from time to time. No fresh quantity of blood can find admittance by the arteries, but by displacing an equal quantity from the veins. The language therefore in general use, with regard to the brain being more or less 'loaded with blood,' 'congestion of blood,' and the like, is not correct. The only variations to which the circulation of the brain is liable, are in regard to the force and velocity of the current, and its particular distribution. In these respects, it is subject to great variety. These changes are to be attributed principally or almost wholly to the varying action of the cerebral vessels themselves, and not to the state of action in the heart or general vascular system, of which the brain is in a great measure independent, as I before observed to you.

Another result of the peculiar construction mentioned is, that when pressure is made upon any part of the brain, as by removing a portion of the skull and pressing with the point of the finger upon the exposed surface, the brain itself will be deranged as to its position, and may thereby possibly suffer some disturbance in its functions; but the effects of the pressure will be necessarily communicated to the only compressible parts, the blood vessels, the sides of which will be forced together, and their contents squeezed out. This is as likely to occur in the parts of the brain the most remote from that where the pressure is directly made, as in its immediate vicinity: the cerebral substance being incompressible, it cannot intercept the effect of the pressure as if it had been an elastic substance.

Now I need not observe to you, that the consequence of such compression of the blood vessels, must be a proportionate interruption to the circulation of the brain; and this, probably, is the chief cause of the interruption of its functions, and not the mere derangement in the position of the cerebral matter. That the suspension of functions is owing to the interrupted circulation, is indeed further probable from this circumstance, that the same effects follow from compression of the veins of the neck; and also from a simply dependent posture of the head in many subjects. I shall hereafter endeavour to show, that the symptoms of apoplexy, and of the apoplectic state of fever, that have been attributed to *congestion* or over fulness of vessels in the brain, are, in reality, to be ascribed to the cause I have just mentioned, *stagnation*, or interrupted circulation in the brain.

When a portion of the skull is removed, and the brain laid bare in consequence, and also at the fontanel or junction of the sutures before ossification is complete, we observe an alternate rising and sinking of the brain, corresponding with the action of the heart, and in some degree also with respiration. And it has been inferred from hence, that the same is the case at all times. There is however no proof that this takes place, when the cranium is entire; while it is altogether incompatible with the peculiarities of construction already mentioned. The impulse given to the blood in the cerebral vessels, by the *vis à tergo* derived from the heart and arterial trunks, will be expended in urging the blood forwards, and not in producing expansion of vessels; for which, in fact, there is no room. If, in the perfect state of the cranium, the brain were to recede from it, as is commonly supposed, there must be created a vacuum over the surface of the brain; but this, you must see, is all but impossible.

I may observe further, what at first perhaps you will find it difficult to conceive, that though by bleeding to a great extent, the other parts of the body may be deprived of a great part of their blood, this cannot happen with respect to the brain; and that for the same reason that wine cannot be drawn from a cask, without a counter opening for the admission of air. The impetus of circulation, and distribution of blood in the brain may be thus affected, but the absolute quantity must remain very nearly the same. In the most exhausted and emaciated states of the system at large, the brain appears to contain its ordinary proportion of blood. If, indeed, there is a large accumulation of serous fluid in the ventricles or between the membranes, as in the more chronic forms of hydrocephalus, the substance of the brain exhibits a deficency of blood, by its white and pearl-like appearance.

We shall resume this subject in our next lecture.

FOREIGN DEPARTMENT.

Royal Institute of France.

ANATOMY.

[*Sitting of the Seventh of August.*]

Dr. Bordat read a paper on a Chinese, twenty-one years of age, to the surface of whose breast, an acephalous fœtus was attached. There are two different stories respecting this individual, who was brought to Macao three years ago; and submitted to the inspections of Drs. Lurington and Pearson. During the stay of this latter gentleman at Canton, in January, 1825, he had an opportunity of seeing him constantly for two days, and from Dr. Pearson the following remarks are obtained. The individual was twenty-one years of age, presented no peculiarity of constitution, and had the same colour as the other Chinese. He was of a middle size, and the only difference observed, was that the organs of generation were slightly developed. The fœtus adhered to the sternum, from the fourth to the eighth rib. In this extent, the bone projected to such an extent, as to give it the appearance of the head of the child. M. Pearson was not, however, certain whether this was in reality a projection of the sternum or of some part of the fœtus. The fœtus had neither the dorsal nor the lumbar vertebræ, or at least they could not be discovered by the touch, whilst the cervical could. The upper extremities were very little developed, and no muscles could be distinguished on them; there was nothing but the skin and bones. The sternal extremity of the clavicle rested on the sternum of the adult. A few of the ribs could be felt, and the lower extremities were more fully developed than the upper ones. The muscles, on the thighs and legs, could be distinctly felt. Both the fingers and toes were provided with nails. The umbilicus was very distinct in the fœtus, and the parts of generation were more fully developed in it in proportion, than in the adult. One of the testicles was in the scrotum, and the other in the inguinal canal. The penis was perforated, and M. Pearson was told that it voided urine, which, however, he did not believe to be the case. The fœtus had no anus; but the folds of the skin in that part were very distinct. The adult felt distinctly when the skin of the child was pinched. The pulse of the adult was quicker than is ordinarily the case in grown up persons; it varied from ninety to a hundred beats in the minute. The individual is probably still living; he returned to his native place, notwithstanding the advantageous offers which were made to him, to persuade him to come to Europe.

The commissioners appointed to report on the above case, were MM. Dumeril, and Geoffroy St. Hilaire.

Sitting of the 28th of August.—Report on the above Case.

M. Geoffroy St. Hilaire read a report on the Chinese monster, which had been the subject of Dr. Bordat's paper, from which the following extract will be found interesting.

This monstrosity consists in the addition of an acephalous fœtus to the epigastric region of a Chinese, about twenty-two years old. The commissioners do not entertain the slightest doubt about the authenticity of the fact, and their conviction of its truth is founded less on the numerous proofs which have been afforded them in the description of the monstrosity, than on preceding parallel cases with which the annals of science abound; for twenty cases similar to the one now under consideration, have been narrated. Ambroise Paré, Beneveninus, Columbus, Montano, and others, have described them. Schenkius relates thirteen such cases, of which three were observed by himself. Aldrovarde gives plates of three others, which he has collected in the same article, under the name of *monstrum bicorpor monocephalon*. There is another case of a Swiss, who was born in 1764, and from whom the acephalous individual was dexterously detached by a surgeon. Winslow also mentions a case of a girl who died in 1733 at the Hotel Dieu. The extreme unction was about to be administered to her, when it was discovered that there was an acephalous fœtus connected to the stomach. This circumstance raised the question, whether the extreme unction ought to be administered to the two individuals? It was on this absurd question that Winslow was consulted; his answer is not known.

M. G. St. Hilaire examined the different points contained in the description, and stated that he had classed all monstrosities of the kind under one genus, which he had termed *heteradelphes*, or dissimilar twin brothers.*

Remarks of Professor Tiedemann on a passage in the Work of M. Serres, entitled, "Anatomie comparée du cerveau, etc."

In the preface to the work of M. Serres on the comparative anatomy of the brain, we find at page 12 the following observations: "Such are the favourable circumstances in the midst of which this work has been composed. The principal results contained in it are already known by the extended report which Baron Cuvier published in 1821. We recollect the sensation which this report created among anatomists. In the course of the years 1822 and 1823, different anatomists, both French and foreign, published on the same subject, the researches to which the prize proposed by the Academy of Sciences for 1821 had given rise, and which prize was adjudged to my production."

Here M. Serres adds a note, which concerns me, and is indeed that which has compelled me to publish the following statement. M. Serres' note is as follows: "This remark is not applicable to the first production of the celebrated Tiedemann, entitled, '*Anatomy and Formation of the Brain of the Human Embryo*,' published in 1816, and with which I became acquainted in 1821. The second part which this illustrious anatomist appears to have composed at the same time as he composed the work which he sent to the Institute on the occasion of the prize, has been put by his learned translator, Dr. Jourdan, on a level with the present state of our information."

At first I deemed it quite useless to combat the high pretensions advanced by M. Serres, with an air of unbecoming assurance, when he was endeavouring to appear in the eyes of his countrymen, as the author of important discoveries on the structure and mode of formation of the brain of man and animals. The facts which I could enumerate on this occasion, have not quite escaped the attention of anatomists, whose knowledge keeps pace with the improvements of the age. For these reasons I shall confine myself to what professor Meckel has said on this subject in the *Deutschen Archives für die Physiologie*, B. V. 7, p. 349: "As it is only justice to give to every one his due, in our love for truth, we submit to the notice of M. Serres some of the works, which, treating of the same subject as his work treats of, are all of a date prior to his." T. and C. Wenzel (*Prodrome eines Werkes uber das Gehirn. Tubing.* 1806, *de Penctiori Structurâ cerebri Tubing.* 1812.) The papers of Reil on the structure of the brain, inserted in his Archives. Arsaky (*de Piscium Cerebro et Medullâ Spinali, Halle*, 1812); Carus (*Anat. et Physiologie des Nerren Systems*, Leipzig;) Dollinger (*Beiträge zur Entwickelungs-geschicte des Menschlichen Gehirns*, Frankfurt, 1814); J. F. Meckel (*Versüch einer Entwickelungs-geschicte der Central theile des Nerven Systems in der Saugethieren*) in the Archives of Physiology for 1815); Tiedemann (*Anatomie und Bildungs-geschicte des Gehirns in Fœtus des Menschen*, Nuremberg, 1816); and, lastly, the inquiries of J. R. Trivíranns (*Untersuchungen über der Bau und die Functionen des Gehirns Bremen*, 1820). If M. Serres peruses these different productions, he will not fail to perceive that nearly all the facts, inductions and just comparisons which his work contains, had been known for a long time, and that several of the assertions which are peculiar to himself, are far from being true, and are refuted in advance by the facts observed and described, by authors to whose statements credit may be attached. Meckel is not the only one who has given this opinion on the work of M. Serres. Similar opinions by M. Foedera will be found in the *Journal Univ. des Sciences Med.* T. XXXVII. p. 97, and by M. Ollivier, in the *Archives Gen. de Med.* Tom. VII. p. 268.

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* A curious model of a Chinese, presenting just another such monstrosity, may be seen in the council room of the College of Surgeons. It was presented to the College by Mr. H. L. Thomas.—Ed. L.

As for the note which concerns me, and in which M. Serres justifies in some degree the opinion of the celebrated reporter of the Academy, (Baron Cuvier,) there appears to me some necessity for explanation. I shall first ask, with what view has the author added the note? Was it to pay a tribute to truth! Undoubtedly not; and M. Serres's only object in writing a note which contains as many falsehoods as lines, was evidently to give to his work an air of originality which might seduce his countrymen.

Indeed, if we examine each of the assertions, we see first that the title given by M. Serres to my work, is completely false; for the terms in which it is conceived are not *Anatomy and Formation of the Brain of the Human Embryo*, but those given in M. Jourdan's translation "Anatomy of the Brain, containing the history of its development in the Fœtus, with a comparative exposition of its Structure in Animals." This work, then, embraces the whole of the subject which M. Serres appears to have treated in a manner entirely new. Moreover, he adds, that it was only in 1821, in the month of March, that he became acquainted with my work, having then received it from Baron Cuvier. If M. Serres was not acquainted with the original before that period, he could not have been ignorant of its contents, for an extended analysis of it had appeared in 1817, in the *Journ. Univ. des Sc. Med. Sept.* p. 281.

M. Serres has again gratuitously advanced, that the second part of my work, in which the different degrees of organization of the brain of the fœtus are compared with those of the animals of the four superior classes, does not appear to have been composed till later, and precisely at the time when I published my *Anatomia cerebri siniarum et quorumdam Mammalium variorum, Heidelberg*, 1821, a work which I had determined, as corresponding member of the institute since 1812, to send to that learned body. M. Serres goes even so far as to say, "on the occasion of the prize," as if I should have ventured to try for any prize for which M. Serres was a competitor! I will also remark, that M. Serres, in stating that M. Jourdan had placed my work on a level with our present state of knowledge, has stated what is false, for M. Jourdan has added nothing but a preliminary discourse.

What appears most ridiculous is, that M. Serres should compliment me as "celebrated and illustrious:" does he think that such words from his pen or mouth will silence the just indignation which his conduct has raised in my mind. Let the matter be as it may, the assertions which I have refuted having given rise to unpleasant interpretations respecting me, I feel myself obliged to publish a letter which Baron Cuvier sent me at the time; it will serve to enlighten those of his countrymen whom M. Serres, by an appearance of good faith, may have led into error.

Paris, 15 *Janvier* 1821.

Monsieur et cher Confrere,

Je viens de recevoir votre ouvrage sur les voies par où les substances avalées arrivent dans le sang. J'ai présenté à l'académie l'exemplaire qui lui était destiné, et je vous prie d'agréer ses remerciemens. Veuillez aussi recevoir les miens pour celui dont vous m'avez honoré. Votre mémoire sur l'ours paresseux nous était arrivé dans son temps, et je m'étais empressé de vous en remercier. Je regrette beaucoup que ma lettre ne vous soit pas pervenue, mais j'aperçois de temps en temps de pareilles négligences, lorsque la poste doit porter des paquets d'un royaume à un autre.

J'ai reçu avec bien de l'intérêt vos observations curieuses sur la tannière du castor.

J'en profiterai certainement pour la première édition de mon Règne animal. *J'espérais que vous auriez travaillé pour notre prix sur le cerveau ; je vous avoue même qu'ayant lu avec un grand plaisir votre mémoire sur le développement de ce viscère, j'avais pensé spécialement à vous en proposant ce sujet à l'académie.* Nous ne perdrons du moins pas tout puisque vous allez faire graver une partie de vos observations. Je suis bien sensible à l'offre que vous me faites des dessins, et je prendrai peut-être la liberté d'en profiter lorsque je serai arrivé à cette partie de mon travail. Je suis encore un peu retardé par la nouvelle édition de mes fossiles dont je joins ici le prospectus. Si vous pouviez me procurer quelques matériaux pour l'enrichir, vous me rendriez un grand service.

Agréez, je vous prie, Monsieur, l'assurance de ma haute considération.

BARON G. CUVIER.

Every one may convince himself from this letter, that my work was in the possession of Baron Cuvier before the Academy had proposed, for the subject of its prize, the question on the structure of the brain, and that, consequently, I had not laboured to answer this question, as M. Serres endeavours to insinuate into the minds of his readers. One solitary truth is to be found in the passage quoted above, and taken from M. Serres' preface: "it will be undoubtedly recollected what sensation this report created among anatomists." Yes, the sensation which the report produced among the instructed anatomists of Germany was great indeed; but the unfavourable impression which it caused in our country was not to be compared to that produced by the no less known report on the work of M. Flourens, whose discoveries were disputed with justice by M. Rolando, and to the indignation which was shortly afterwards excited by the spoliation committed by Autommarchi on the immortal Mascagni.

From these circumstances I will venture to make one observation, which appears to me deserving the attention of the Academy of Sciences at Paris. Can this illustrious society, which for nearly two centuries has been spreading light on the vast domain of science, hope still to preserve the reputation which it has acquired, if the members of its commission, instead of distinguishing themselves by profound knowledge and just criticisms, remain entire strangers to the progress of the sciences in neighbouring countries, and take on themselves to decide with partiality on the works of the learned, who are indeed the inhabitants of no one country in particular, but the citizens of the world at large.

TIEDEMANN.

PHYSIOLOGY.

The Effect of Compression on Poisoned Wounds.

In a paper lately read to the Academy of Medicine, Dr. Brouillard stated the fact that poisons even of the most active class do not produce death, until they have been absorbed into the system; and hence he argues, that by preventing absorption, you obviate the mischief. Dr. Barry applied the cupping-glass to poisoned wounds, and by hindering the circulation of the poison, prevented those phenomena from taking place, that would necessarily occur if absorption had been suffered to go on. Dr. Brouillard was induced to make some experiments, which were attended with complete success. He laid bare a portion of the cellular substance of a rabbit's thigh, and introduced therein three grains of strichnia; he then tied a ligature above the wounded part. Twenty-one minutes elapsed before the animal appeared to be affected by the poison; but, at the end of that time, it was convulsed, and sent forth strong cries. Dr. Brouillard strongly compressed the wound with his hand, and the symptoms ceased; nor did they return for 25 minutes, during which the compression was continued. In six minutes after the ligature and hand were removed, the convulsions were renewed. The doctor then alternately applied and removed the ligature, and each operation was attended exactly with the same results as before, respectively. The experiment was repeated in five instances with strichnia, and in two with prussic acid; and, in one case, the Doctor, by means of compression on the wound, kept the animal alive for nine hours. He lastly inserted a portion of the above poisons in animals of the same species, and in all cases the consequence was the immediate extinction of life.

On the use of Iron, as an antidote against Poisons belonging to the class of Metallic Salts. By Messrs. DUMAS and M. EDWARDS.

A variety of experiments have been made by these gentlemen, for the purpose of ascertaining the efficacy of iron in cases of poisoning by means of metallic salts. It is known that iron decomposes acetate of copper, and hitherto the experiments of the above gentlemen have been confined to the acetate, sulphate, and carbonate of copper, and the strong muriate of mercury. From twelve to thirty grains of acetate of copper, dissolved in water (sufficient in evincing circumstances to destroy the life of a dog in a few hours,) were introduced into the stomach of a dog, and afterwards they injected about an ounce of iron filings suspended in gum water. The experiment was tried on several dogs, the liquids being in all cases introduced by an opening in the œsophagus, which was afterwards compressed so as to hinder vomiting. The iron was exhibited in the several instances at different intervals from the introduction of the poison. The animals all pretty well recovered, and survived from four to eight days, the death even then being occasioned entirely by the pressure of the ligature on the œsophagus. In one case, where the ligature was speedily removed, the dog recovered. As an antidote, or rather decomposer of acetate, sulphate, and carbonate of copper, iron was found invariably successful. In the case of the sulphate of copper, the iron was found to be rendered much more active by the addition of a little vinegar.

CHEMISTRY.

A new substance has been discovered by M. Balard, a young chemist of Montpellier, which he at first called *muride*, but which, at the suggestion of Thenard, Vauquelin, and Gay-Lussac, he afterwards changed to BRÔME from the Greek word *βρωμος*, signifying a bad smell. This substance has been obtained from sea water by M. Balard, and was discovered by him during the manufacture of iodine.

Its principal characters are thus briefly described; it is liquid at the ordinary temperature of the atmosphere, and even at 18° below the zero of Reaumur. In mass, its colour is of a deep reddish brown; when broken, it appears just the colour of the red hyacinth. Its smell is very strong, and much resembles that of chlorine. Its density is about 3. It destroys colours in the same manner as chlorine, and dissolves in water, alcohol, and æther. M. Balard has combined it with a great number of simple bodies, and has obtained some very remarkable compounds. It is not so strong as chlorine, but is stronger than iodine, which is very singular, and renders it probable that it may ultimately prove to be only a compound of these two bodies. It appears to resemble chlorine rather more than the other. With hydrogen, it forms an *hydracide*, or hydrobromic acid; and with oxygen, it forms bromic acid, which, in its various combinations, has a great resemblance to the chlorates. With heat it decomposes, like chlorine, all the soluble alkaline oxides, and disengages the oxygen from them; with cold, it combines with the oxides, and forms *bromides*, easily decomposable by heat, and by the weakest acids. The weight of its atom is 9.328, taking oxygen as unity. The Academy of Sciences considers this discovery of M. Balard as a very important acquisition to chemistry.

A detailed account of the *brôme* and its combinations has been published in the *Annales de Chimié et de Physique* for August last.

THE COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—In your Number of this day, I observe a letter, signed "*A Constant Reader*," in which, alluding to Mr. Bennett's correspondence with the Court of Examiners of the College of Surgeons, he is pleased to indulge in a strain of invective against the Royal College of Physicians.

Now, as he appears to me to have *wilfully assumed* a *falsehood*, for the purpose of declaiming against that body; and as his statement is calculated to mislead the public, which, I am sure, must be foreign to your inclination, I beg leave to state, that there is *no by-law* by which a properly educated gentleman is prevented from becoming a *fellow* of the College of Physicians, even if he *has* practised as a *surgeon*, pro mercede.

It is true, that should he have ever exercised the art and mystery of an apothecary, or practised midwifery, for gain, the College will refuse to admit him as a Fellow, even if he be a graduate of Cambridge or Oxford.

But it is not true that such question as your correspondent has chosen to assume, are *ever* put to any individual who presents himself for admission. He can't have practised these branches of the profession, without the fact being known; and the questions therefore would be superfluous.

When a National College of Physic and Surgery shall have been established, with "A Constant Reader" at its head, the profession will *then*, no doubt, be on a *very different* footing!!

I have the honour to be, Sir,
Your very obedient servant,
A LICENTIATE OF THE COLLEGE OF PHYSICIANS.

London, Oct. 28, 1826.

THE LANCET.

London, Saturday, November 4, 1826.

The Principles of Surgery as they relate to Wounds, Ulcers, Fistulæ, Aneurisms, wounded Arteries, Fractures of the Limbs, Tumours, the Operations of Trepan and Lithotomy. Also of the duties of the Military and Hospital Surgeon. By JOHN BELL. A new Edition, with Commentaries, and a critical enquiry into the Practice of Surgery. By CHARLES BELL, Professor of Anatomy and Surgery to the Royal College of Surgeons in London, Surgeon of the Middlesex Hospital, &c. In 4 Vols. 8vo., with engravings and marginal illustrations. London, 1826. Tegg.

MR. JOHN BELL's Principles of Surgery have so long and so deservedly sustained the first rank in our libraries, and are so well appreciated by the profession in general, that it were almost superfluous to descant on their merits. There is something so delightfully animating and cheering in this writer's manner, so much force of genius in his criticisms of the opinions and practices of the older surgeons, such vigour of thought, plain straight forward reasoning, and happy sarcasm in contrasting the right with the wrong—teaching us what to avoid, and what to pursue, that his work may be fairly considered the most interesting, if not the most useful, that has ever appeared on the subject of surgery. It is a work well calculated to kindle that enthusiasm in the younger mind, without some portion of which, perhaps no one ever became truly great or deservedly eminent, in this or any other profession. It is a work which may make a man proud of his calling, and there can be no doubt that it has considerably influenced and directed the present generation of surgeons. To use his own language, when describing a perfect surgeon :—" His remarks are arranged, explained, illustrated and enforced with peculiar ardour. His perfect knowledge of the human body, brings all his experience into the most useful forms; his histories are plain and important; he dwells with judgment upon those points which are peculiarly difficult, and resolves them by continual reference to the structure and functions of the parts. The most ordinary facts become instructive when he relates them; at every turn, in every difficult question, we perceive his superior penetration, knowledge, decision, good conduct." —In fine he has done for surgery what Euler did for algebra,—produced a work as imperishable at the science itself. Mr. CHARLES BELL follows his brother with becoming humility.—Superior, without question, in anatomical knowledge, he yields the palm of surgery to his preceptor, and scarcely ever ventures to controvert his authority. Indeed there is something so palpable, undeviating, and rational, in the operative department of surgery, that it were difficult for a man of strong mind, and good education, like the author of the principles, to have fallen much into error, and, by consequence, to have left much to be altered, criticised, or rejected. Hence it will appear that the Editor's labours have been comparatively light—that he had merely to make the few additions which lapse of time, and the progress of surgery, rendered necessary, and his work was done. But we shall extract a part of the preface, which is drawn up with singular modesty, and proceed to notice the commentaries and notes of the Editor, for the benefit of the holders of the original edition, who are not likely to become purchasers of the present:

" It is much to be regretted," says Mr. C. Bell " that any thing should have limited the influence of Mr. J. Bell's works on the general profession; and there cannot be a doubt that the expensive mode of their publication, and the diffuse style of composition, have had this effect. It has been my object in republishing these volumes, to retain all the important practical matter, to preserve also the admirable introductions, as well as the lively and ingenious illustrations. But in the original edition, the work was loaded with notes, containing long Latin quotations, and unnecessarily encumbered with excerpts from obsolete French works. These were often but a less perfect version of what was delivered in the text, and I have not hesitated to expunge them. I may be considered as less excusable in omitting certain portions of dissertations, which possessed all the peculiar merit of Mr. John Bell's writings, but which did not appear to me to be essential. I have long observed with regret, that the admirable lessons contained in these works, were to be got at with too much expense and labour, and that they were thus lost to the practising part of the profession. It was necessary to present them in a less voluminous form, and the value of the practical matter made it the more incumbent to omit some portions. With these exceptions, the reader will find the whole of Mr. John Bell's surgical works in these four volumes."

To us, the style of Mr. John Bell's works has ever appeared a great recommendation, and the editor's initials were certainly unnecessary to distinguish his terse composition, as he supposes it, from the "diffuse style" of his brother. This is joyous, animated, and triumphant, and outstrips the impatience of the reader; while the former is cold, dull, and phlegmatic, often incorrect, and withal not a whit less diffuse.*

Of the notes and commentaries of the editor, by far the greater portion are contained in the first volume; indeed the additions made to the others are not sufficiently important to require particular comment. To the first volume, then, we shall confine our attention, beginning at page 250, with Mr. John Bell's opinions "of the natural causes by which a hæmorrhage is spontaneously stopped" in the smaller arteries, which he observes is "neither from the retraction of the artery, nor the constriction of its fibres, nor the formation of clots, *but by the cellular substance which surrounds the artery, being injected with blood,*" which blood coagulating, forms "a sufficient barrier to restrain the bleeding, till the parts inflame, and the artery is entirely stopped." Upon this Mr. Charles Bell has remarked, that "authors have shown more cunning in shirking the question, than ingenuity in explaining it." "Their little ways," he says, "of praising one another and going round about to omit the mention of his brother, have been apparent to him. They have been as a child who conceals itself by covering its eyes!" &c.; not perceiving that his brother's doctrine is at variance with itself, inasmuch as he states, that hæmorrhage is not arrested "by the formation of a clot, *but by the coagulation of the blood* in the interstitial cellular membrane!" What else this may be but "the formation of a clot," it may be difficult to determine.

Arteries opened by sharp instruments are well known to bleed freely, while such as are rudely torn by musket shots or machinery, scarcely bleed at all. The fact cannot be doubted, and is thus explained by the editor:

> "The coats of the artery being alive, and in the full enjoyment of their functions, preserve the blood fluid. But the blood, deprived of that influence, immediately coagulates. The death of the coats of the artery, or the injury of the coats of the artery, are (is) attended with the coagulation of the blood within the mouth of the artery. This is the reason why a bruised, torn, or gunshot artery, does not bleed; it is the reason why, on cutting into mortified parts, there is no bleeding. If blood escapes into a cavity, it coagulates; if it escapes into the cellular membrane, it coagulates; if the coats of an artery give way, and the coats are supplied by a new formation out of the cellular membrane, the blood coagulates; and this is the reason why an aneurism is ascertained by the presence of a clot; for if the coats of an artery be dilated merely, there is no coagulum; but if any part of the sac be formed of cellular texture, condensed, there you find a clot."

Ergo, hæmorrhage is arrested "by the formation of a clot," contrary to the brother's hypothesis, in one place, and in strict keeping with it, in another. Motion is necessary to the fluidity, or, if Mr. Bell will have it, the life of the blood, and it is therefore no wonder that it should coagulate in dead tubes, or in the interstitial cellular membrane. Tie the femoral artery two inches below the profunda, and, unless the circulation be maintained by inosculations, the blood above the ligature will coagulate, although the artery be alive. In many cases of gangrene, the death of arteries is the effect, and not the cause, of the coagulation of the blood; since, as every surgeon knows, the coagulum often extends beyond the line which separates the dead part from the living. Motion is necessary to the perfection of muscles, and much more to the fluidity or life of the blood. Haller has observed, that little clots of globules may often be observed in the arteries when the circulation is languid, and that they disappear when its vigour is restored. Motion, then, rather than the stimulus of arterial coats, is necessary to the fluidity of the blood. When blood escapes into the cellular tissue, when it stagnates in an aneurismal sac, or impervious artery, it is no longer under the control of the heart, and coagulates. It cannot move, and not moving, ceases to live. Mr. Bell should be prepared to prove the converse of his proposition, that blood never coagulates in a living artery; but as that is impossible, his hypothesis is absurd.* Arteries cannot be dilated to any great extent, without rupturing their internal tunic. When "merely dilated," they cannot contain inert blood enough to balance or overcome the force of the heart's action, which keeps it in motion, fluid, and alive. When the internal tunic gives way, the capacity of the sac or pouch of the aneurism, and consequently the resistance to be overcome, is much increased, while the heart's action remains the same, equal to the natural calibre of the artery, and the natural column of blood, but to no more, and it cannot keep fluid what it cannot move; hence the coagulum. After these remarks, the fallacy of the following observations will be sufficiently obvious:—

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* In the following sentence of the preface, for example, all the words in parentheses are superfluous: "But (in) the original edition (the work) was loaded with notes, (containing) long Latin quotations, and (unnecessarily encumbered with) excerpts from obsolete French works," &c.

> "When the experiment of cutting or hurting the coats of the artery was made, by means of a small thread drawn tightly, and then immediately taken away, I anticipated that such a degree of injury of the coats of the artery would *influence the blood* contained, and that the coagulation of the blood, united to the coagulable lymph secreted from the inner surface of the injured vessel, would obliterate or fill up the tube. I knew that the same effect would have followed, if the coats of the artery had been checked or pinched by means of the forceps, and the wound closed. But to show that the injury committed was not of the nature supposed, I laid this coarse ligature in contact with the proper coats of the artery, without drawing it; *and the effect of this foreign body*, lying in contact with the living membrane, *was sufficient to produce that change which operated its effect on the blood*, caused its coagulation, and the rest was a natural consequence." p. 333.

A more superlative piece of nonsense never appeared in print. To "*check* and pinch the coats of an artery," or to lay a coarse ligature in contact with them, according to Mr. C. Bell, has the "*effect* of producing that *change* which operates *its effect on the blood*," causing it to coagulate; and all the rest of it, "as a natural consequence!" Out of Mr. Bell's own mouth will we judge him. At page 46 he says, in a note, "One of the practical deductions of Mr. Hunter was, that blood was the bond of union in re-united surfaces. It is not the case, that blood which escapes from ruptured vessels is absorbed, and a new secretion poured out before there is reunion," &c. Now if a coagulum of blood be an obstacle to the re-union of the lips of a wound, how can it possibly "operate its effect," so as to seal up and agglutinate the calibres of the bloodvessels? The fact is, that the "checking and pinching," or the foreign body, inflames the coats of the artery, coagulable lymph is deposited, the cylinder is obliterated, and the blood coagulates "as a natural consequence," not of the "checking and pinching," but of the sealing up of the artery. Such is the effect of Mr. Crampton's *presse artère* by which he surrounds the artery with a tape an eighth of an inch in breadth, and gently compresses it for three or four days. The artery is obstructed, inflames, and adheres, and the aneurism is cured. We saw Mr. Bell adopt the following expedient in a case of popliteal aneurism, but are not sure that any great advantage was gained by it. The wound suppurated:—

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* "It is a well known fact," says Sir Astley Cooper, "that if a quantity of blood be included in a living vessel between two ligatures, at the distance of two or three inches from each other, the blood coagulates in two or three hours."—"In a dead bloodvessel, the blood coagulates just as it would in a vessel out of the body."—See his 12th Lecture.

"———— tie a single knot twice, and, in drawing the ligature, let the noose sink so far into the coats of the artery, as to prevent its shifting by the pulsation; cut off the ends of the threads all but one, pass this single silk thread through a needle, and pierce the integuments from within outwards, at the distance of an inch from the edge of the incision; join the lips of the wound with great accuracy, and secure them with short pieces of adhesive plaster. The advantage gained by this operation, is the contact of the noose of the ligature with the coats of the artery; the perfect union of the lips of the wound, which is important to the state of the interior of the wound; the security against the sudden eruption of the blood by this early adhesion, and the opportunity provided by the thread for the separation of the ligature," p. 334.

The following method of compressing the anterior tibial artery, on the fore part of the foot, is ingenious, and well worth the attention of the reader.

"Having put down a compress of lint upon the artery," says the editor, "I took two bits of flat stick of eight inches in length, and an inch in breadth. One of these I put on the upper part across the foot, and another across the sole, and tied these ends together. The upper one pressed upon the linen compress, and the cord which tied the sticks together being twisted, graduated the pressure. In this manner the circulation of the foot was not impeded, and the compression of the wounded artery was complete."

At page 368, the editor very properly observes, that it is dangerous to trust to compression of the larger arteries *only* in amputations. However firmly the femoral artery, for instance, may be compressed, the vessels of the perineum and hip, and thyroid hole, will maintain the circulation; "there will be a full tide of blood, and all the consequences, from an unrestrained femoral artery." Of the subclavian artery Mr. Bell observes:—

"The freedom with which the blood returns by the inosculating arteries of the shoulder, was well illustrated by a case which occurred to Mr. Smith, surgeon of the Leeds Hospital. A girl had her arm torn off near the shoulder by machinery. There was no bleeding, nor could the trunk of the artery be seen. As the arm had been almost fairly amputated by the machine, it was unnecessary to do more than make the edges of the wound even, and bring them together. As the axillary artery had not been tied, the patient was carefully watched. In the course of a few days hæmorrhage did come on, and Mr. Smith very properly tied the artery just below the clavicle. The bleeding from the stump immediately stopped, and every thing went on well for several days. The stump became clean, and was granulating, when a second violent hæmorrhage took place from it. Mr. Smith did not reach the hospital till the patient had lost a considerable quantity of blood. He immediately tore open the stump, which was already partly united, and now he saw the blood issuing from the main artery. He secured it, but the patient sunk next day. On dissection, and by injecting the vessels, it was shown that the artery, where it had been tied below the clavicle, was obliterated, and that the blood had passed round by the supra-scapular branch of the inferior thyroid, from the portion of the subclavian artery above the ligature, into the part below."

In amputating the arm at the shoulder-joint, it is often difficult to restrain the hæmorrhage, by compressing the subclavian artery; so that we fully concur with Mr. Bell, in recommending those who may undertake the operation, to deal with the artery as if it were open, and to operate with "that rapidity and decision, which can alone ensure the patient's safety."

The work is turned off in a very creditable manner, and will, doubtless, be duly patronised; but the additions of the editor are extremely scanty, and the critical enquiry into the practice of surgery, announced in the title page, appears to have been entirely omitted; at least, we do not find it in the copy before us.

PROPOSAL TO PUBLISH AN ANNUAL PHARMACOPŒIA BRITANNICA.

We have just received the following letter, which we are requested to insert; our doing so, however, is not to be construed into an approval of its contents. If pharmacopœias be of any use, a national pharmacopœia must be better than three; but the plan of bringing out a new one annually is more than the progress of pharmacology requires, and would impose a heavy annual tax upon the general practitioner.

A supplement might be annually printed, containing all the improvements made in the year, which might be sold at a low price, and every ten years the additional matter might be embodied in a new edition. In this way the National Pharmacopœia would keep pace with the knowledge of the times, and be productive of some good, by preventing the numerous mistakes which now happen in consequence of certain medicines being compounded after different formulæ. But the fact is, that very little attention is at present paid to pharmacopœias, on account of the slovenly and unscientific manner in which they have been got up, and of the long interval allowed to elapse between their appearance; for, as Dr. Duncan has acknowledged, "several important medicines have not had a place in the pharmacopœia of any of the three colleges for many years after they have been in common use with almost every intelligent practitioner."

Instead of adopting an alteration of weights for pharmacy, as proposed in this letter, it would be more advisable to wait a little, until the Government shall ordain the decimal proportions of weights and measures to be generally used, which we anticipate so see done in a few years.

This is our opinion respecting the pharmacopœia and the weights, which appear to us the only feasible, or indeed rational parts of the letter.

A Letter to the Royal Colleges of Physicians of London, of Dublin, and of Edinburgh, from Andrew Duncan, Sen. M. D. and Prof., first Physician to the King for Scotland, Father of the Royal College of Physicians of Edinburgh, &c., respecting a proposal for the improvement of medicine, by publishing annually, under the authority of these three Royal Colleges, a Pharmacopœia Britannica.

Non fasces non purpuram, non exstructas in altum divitias, non ingenium artibus atque scientiis utcunque ornatum et imbutum, sed animum communi utilitate inservientem dignitas sequitur.

Nichols, *Oratio Harveiana.*

Gentlemen,—I need not tell you, that the Colleges of Physicians of London, of Dublin, and of Edinburgh, established at an early period by Royal Charters, have always been considered as the councils of health for the respective kingdoms to which they belong. In this capacity, they have published, in an improved form, when they thought it necessary, pharmacopœias regulating the composition of medicines, each for the kingdom over which their jurisdiction extended. But England, Ireland and Scotland are now so intimately connected, that no one can possibly be ignorant of the many inconveniences which must arise from three different pharmacopœias for regulating the practice of apothecaries in the composition of medicines in different parts of the British empire. The benefits that would retuit from one Pharmacopœia Britannica, regulating the practice of apothecaries over the whole, are too obvious to require being mentioned. On that subject, it is, I think, impossible there can be two opinions.

A Pharmacopœia Britannica could only indeed be obtained by a solemn act of the Legislature. But if the three Royal Colleges were to unite in applying for such an act, there can be little doubt that it would be obtained. That act might be so framed, as to be productive of many other advantages to the rational and intelligent physician, in employing his endeavours in the cure of diseases. Among other particulars, it might be so framed as to produce a complete and entire separation between the honest and intelligent apothecary and the daring and impudent empiric. The sale of pharmacopœia medicines might be entirely confined and secured to the former; while the latter might still be allowed freely to employ all his art in extending the sale of his infallible nostrums at any other shop he may incline, excepting the shops of those regularly licensed by Government to sell pharmacopœia medicines. From this separation by legal authority, there cannot be a doubt that much real benefit would be obtained.

But, besides this, such an Act of Parliament might introduce into the shop of the regularly licensed apothecary, many important improvements. Among others, it might lead to an useful reformation in weights used in the shops of apothecaries, and to a more speedy introduction into these shops of every article which may be hereafter discovered to be really useful in the cure of disease.

The weights hitherto employed, grains, scruples, drachms. ounces, and pounds, are attended with many inconveniences. On this subject, without adopting the new French weights, I would yet imitate them, by adopting decimals. I would continue the present grain as the basis; and I would adopt as multiples of it decigrains, centigrains, and millegrains. Of these millegrains, ten should form the libe*. The libe, again, might be increased in a decimated progression, as well as the grain, its multiple being a decilibe, a centilibe, and a millelibe. From this standard for weight, it cannot, I think, be doubted, that many important advantages would arise, both to the physician and to the apothecary.

Another obvious benefit that might be obtained by an Act of Parliament, is an annual improvement of the Pharmacopœia Britannica, corrected according to the progressive discoveries made in the practice of medicine. It has hitherto been the uniform practice of all the three Royal Colleges, to improve their Pharmacopœias, not *gradatim*, but *per saltum*, as it may be termed. They have published new editions only at the end of ten, twelve, or sometimes even more than twenty years. By this means, the alterations have necessarily been very considerable, and have often led to an almost total change of language, both in prescription and in the shops of the apothecaries. Several important medicines have not had a place in the Pharmacopœia of any of the three Colleges for many years after they have been in common use with almost every intelligent practitioner.

These great inconveniences might be effectually avoided by an annual standard Pharmacopœia, with an imprimatur from all the three Royal Colleges, being printed every year at the expense of Government. This new impression, conjoined with a licence to keep an apothecary's shop, might be distributed by the Stamp-office; each individual who shall receive a licence for the year, paying at the rate of two guineas annually, for a stamped licence and a copy of the Pharmacopœia. From the sum thus collected by the Distributor of Stamps, an adequate allowance might be made to an intelligent physician, appointed by Government, to prepare the annual Pharmacopœia. From the money thus collected, the full expence of printing and distributing this annual Pharmacopœia might be defrayed, and even some addition made to the general revenue, as well as from the licences for the sale of tea, wine, or other articles.

Of such an act of the legislature, it may naturally be concluded, that very different opinions will be formed; and I am fully sensible that it is liable to many objections. But the evils that might be apprehended from it are, in my opinion, of very little weight when put in the scale against the numerous advantages which would result from it. And to submit it more fully to the serious consideration of the three Colleges, I here subjoin what I think might be the heads of a Bill which might be proposed by the three Royal Colleges of Physicians for the sanction of the British Parliament. My conduct in suggesting such a Bill will, I doubt not, be blamed by many. But I can at least answer for my intentions. They are honest, rational, and even merit approbation. And, I am persuaded, I need not request that each of you will bestow upon them a serious consideration.

I have the honour to be,
Your most obedient servant,
ANDREW DUNCAN, sen. æt. 82.

Edinburgh, Oct. 1, 1826."

Proposed Heads of a Bill for regulating the Practice of Pharmacy in the British Empire.

Be it enacted,

That, in place of three Pharmacopœias, which are at present published by authority of the Royal Colleges of Physicians of London, of Dublin, and of Edinburgh, for regulating the practice of Pharmacy in England, Ireland, and Scotland, there shall be but one Pharmacopœia, under the title of THE PHARMACOPŒIA BRITANNICA, for regulating the practice of Pharmacy over the whole of the British Empire.

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* A term derived from the Latin word *libra*, though much heavier than the present pound of apothecaries' weight.

That of this Pharmacopœia Britannica, a corrected and improved edition shall be published on or before the 1st of January every year, to be the standard for every apothecary during the course of that year.

That this corrected edition shall be prepared by a Physician appointed by the King, under the title of Royal Pharmacopolist.

That, prior to its publication, it shall receive an *imprimatur* from the Presidents of the Royal Colleges of Physicians of London, of Dublin, and of Edinburgh.

That no shops shall be permitted to sell Pharmacopæia medicines, excepting those which are kept by apothecaries who have obtained a licence from Government for that special purpose.

That no apothecary licensed by Government to vend Pharmacopœia medicines, shall keep in his shop, or sell any other articles whatever but those which are introduced into the Pharmacopœia Britannica.

That the grain weight at present in use in the shops of apothecaries, shall still continue to be the basis of the weights used by apothecaries in the composition and sale of medicines; but that in place of the other denominations which are at present in use, the larger weights shall be increased in decimal progression, under the denominations of decigrains, centigrains, and millegrains; of libes, decilibes, centilibes, and millelibes; every superior denomination consisting of ten of the inferior.

That, both in the composition and sale of medicines, weight only shall be employed, and that recourse shall never be had to measure in the shops of the apothecaries."

It is very evident, from a slight glance at this document, that Dr. ANDREW DUNCAN, senior, is not acquainted with the present condition of the profession in this country; he has fallen into error in common with many of his countrymen, in supposing that there still exists such a tribe of beings as were formerly denominated *apothecaries*; he talks of "honest and intelligent apothecaries," but the race in England is extinct. As to his "Royal Pharmacopolist," and his "two guinea stamped licence," he ought to know that no benefit can accrue to any science from its being put under the protection of the Stamp Office. "The Father of the Royal College of Physicians of Edinburgh," has yet to learn the principal of medical legislation, and unless he separates the Pharmacopœia Britannica from the absurd proposals with which he has coupled it, he will find that his whole scheme will be rendered abortive.

WE feel it but justice to explain so much of an article which appeared in the 156th Number of THE LANCET, as relates to the conduct of the late Censors of the College of Physicians, as Trustees *ex officiis* of the Hunterian Museum, which, prima facie, and in the absence of the "terms and conditions," alluded to in our last, appeared to furnish matter for indignant comment, inasmuch as the exclusion of the Licentiates of the College of Physicians from the Museum of Hunter, seemed to emanate from them. But in this we were mistaken; and we take this opportunity of setting ourselves right with the Censors and the public, more especially as the Editors of the Medico-chirurgical and Yellow Journals, affecting private information, and God knows what besides, have copied our errors, and railed at the Trustees in good set terms of fustian and bombast, without, in truth, knowing aught of the matter. In our own vindication we have only to observe, that the obnoxious regulation was put forward, ostensibly, as the act of the Trustees—as *their* resolution, and not as it should have been, as a mere enforcement of a primordinate law which they had no power to abrogate or alter. So much for ourselves. As to Dr. Macleod, he talks of the "*officious* interference of the censors," as if it were "officious," to interfere, to do what Parliament designed them, and what they had sworn by the Evangelists to perform!

It is more handsome, according to Dr. Macleod to wink at failings, than to blaze them abroad; better to bask in the sunshine of hole and corner favour, than to drudge in the laboratory of truth; more honest to publish "fair" and "successful cases," than to put men to "demoniacal torture," by exposing their failures and want of dexterity,—and argues greater "taste and judgment," to neglect the most important and sacred duties, than scrupulously to perform them. "I never was any where," says the man in the play, "but all manner of folks loved me most dearly;" and the hospital gentry have shown such extraordinary affection for poor Dr. Macleod, that we will be sworn he has exhibited all the agreeable, tractable, and trust-worthy qualities, which gained so much favour for his prototype. Indeed, he bids fair to make more friends than the obsequious and obliging Johnson, who has "sentiments of respect and esteem," or some such a compliment, for every one that falls in his way. In his last Number, this worthy talks of the "march of intellect," and of the "disgraced title of Licentiate," which he, nevertheless, reckons the first of his "blushing honours," and so places it on the cover of his Review!

"We have *reason to believe*," he says, "that the Board of Curators of the Hunterian Museum mean to pay no attention to the *liberal* recommendation of the Trustees, not to permit the visitations of English Licentiates, or Scottish graduates, without a permit from the London Colleges;" but as we also have reason to believe, and have shown, that such "liberal recommendation" was never made, and that neither the Board of Curators, nor the Trustees, have power to alter the laws which parliament gave them, there is an end of the matter. Drs. Johnson and Macleod have suffered much mortification, God knows, for adopting the error which we unfortunately promulgated; and the latter has received a severe lashing from "A friend of the late Censors," in our last LANCET, so that it were unnecessary to add more to their ignominy, or their pain.

We set down the following to the phases of the moon, not supposing that any one in his senses, who has received the *summi honores* of the northern fair one, could have inflicted the deadly wound on her reputation:—

"It is very evident," says the sage, "that medical men in England, who have sons bringing up with a view of practising as physicians, will, very generally, push them through that channel which leads to a Fellowship of the London College. If they do not, they will be *guilty of a crime much worse than that of infanticide!*"

This is pretty well for a man who has *ground*, and graduated beyond the Tweed; But he has something better. If men cannot get an Oxford or a Cambridge diploma, he says, let them get "a good surgical education, in order that they may earn their bread *respectably and independently* as surgeons; but let them beware of the disgraced title of Licentiate!" Who would have dreamed that a Scotch diploma and the license of the College, are incompatible with respectability and independence; or that Dr. James Johnson, the holder of both, would be the first to make the discovery! We must allow him to know something of the matter, as far as it relates to himself; but we protest that it argues very bad taste to blazon it forth to the public. A man can only be disgraced by his own acts, and Dr. James Johnson best knows how far he is culpable, but must not be allowed to apply his sweeping epithets to the great and respectable body of the fraternity to which he happens, so much against his will, to belong.

SIR ASTLEY COOPER, at the particular request of the KING, has lately visited the DUKE of YORK, and on the first occasion his Majesty was pleased to meet the Honourable Baronet at the Royal Duke's residence; the interview lasted a considerable time. The DUKE of YORK'S *disease* is *general anasarca*, a form of *dropsy* the most difficult to remove. SIR ASTLEY prescribed a combination of *squill root* and *blue pill*, which we understand has been taken with some benefit.

In our last Number we inserted the accounts of the London Ophthalmic Infirmary, as published in the Annual Reports, up to March 1808, and we shall now place before our readers the various items of expenditure during two other years, viz. 1823 and 1824:—

1823.	£	s.	d.
By Butcher, Baker, and Coal Merchant	132	14	6
By Brewer, Chandler, and Cheesemonger	23	4	0
By Medicines, Drugs, and Leeches	120	4	6
By Surgical Instruments and Optical Glasses	13	3	6
Bedding and Furniture	9	15	8
By Carpenter, Mason, Plumber, Glazier, and Smith	83	8	8
By part of last Anniversary Expenses	6	6	0
By Advertising, Printing, Stationary, Stamps, and Postage	91	18	6
By Insurance against Fire and Gas Lights	22	6	0
By Disbursements in House-keeping	56	12	9
By Wages and Gratuities	217	13	2
By Collector for Commission, and Extra Service	34	7	6
	861	14	9

1824.	£	s.	d.
To Butcher, Baker, and Coal Merchant	144	14	6
To Brewer, Chandler, and Cheesemonger	25	4	8
To Medicines and Drugs	116	9	0
To Surgical Instruments and Optical Glasses	19	7	0
To Carpenter, Mason, Plumber, and Glazier	2	6	4
To Advertising, Printing, Stationary, and Stamps	153	0	9
To Insurance against Fire	15	0	0
To Taxes and New River Water	22	9	8
To past Anniversary Expenses, 1823	19	5	6
To House-keeping Disbursements	57	8	3
To Wages and Gratuities	214	16	8
To Collector for Commission and Extra Service	36	5	4
	826	7	8

These statements, taken promiscuously from the various annual "Reports" now lying before us, are sufficient data whereon to ground the comments which we intend to offer respecting the financial and puffing departments of this pretended *Charity*. In February 1810, the Institution was deprived of the services of Mr. Saunders, its projector, that Gentleman having departed this life on the 9th of the above month; he was succeeded by Mr. Travers. Up to this period, only two pupils had been permitted to *witness the practice of the Infirmary*; and although Mr. Saunders had boasted for some years previous to his death of having operated in a *peculiar* manner on very young infants who had congenital cataract, yet, up to the time of his decease, he had not communicated the particulars of his method of operating to the medical profession of his country; but more of this anon. Shortly after the election of Mr. Travers, a second surgeon was appointed in the person of Mr. Lawrence, and in 1814! students were admitted to witness the practice of the Infirmary at the following charges—five guineas, three months' attendance; eight guineas, six months; and ten guineas, twelve months. About five years since, the business of this Institution was removed from Charter House Square to Moorfields, where a building was erected, known by the name of the London Ophthalmic Infirmary, at a cost of nearly *ten thousand pounds*, which, we fear, was rather unwittingly subscribed by a too credulous public.

It is, we conceive, unnecessary to enter at greater length into the minute history of this Institution; we shall now, therefore, direct our attention to certain transactions connected with its government, which, when explained, cannot fail to convey to the minds of the Governors, a perfect knowledge of the deceptions which have been practised, and of the true objects of certain busy persons who have, unfortunately for the Establishment and the public, taken a too active part in its government. Let us, therefore, begin with the beginning, and proceed to inquire how far the statements contained in the projector's prospectus have been verified; how far the eulogiums so unsparingly bestowed upon Mr. SAUNDERS in the annual reports were merited by that individual, and whether the anticipations of the benevolent Governors, who subscribed towards the establishment of this Infirmary, have been fully or even in part realized. An attentive perusal of the prospectus at once conveys the idea, that one of its chief objects was to institute a SCHOOL for the study of Ophthalmic Surgery. The following paragraph surely warrants this conclusion.

> "The structure of the eye and the ear is so delicate and complex, and their irritability under injury so extreme, that they cannot easily be treated but by those who make them the objects of peculiar study and attention. The acknowledged difficulty in the treatment of the diseases to which they are liable, has induced a few to separate themselves from the practice of professional duties, and to devote themselves to the exercise of this branch alone; a fact which sufficiently establishes the expediency of making them the objects of a specific institution."

Thus the governors were evidently betrayed into a belief, that it was the intention of the projector to establish a school for the investigation and study of those diseases which are peculiar to the eye and the ear; but *was* it the intention that it should become an arena accessible to the public for those purposes? Of motives it is at all times difficult to speak with any degree of certainty; of actions, however tortuous their course, we can comment without fear of misrepresentation; here we have data which we can clearly observe, and the movements of individuals are as manifest to others as to ourselves. It is the same with respect to the tendency of actions; but in the attempt to investigate, to analyse motives, our labours often become bewildered in the intricacies of hypocrisy and intrigue. In the present case, our exertions are of a lighter kind, because the projector and his supporters have furnished us with such materials, that there can be no difficulty in producing the instruments of their damnation from their own hands. *The London Ophthalmic Infirmary* WAS NOT INTENDED FOR A SCIENTIFIC SURGICAL SCHOOL, its doors having been closed against those who were desirous to become pupils there until the fourteenth of June, one thousand eight hundred and fourteen; and from its establishment in March, 1805, until February, 1810, at which period the projector died, there was practised within its walls an operation which it was *pretended* was one of a peculiar character, and, as such, sedulously kept from the knowledge of the surgical profession. It is true, that during this time, *two persons,* Sir William Adams, and Mr. Stevenson, the private friends of Mr. Saunders, were permitted, as a matter of mighty favour, to become acquainted with the legerdemain tricks of the secret operator; and these constituted the entire number of scholars during a period not only of five, but of NINE YEARS, as the doors of the Institution were not thrown open for the admission of pupils, (and then at a charge of five or ten guineas each,) until the year one thousand eight hundred and fourteen, being nine years after it was founded; yet in the annual reports, penned, we are informed, by Dr. FARRE, it appears that the surgeon was thanked by the Governors for completely humbugging them; that he was held up to the public as a "benefactor to the human race," and "one of the brightest ornaments of the medical profession:" indeed, so extraordinary were his merits, that Messrs. Farre, Battley, and Co., expended upwards of sixty pounds in advertising them, of which we may say, that a piece of more gross or palpable quackery was never practised in this quacking metropolis. It is with regret, deep regret, that we write one syllable which can reflect discredit on thecharacter of the dead, but we hold our duty to the living to be paramount to every other consideration; for should such nefarious practices be tolerated, which have been sanctioned by the conductors of this institution, the medical profession would soon sink into irretrievable disrepute, and the names of surgeons and physicians would form as many blots on the pages of its history.

The abettors of the quackery which obtained at this Infirmary, are, in every respect, as culpable as was the quack himself; he was upheld by them, supported by them, and even now they are exercising the full measure of their nefarious traffic. The tale which we now unfold, will, we hope, convince the Governors that they have been most shamefully deluded; that their alms have been most infamously bestowed, and their benevolent intentions for the greater part, entirely frustrated. Let them inquire of Dr. FARRE, and his colleague the Druggist, why pupils were not admitted into the Infirmary until nine years after its establishment. Dr. FARRE, the coadjutor and biographer of Mr. SAUNDERS, speaks of that gentleman in the most glowing terms of eulogy; and in reply to some individuals who had spoken rather reprehensively of the "Hole and Corner" manner in which the surgical business of the Infirmary had been conducted, the Doctor thus valliantly writes: "Finally, if his enemies would search into his very bosom, his private correspondence is now open to their examination." Now it happens that we possess a portion of Mr. Saunders's *private* correspondence, and as it furnishes indisputable testimony of the real motives of the writer for concealing his operation from the profession, we will, as the Doctor seems to be so ignorant on this point, enlighten his understanding, and gratify him with a sight of it; indeed, it is so argumentative, so conclusive, and gives such a peculiar impress to the memory of Mr. SAUNDERS, to the scientific and liberal characters of his colleagues in humbug, puffing and secrecy, that we will here insert it, without adding another word of our own, as we should be sorry to lessen the effect which it ought to produce on the mind of the professional reader:—

London, 2d Jan. 1809.

MY DEAR SIR,

****** YOU DISTRESS ME MUCH BY ASKING FOR MY MODE OF OPERATING ON CHILDREN BORN BLIND WITH CATARACT, and I hope, *when I decline it*, you will consider me as acting contrary to my natural temper and disposition. You must be acquainted with my situation here, with two opponents engrossing the public attention. From the free communication between medical men, if I had made many acquainted with it, MY OPPONENTS WOULD HAVE KNOWN IT BEFORE NOW, AND BEEN ACTING UPON IT, so that I should have lost the credit which I have now gained over them, by doing what they decline; only two people, of whom Mr. O. is one, are acquainted with my notions, and these are most intimate friends, who have been in the closest contact with me, and from whom I conceal nothing. Mr. COOPER, WHO HAS REPEATEDLY ASKED ME, DOES NOT KNOW IT. After this I trust you will excuse me, *for I should give just cause of offence to him and many other friends who have asked me in vain,* but have been satisfied with my reasons, considering the predicament in which I stand." * * *

Yours, faithfully,
J. SAUNDERS.

We shall return to this subject again and again.

ON THE ART OF BAKING BREAD.

THE popular turn of late years given to the study of chemistry has led to many valuable discoveries in the arts, and has mainly contributed to support that pre-eminence which the manufacturers of this country hold over those of all others. Much has been done by the chemists of Paris, and by the Polytechnic School of Vienna, to excite a general taste among the people of these countries for this interesting and useful science; but thus far the population of this kingdom has outstripped that of any other portion of the globe in a practical acquaintance with this branch of physics. It is impossible to select any class of society to which chemistry can be said to be uninteresting; but to none does it offer so many inducements to study its laws and operations as to medical men. Considered abstractedly from all pharmaceutical processes, it presents a wide field of investigation to their attention, and may indeed be termed the life of unorganised nature. Of how much importance in the removal of the numerous ailments of man is a knowledge of chemistry, for by it the supplies of nutriment may be directed, both in regard to quality and form, with a precision exactly suited to the condition of the body, whether in the healthy or diseased state. Every man practising medicine should know, not only how to select nutritious from innutritious aliment, but he should also know why he does so; for without such knowledge his acquaintance with dietetics must be very limited and empirical. As an article of diet, what material holds a more conspicuous place than Bread? it is the chief food of infancy; it forms a principal ingredient in the diet of manhood; and, in the lower classes of society, is at all periods the main support of life.

Now if it becomes us to be better acquainted with the preparations of any one article of diet than another, it is certainly with bread. Few chemical processes concern the health and comfort of every individual more directly and immediately than the art of making good bread; and yet there is, perhaps, no one process with the rationale of which the community is less familiar. In the *Annals of Philosophy* of September last, Dr. Colquhoun has published a very ingenious essay on this subject; he has considered it very scientifically, it is true, but the principal fault we have to find with it is, that having assumed too little, he has explained every phenomenon connected with the process de novo, and consequently extended his essay over too many pages. We shall therefore endeavour to give an abridgment of the paper without interrupting the narration, or omitting any important fact that may be intimately connected with the process.

Baked bread, simply considered, may be described as being a substance formed by mixing a portion of the seeds of any of the cereal grasses with a little water, and then cooking the whole, by means of fire, into a solid, consistent state. This may be regarded as a step in the art of bread-baking of more difficulty in itself, and of greater importance to mankind, than any thing that subsequent improvement has supplied; for in all the intricacies and refinements of our modern cooking of bread, there can surely be found nothing to compare with that which first taught man to use a great proportion of his food in a manner peculiar to himself, and raised him above the practice of devouring it as raw grain, in common with the lower animal. What may be regarded as the second step, the reducing of the grain to powder before applying to it the moisture which should form the solid cake after the application of heat, seems, perhaps, of more natural and easy suggestion than the others; and accordingly we find, at this day, few nations, who bake their bread at all, who do not use for the purpose ground grain. But before it contained all the rudiments of what has now been gradually perfected into the modern system, something further was necessary, and this latter improvement seems to savour more of refinement and civilisation in its introduction and regular use, although it is of too old a date to have left any tradition of its origin. It consists in mixing with the bread a light gaseous body, which is almost invariably of the same kind as that which gives the foam to ale and the sparkle to champaigne. This gas, when duly infused into the dough, gives us, after baking and cooling, instead of a heavy and hard, or tough, dull nutriment, a light, porous, elastic, diaphanous food, which is at once more agreeable to the palate and easier of digestion, and more conducive to health. A common sea biscuit is no bad specimen of the former kind of bread, while a good, modern, plain wheat loaf is a fair example of the latter. In addition to which, it is well to observe, that in well made bread the vesicules produced by the disengagement of the gas, are regularly arranged in a sort of stratification of layers one above another, all perpendicular to the crust of the bread. This is called, by the bakers, *piled* bread; and they regard this appearance as the surest test of the success of their batch. These distinctions are sufficiently decisive, and serve to show the great advantages derived from the introduction of that part of the process of baking, which consists in mingling with the bread a considerable volume of what must be regarded as a foreign and innutricious body. The increased facility of digestion possessed by well piled bread, may be seen from the circumstance, that if a portion of it, after having been well-baked and thoroughly cooled, be pressed between the fingers, it will crumble readily into powder; and if a piece of such a loaf be placed in hot water, it immediately softens, swells out considerably, disintegrates, and admits of being easily diffused through the liquid. But, if a bit of unpiled bread be similarly squeezed between the fingers, it remains a solid cohesive mass; and when put into hot water, never softens further than to become a permanently tough mass of dough.

The various modes which have been resorted to for the purpose of introducing the gaseous principle into bread, form almost the whole matter of interesting research which is connected with the modern art of baking; and the examination of the use and operation of the gaseous principle, thus artificially introduced into bread for the purpose of rendering it light and elastic, forms the only curious chemical investigation connected with the art, and is therefore made the principal subject of Dr. Colquhoun's essay. Previously, however, to describing the best method of duly gasifying the bread by panary fermentation, it will be better, for the sake of perspicuity, to state shortly the mechanical history of the ordinary process of baking.

Details of the Mechanical Process commonly employed in the Art of baking Bread.

The spontaneous decomposition of a piece of wheat dough, always generates within the mass a quantity of carbonic acid gas; and it is the fermentation of this gas, which is the baker's object in exciting fermentation. The modes employed may be, therefore, considered comparatively good, in proportion as they more perfectly and rapidly produce the internal gas. Perhaps the most simple process for effecting this, is to place a portion of common dough apart in a warm situation, when, if allowed to remain a sufficient length of time, it will pass spontaneously into a state of decomposition, which will generate carbonic gas within it, and give the bread baked from it, lightness and vesicularity. Such process, however, is tedious, and the bread acquires a slight acescence or putrescence, which, if existing in excess, may prove unwholesome. But the process of decomposition will be found to be greatly accelerated in any recent mass of fresh dough, by the addition of a small portion of old dough, already in a state of strong fermentation. When this is done, the mass is said to be *leavened;* the dough thus added, while under fermentation, being denominated *leaven*. This method is discontinued by the modern baker, for there is a substance which he has discovered to possess the property of exciting fermentation in dough with a still greater rapidity, namely, *yeast*, or the frothy scum which is thrown up to the surface of a brewer's vat, soon after the saccharine infusion has passed into a state of active fermentation. Of this yeast, which is a very impure substance, chemists are not yet assured what constituent it is that spreads decomposition through the dough, although it seems to be effected by its glutinous, which has itself already begun to pass into a state of decomposition.

When the baker proceeds to the preparation of dough by means of the yeast fermentation, he at first takes generally a portion only, but sometimes the whole of the water, which it is his intention to employ in making the required quantity of dough. In this water, which varies in temperature from 60° to 100°, according to the atmospheric temperature, there is dissolved a certain portion of salt, the quantity of which is always less than that finally required in order to communicate the necessary flavour to the bread: yeast is now mixed with the water, and then a portion of flour is added, which is always less than the quantity to be employed in forming the finished dough. The mixture is then covered up and set by in a warm situation, and within an hour signs of commencing decomposition make their appearance.* The sponge begins to heave up, in consequence of the generation of carbonic acid gas. If the sponge be of a very liquid consistence, large air bubbles soon force their way to the surface and break; but when the sponge possesses the consistence of thin dough, it confines this gaseous substance within it, until it dilates equally and progressively to nearly double its original volume, when, no longer capable of containing the confined air, it bursts and subsides. This process of rising and falling alternately, might be actively carried on for twenty-four hours, but experience has taught the baker that full scope must not be given to the energy of the fermentative principle. He generally interferes after the second or third dropping of the sponge, and were he to omit this, the bread formed from his dough would invariably prove sour to the taste and to the smell. He therefore at this period adds to the sponge, the flour and water and salt which may be necessary to form the dough of the required consistence and size, and next incorporates all these materials with the sponge, by a long and laborious course of kneading. When this process has been continued until the fermenting and the newly added flour have been intimately blended together, and until the glutinous particles of the flour are wrought to such a union and consistence that the dough, now tough and elastic, will receive the smart pressure of the hand without adhering to it, the kneading is for a while suspended. The dough is abandoned to itself for a few hours, during which time it continues in a state of active fermentation throughout its whole mass. After the lapse of this time, it is subjected to a second but much less laborious kneading, the object of which is to distribute the gas within it as equally as possible throughout its entire substance, so that no part of it may have a deficiency or excess. After this kneading, the dough is weighed out into the portions requisite to form the kinds of bread desired, shaped into loaves, and once more set aside for an hour or two in a warm situation. The continuance of the fermentation soon generates a sufficient quantity of fresh carbonic acid gas within them to expand each mass to about double its former volume. They are now considered fit for the fire, and are committed to the oven; but when they are taken out, they are found to have acquired twice as large a size as when they were put in. It should be remarked that the generation of the due quantity of elastic fluid within the dough, has been found absolutely necessary to be complete *before* placing it in the oven; because as soon as the dough is there introduced, the process of fermentation is checked, and it is only the previously contained air, which expanded by heat throughout all the parts of each loaf, swells out its whole volume, and gives it the piled and vesicular appearance. Thus the well made loaf is composed of an infinite number of cellules, each of which is filled with carbonic acid gas, and seems lined with or composed of a glutinous membrane; and it is this which communicates the light, elastic, and porous texture to the bread. The difference between the bread made in London and other large towns, and that made by unskilful country housewives, is in this respect very striking; the bread made by the latter being frequently full of large holes, from excessive disengagement of gas, and sometimes altogether inelastic, or as the domestic phrase is, *heavy bread*.

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* The substance thus set apart is termed by the bakers, the *sponge;* its formation and spontaneous decomposition is termed *setting* the sponge; and according to the relation which the amount of water in the sponge bears to the whole quantity to be used in the dough, it is called *quarter, half*, or *whole sponge*.

This is the brief history of the ordinary mechanical process pursued by the bakers, and the *chemical* investigation of the nature and principle of the fermentative process, as here exhibited, possesses considerable interest, and has at various times engaged the attention of chemists.

1. *Of the Panary Fermentation.*

There are three principal constituents of all wheaten flour; starch, which exists in the largest proportion; glutin, and a saccharine principle. About thirty years ago, when the ideas of chemists respecting the elementary constitution of organised substances were less precise than at present, the difficulty of assigning to fermentation in dough a place under any of the three usual classes of the vinous, acetous, and putrefactive fermentation, led to the conception that it was a species of decomposition entirely *sui generis*. It was accordingly denominated *panary*, and held to consist in the simultaneous decomposition and mutual reaction of all the constituents of the flour. Subsequently, however, the action of fermentation has been limited, at one time, to the glutinous ingredient, as by Messrs. Aikin, in their excellent Dictionary of Chemistry;* and at another time, to the starch; but of late the prevailing opinion has been, that the only principal subject of its action is the saccharine constituents. Dr. Colquhoun has embraced the latter doctrine, and has ascribed the fermentation in the dough solely to the resolution of the saccharine principle of the flour into carbonic acid and alcohol, in consequence of its being brought into a situation predisposing it to pass into the vinous fermentation.

To illustrate this point, let us consider what are the only other constituents of wheaten flour, besides the saccharine principle. They are starch and glutin; for the albuminous and gaining principles, both from their small amount, and from other circumstances to be hereafter considered, seem to be of little importance in the question. The phenomena exhibited in the decomposition of the saccharine principle, compared with the appearances and effects of the fermentation which takes place in dough, leave no doubt of their identity. The amount of saccharine matter contained naturally in all flour, is by no means insignificant; on the contrary, it is amply sufficient to furnish in its decomposition that quantity of carbonic acid gas, the development of which marks the progress of fermentation in dough. Thus M. Vogel, on analysing two specimens of ordinary wheaten flour, obtained the following results. From the *triticum hybernum*:

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* Article *Bread*. Published in 1807.

Starch	68.0
Moist glutin	24.0
Mucilaginous sugar	5.0
Vegetable albumen	1.5

And from the flour of the *triticum spelta*, which is considered of a superior quality than the preceding, he obtained:

Starch	74.0
Moist glutin	22.0
Mucilaginous sugar	5.5
Vegetable albumen	0.5*

Prout † and Edlin have also made experiments, which lead to the same conclusion; the latter in particular found, that by merely washing wheaten flour with water, and then purifying the mucilaginous extract, he obtained 1½ per cent. of crystallizable sugar.

Since the presence of saccharine constituents in flour is thus established, and that in not less proportion than five per cent. according to the analysis quoted; and since the alcoholic fermentation of sugar is perfectly familiar to the chemist, the characteristics of which correspond with the fermentation in dough, there seems little room to doubt wherein consists the true fermentation which occurs in the art of bread-making.

A further consideration of the panary fermentation, must be deferred to another Number.

LONDON MEDICAL SOCIETY.

We are glad to see that "the huge, rusty, tricocked hat," has been removed from the table of the Society. We were very well satisfied that it would only be necessary to appeal to the good taste of the President and Council, to cause such lumber to be taken away. The "black staff," entwined by the "gilded serpent," remains. Why, we cannot tell, unless it be one of the standing orders of the Society, or one of the conditions of Dr. Fothergill's will; if only the former, the same authority which placed it there, can effect its removal. It cannot be called ornamental, and why retain such a gewgaw?

The last two meetings have not possessed much interest; the discussions have been loose and irrelevant, and no conclusions worth recording have, in consequence, been arrived at. If we may be allowed to give the Members a word of advice, we should say, stick to the text, and do not cavil about unimportant matters, so as to lose sight of the main subject of discussion. For example: Mr. Ray brought forward, at the last meeting, a specimen of ulcerated intestine, which he had taken from a person who died from what he thought was typhus fever; he remarked, that it had fallen to his lot to examine several cases lately of the same character, and that he had found the upper portion of the small intestines diseased; the mucous membrane being generally ulcerated. He was anxious to know, if any of the gentlemen present had observed any parallel cases; but instead of attending to this point, they began to quarrel about the seat of disease generally in typhus fever; some affirming, that disease was more frequently found in the lower portion of the small intestines than the upper; some, that it was invariably found in the lower portion. Thus the dispute was carried on to determine what were the appearances usually exhibited in the lower parts of the small intestines, when disease was found there, in which Mr. Langstaff, Mr. Lloyd, and others, were warmly engaged; indeed, Mr. Lloyd appeared determined to talk down every other person, by relating long stories about the poor people who came to his house in the Old Jewry, about his patients at Pentonville and Pancras, and God knows where,—until the point with which the discussion began was overclouded and forgotten. Dr. Burn, who made some sen-

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* Journal de Pharmacie, iii. 212.

† He ascertained 100 parts of wheaten flour to be composed of about

Starch	74.5
Glutin	12.5
Gummy and saccharine extract	12.0
A yellow resin	1.0
	100.0

—*Annales de Chemie et de Phys.* 340.

sible remarks on the necessity of accurately discriminating the various kinds of inflammation of the mucous membrane of the bowels, and of the mucous glands beneath it, could scarcely get in a word edgeways, such was the impetuosity of some members to tell how many patients they had lately examined, and so forth.

It is really a pity that so little deference should be paid to the ordinary rules of logic and sound reasoning in our medical assemblies. We hope the Members of the London Medical Society, will henceforth set a good example to the rest.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CASE OF STRANGULATED FEMORAL HERNIA, WHICH REQUIRED AN OPERATION.

Elizabeth Vincent, ætat. 67, was admitted into Guy's Hospital, under the care of Mr. Bransby Cooper, on Saturday, October 7th.

It appeared, from the patient's statement, that she had been affected with reducible femoral hernia for several years, but that it never attained a large size until the evening previous to her admission, when its increased bulk first attracted her notice; it soon became hard and painful, and she was unable, although she had strong desire, to pass her motions. On the following morning, the pain in the swelling being much increased, and the whole of the abdomen having become tender, medical assistance was procured, and the taxis was employed for about a quarter of an hour, but without success.

The patient was admitted into Guy's about four o'clock in the afternoon, and on examination there was found to be a tumour, of the size of a hen's egg, occupying the situation of the right inguinal canal, but it could be clearly traced rising from below Poupart's ligament. It was tense, tender to the touch, and the integuments were somewhat discoloured; the patient's countenance was anxious, the pulse quick, and she had vomited two or three times. She was placed in the warm bath, bled from the arm to the amount of twelve ounces, and the taxis was employed for upwards of a quarter of an hour by the dresser (Mr. Smith). The pain was relieved by the venesection, and this, together with the warm bath, occasioned a trifling relaxation of the integuments covering the tumour; its size, however, was not diminished. The patient being removed from the bath and put to bed, an operation was proposed, to which she would not consent, clinging to the hope of being relieved by medicine. A purgative enema was administered, which speedily returned unchanged, and a bladder, filled with the frigorific mixture, was applied over the swelling for upwards of two hours. These measures failed to produce any relief to the symptoms; the poor woman was at length induced to consent to the performance of an operation.

The operation commenced by making a longitudinal incision through the integuments, nearly the whole length of the tumour. A second incision was then made transversely, so as to be nearly at right angles with the first. The angular flaps were next dissected back, and the superficial fascia was thus exposed; this membrane, together with the fascia propria, were divided in the usual manner, and the sac was also carefully opened, from which a small quantity of dark-coloured serum escaped. The contents of the hernia were a large portion of omentum, covering and effectually concealing a small knuckle of intestine, of a dark claret colour, with a distinct line of demarcation between the healthy and strangulated portion. The omentum was considerably changed in character, but not decidedly of a gangrenous appearance; it was firmly adherent to the upper part of the sac. The stricture, which was found to be at the mouth of the sac, was freely divided, and the intestine was returned without much difficulty. The adhesions of the omentum with the sac, rendered its return incomplete; it was *pushed up*, but certainly could not be said to be separated. The external wound was closed by means of sutures and adhesive plaster.

When the patient was placed in bed, after the operation, she was extremely cold, and the pulse at the wrist was scarcely perceptible. Warm fomentations were ordered to the abdomen, and bottles filled with hot water to be applied to the feet. After a lapse of two hours, re-action had taken place, and two drachms of the sulphate of magnesia were directed to be given in peppermint water, and repeated every two hours until the bowels were freely relieved.

Oct. 8. Six doses of the salts and peppermint water were given, without producing any effect upon the bowels. A purgative enema was administered this morning, which brought away some indurated fæculent matter. The abdomen is very tender on pressure; the pulse small, and countenance somewhat anxious. Ordered to take a dose of castor oil, and to continue the fomentations to the abdomen.

Evening. On visiting her at ten o'clock, we find the tenderness of the abdomen so much increased that the patient can scarcely bear the weight of her clothes. There is a slight blush of inflammation around the edges of the wound; the strapping was in consequence removed by direction of Mr. Callaway, and a poultice applied. The bowels have been relieved twice since the morning.

9. Pulse at the wrist feeble; the tenderness of the abdomen undiminished, but it is rather more flaccid; two motions were passed during the night. There was slight hiccup this morning for about two hours. The edges of the wound have a sloughy appearance, and there is a blush of dark coloured inflammation extending to some distance around; the sutures were removed, and a bread poultice, made with decoction of poppy, ordered to be applied. Continue the aperient mixture.

10. The patient had a severe rigor this morning about four o'clock; she has passed no motion during the night; the skin is hot, pulse small and quick, and the abdomen is tender. The edges of the wound have now widely separated, leaving a large sloughy opening; the blush of inflammation affecting the integuments is less distinct; the discharge from the wound is dark coloured, thin, and small in quantity.

At one p. m. Sir Astley Cooper visited the patient, and prescribed three grains of calomel, to be taken immediately, and a dose of castor oil to be given two hours afterwards. Stale beer-ground poultices to be applied to the wound, and the fomentations continued to the abdomen.

In the evening, at nine o'clock, the pulse was quick and jerking, and the countenance was anxious; the bowels had been acted upon twice by the castor oil. Ordered two grains of calomel and one grain of opium, and to take a dose of castor oil in the morning.

Oct. 11. The patient has had hiccup throughout the whole of the night. She has not passed any motion; the pain and tenderness of the abdomen is great, and the pulse quick; the tongue is moist. The discharge from the wound is dark coloured and offensive; the surface of the wound is not improved in appearance. She took a dose of castor oil this morning; the fomentations and stale beer-ground poultices are continued.

12. The bowels have been freely acted upon during the night. The hiccup is still troublesome; the pulse is feeble, and the countenance much depressed; this was the state of the patient at noon. We visited the patient a few hours subsequent to this period, and found her condition much improved by the exhibition of some port wine and strong beef tea, which had been given by the direction of Mr. Callaway. He also prescribed

Subcarbonate of ammonia, 6 grains;
Laudanum, 10 minims;
Camphor julep, 1½ ounce;

to be taken every three or four hours; the patient, however, refused to take the medicine.

13. Noon. The pulse is regular and much stronger than yesterday; the countenance is greatly improved; there is less tenderness of the abdomen. The discharge from the wound is more copious, but still retains a peculiar cadaverous odour, which has characterised it from the commencement. The bowels have not been acted upon since yesterday. Ordered to take two table spoonfuls of castor oil immediately. Continue the poultices; strong beef tea to be freely given, and four ounces of port wine during the day.

14. The patient expresses herself as feeling better; the countenance is good, and pulse moderately firm. The discharge from the wound is a thin brownish coloured pus, mixed with flaky portions, and also a small quantity of oily matter. The bowels were relieved twice yesterday by the castor oil; the beef tea and wine are given, and also a small quantity of brandy, and the poultices of beer grounds are continued to the wound.

16. There is but little variation in the state of the patient since our last report. The wine, brandy, and beef tea are continued.

16. There is considerable febrile excitement to-day; the skin is hot, the pulse is quick, and the patient complains of pain; the tongue is slightly furred; the bowels are lax. The discharge from the wound is copious, and of the same character as before described.

18. The skin is less hot, and pulse not so quick. Several hours sleep were obtained during the night. The surface of the wound is becoming cleaner. Ordered to take *four grains of sulphate of quinine* twice a-day, and to continue the wine, with nourishing diet.

20—28. The patient in the period included in the foregoing dates experienced so little alteration, that it would be rendering the case prolix to enter into the daily details. It will be sufficient to remark that she went on progressively improving; the discharge from the wound continuing copious and ill-conditioned until within the last day or two, when it may be presumed the whole of the omentum had come away. On the 25th, the bowels were so much relaxed, that it was necessary to exhibit a cretaceous mixture, with laudanum.

30. The wound is healing, and the patient is in other respects doing well.

CASE OF HYDROPS ARTICULI.

There is a patient at this time in Guy's Hospital, whose knee is affected with this dropsical disease. The effusion of serum within the cavity of the joint, which constitutes this disease in a great majority of instances, can be clearly traced as the consequence or termination of either common or specific inflammation, affecting the synovial membrane. In the present case, however, there is no evidence of inflammation having prevailed in or about the joint. The effusion has been gradual, and the disease throughout unattended with pain.

The patient is a young woman from Cambridgeshire, 23 years of age, of florid complexion, and what may be termed a woman of large frame, but of lax fibre. She was admitted into the Hospital August 9, on account of disease of the knee joint, under the care of Mr. Key. She stated, that the part had been affected upwards of six years; the left ancle first became swollen, afterwards the knee felt stiff, and at the same time weak, but not painful, and the joint gradually enlarged. The only further particulars which we could elicit were, that the joint went on gradually increasing, that it sometimes felt weaker and stiffer than at other times, and that she consulted Sir Astley Cooper, who recommended issues and subsequently blisters to the part. Within the last fourteen weeks, previous to her admission, she said that she had felt considerable uneasiness in the part, which she attributed to the circumstance of pumping cold water over the knee, having adopted this plan at the suggestion of some medical man.

The appearances which the parts presented on examination stand in our case-book as follows:—The joint very much distended, the enlargement being confined to the fore-part and sides, and extending to a considerable distance up the thigh; the swelling consequently not bounded by the attachments of the capsular ligament at this part. The integuments not discoloured; the tumour soft, giving way to pressure, but elastic, the indentation being speedily removed. Fluctuation evident. When the limb is placed in the extended position, the greater part of the enlargement appears on the inner side of the joint, the swelling being divided into two portions by the patella and tendon passing across its fore-part. There is not much impediment to the motions of the joint. When the knee is bent, the swelling is of course rendered tense, and the fluctuation cannot be so well distinguished as when the leg is extended. The patient's general health is good; the disease being apparently a purely local affection.

The treatment Mr. Key directed in this case was to apply the *plaster of ammoniacum with mercury* to the joint, and over this a tight bandage.

Our report of this case taken on 21st of October is—the size of the joint is evidently much less than when the patient was admitted; the only means that have been pursued, are the application of mercurial plaster, with the bandage. The patient expects to leave the Hospital shortly.

We are glad to find that Sir Astley Cooper has determined on going through the Hospital *regularly* once a week, on *Thursday*, for the purpose of giving his opinion as consulting surgeon on particular cases.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF FRACTURED RIBS, IN WHICH PARALYSIS AND DELIRIUM SUPERVENED, ON THE FIFTH DAY FROM THE OCCURRENCE OF THE ACCIDENT.

Mathew Murphy, æt. 43, was admitted into Rahere's Ward, June 10, 1826. This person, originally a sailor, for the last seven years had been employed in unloading vessels by the water-side, and spent several years in the East Indies, where he was in the habit of drinking raw spirits to a great extent. On the evening previous to admission, being drunk, he received a hurt on his left side. Passing the night in great pain, and experiencing difficulty of breathing, he came to the hospital next morning. A fracture of the left seventh rib, near its angle, was readily detected. The breathing was but slightly affected; the pulse full and frequent; tongue white and foul. The rib-bandage being applied, he was bled to ℥xiv., and ordered to take hydr. submur. gr. ij. pulv. jalap. xii., and the mist. salin. ter dic.

11. Slept but little, and felt great pain on applying the hand to the injured part; pulse full and strong; bowels freely open; the tongue remained white; he expectorated, with difficulty, some viscid mucus. Bled to xvi℥. and took linctus containing syrup of poppies and squills.

12. Blood drawn yesterday; buffed and cupped; passed a very indifferent night;

still complained of pain in his left side; bled to ℥xij., and ordered the mist. sennæ comp.

13. Pulse considerably reduced; respiration easy; skin and tongue moist.

14. It was observed to-day that the mouth was rather drawn to one side, but he denied the existence of any pain in the head, and the symptoms were generally favourable; continued the saline mixture.

15. Pain in the head; delirium and feverishness came on in the night, and it became necessary to apply the straight waistcoat; the bowels had not been acted on since the afternoon of the 13th. The mouth was now obviously drawn upwards, and towards the left side; pulse full and strong; there was delirium present, and considerable heat of skin, more especially about the head; tongue furred and dry, with a brown crust in the centre, and red towards the margin, the action of the organ remaining unimpaired. The man was violent and irascible. Bled to ℥xviij.; the head shaved, and constantly covered with cold cloths; calomel gr. iij. statim; and three hours afterwards, ℥ij. of the mist. sennæ comp. Blood drawn, buffed and cupped.

16. Delirious the whole of last night. Pulse quiet, and bowels relieved. House Surgeon directed twenty leeches to be applied to the head in the evening.

17. Much improvement observable in all the symptoms; still talked incoherently. Pulse feeble; bowels open; removed the straight waistcoat. From this time he gradually improved,

23. Bowels confined; calomel gr. iv. statim.; liq. ammon. acet. ℥i. cum magnes. sulph. ʒi. every six hours.

29. The tongue had a foul, white appearance; pulse tolerably quiet; no appetite, and restless at night; pain in the head; he took ℈i hydr. subm. made into five pills, one every four hours. A blister was directed to be applied between the shoulders after taking two of the pills.

July 1. Much better, and has quite lost the pain in the head. Mouth rather sore. Ordered broth diet.

ANEURISM IN THE BRAIN.

We introduce this case into our report, solely on account of what was discovered on post mortem examination; and to put on record, in the pages of The Lancet, an instance of such uncommon disease as aneurism of the arteries of the brain. Little or nothing could be accurately ascertained of the case, save that the patient had experienced a paralytic attack two years previous to his death, which had deprived him of the use of his left side,—that he had gradually regained, in some degree, the use of his members, and been in the hospital some time with a painful affection of the limbs, which the physicians (for it was a physician's case) had termed rheumatism, that it had been treated as such with colchicum, &c., and being much relieved, was about to leave the hospital; but a few days previous to his death, had been seized with a slight attack of fever, which carried him off. On examination, an effusion of serum into the ventricles was discovered, which sufficiently accounted for his death; but on examining the base of the brain, an aneurism of the size of a nutmeg was discovered in the right middle cerebral artery, immediately after it is given off from the carotid, in the fissura magna Sylvii.

MORBID ANATOMY.

Post Mortem Appearances in a Case of Apoplexy.

Mr. Lawrence examined the body of a patient received into the hospital on a Friday, and who died on the next day, having been in a comatose state from the time of his admission; he was between 30 and 40 years of age, and a stout, strong man. On removing the dura mater, an evident flattening of the convolutions presented itself; they had completely lost their convexity, the surface of the brain appearing as though it had been permanently pressed by some flat substance (this being more evident on the left than on the right side). On minute inspection, the impression of the fibrous texture of the dura mater was plainly visible on the surface of the convolutions. The veins were turgid; the appearance of the surface of the brain denoted effusion having taken place. On removing the right hemisphere, and cutting into the right lateral ventricle, it was found to be considerably distended, and filled with bloody-coloured serum,—the septum lucidum still remaining entire. On taking off the left hemisphere, on a level with the corpus callosum, Mr. Lawrence cut into the very portion from which a considerable quantity of blood had been effused into the substance of the brain; the texture of the part was soft and pulpy, and bore the appearance of ecchymosis. The large cavity containing the coagulum extended from the anterior part of the middle lobe, to nearly the posterior part of the posterior lobe, and about three fingers in breadth; the texture of the containing cell was every where soft and pulpy; there was a lacerated communication between the cell, and the left lateral ventricle; the latter, however, did not contain coagulum, merely serum. The size of the left ventricle was considerably diminished, by the cell containing the coagulum pressing the sides of the ventricle together. Mr.

Lawrence observed, that blood was seldom or ever effused directly into the ventricles, but into the substance of the brain, and thence made its way mechanically into the ventricles. The cavity of the fifth ventricle was plainly seen between the layers of the septum lucidum, being larger than usual. It was noticed during life that the pupil of the left eye was contracted, whilst the right was dilated.

CASE OF DISEASE OF THE RECTUM,

With ulcerated opening into the Perineum; the Urine being evacuated through that opening and the Anus.

This patient, who has been in the navy, and always lived very irregularly, began to suffer inconvenience in discharging his urine, and to use bougies in the supposition of stricture, six years ago; and although it was sometimes better, sometimes worse, it never healed. About Christmas 1825, he became so ill as to be confined to the house, and continued so until the period of his admission, Feb. 23, 1826. He is emaciated and weak; his urine is discharged partly through the anus, partly through an ulcerated opening, about a quarter of an inch in length, at the right side of the perineum; only a few drops pass occasionally by the penis. No instrument can be introduced into the bladder. Examination per rectum discovered nothing capable of elucidating this state of disease.

May 5. A large abscess, which had formed near the rectum on the right side, was opened; it healed in three weeks.

28. The regulation of the bowels has been deficient; he has now pain in the abdomen. On examining the parts, lumps of fæces are distinctly felt in the cœcum, sigmoid flexure of the colon, and other parts of the intestines; they are moderately firm, and can be moved by pressure of the fingers. Two pills of aloes and soap, in equal parts, were ordered to be taken every two hours; a large glyster, after six or eight doses of the pills, if necessary. The glyster could not be satisfactorily administered, and the pills, of which several doses were taken, produced no effect. The rectum was again carefully examined, the fore finger introduced to its utmost extent, and a contraction discovered at its very end. A rectum bougie, as large as the fore finger, was guided into this aperture, and entered, easily passing up in its whole length. It was left in the bowel ten minutes, but no discharge of fæces took place on its removal, and a chain of lumps could be distinctly felt through the whole course of the colon.

July 2. A drop of croton oil was taken, which caused sickness, but did not act on the bowels.

3. The tube of the stomach pump was carried, with some difficulty, through the stricture, and five pints of warm water thrown up into the large intestine; it returned tinged with feculent matter, and some liquid discharges took place subsequently. In a few days the pump was again used, and three quarts of water thrown up, much liquid fæces were discharged for many days afterwards, and the general bulk of the abdomen, as well as the fæcal lumps, were considerably reduced. On one occasion a large motion of softish consistence, but figured, came away. After this time he sunk rapidly in the last stage of emaciation and debility on the 18th of August.

His body, which had been *removed from the Hospital*, AFTER HAVING BEEN LEFT BY THE BEADLES FOR SEVEN HOURS in the ward, on an oppressively hot day, was examined on the 19th. The rectum presented an example of genuine scirrhous affection, its muscular coat being thickened, indurated, and intersected by numerous short, white threads. In the seat of stricture, just at the brim of the pelvis, the mucous coat had been destroyed by ulceration, so that the surface of the stricture itself was formed by the denuded and indurated muscular tunic. All the soft parts surrounding the diseased bowel were thickened, and extremely indurated, so that the contents of the pelvis formed one hard mass. The ulcerated mucous membrane presented several irregular shreds below the stricture, and among these there was a free opening into the excavation between the rectum and front of the bladder. The lymphatic glands in the back of the rectum, and those on the sides and back of the pelvis, were indurated, and had lost all appearance of natural structure; they were converted into hard masses of compact, yellowish substance. A similar change, in various degrees, was traced along the whole chain of absorbent glands, in front of the spine, nearly to the diaphragm. The left external, internal, and common iliac veins were inflamed, and plugged up with a dark-brown coagulum, closely adhering to the sides of the vessel, and completely filling the cavity. The coats of the vessels were red and thickened, and the surrounding cellular texture consolidated by slight adhesive inflammation. A similar change, in a less degree, was found in the vena cava, extending to the entrance of the renal veins. When laid bare externally, it was unnaturally red and thick, and filled with some firm substance. When the tube was cut open, a large mass of greyish lymph was found in it, slightly adhering to its sides; it separated entirely in taking the parts out. When floating in water, this lymph had a most delicately reticulated structure on the surface, resembling fine lace; this part was tolerably firm and compact, while towards the centre it had the consistence of cream, and of a light reddish, grey colour; the iliac veins were completely obstructed; this was not so clear respecting the cava. The muscular coat of the bladder was considerably thickened, as in cases of bad stricture, without being altered in structure; the mucous membrane was entire, and apparently healthy in its surface, except that it presented, near the orifice of the urethra, a few yellowish spots with red margins. When the coats of the bladder were divided, the mucous membrane appeared about a quarter of an inch thick, and that generally over the whole bladder; but on closer examination, the membrane itself seemed natural, and the additional thickness appeared to arise from alteration of the connecting texture between it and the muscular coat; it had a white and somewhat granular appearance, and was not indurated. Was it scirrhous affection spreading from the rectum? The urethra opened, soon after leaving the bladder, into a large irregular cavity, with which the ulcerated opening of the rectum, and the aperture in the perineum communicated. The lungs were filled throughout with the ordinary greyish tubercles, of various sizes; some had proceeded to suppuration, but apparently without discharging their contents externally; the intervening structure was in a natural state.

CASE OF PHAGEDENIC SORES OF THE FACE, ARMS, AND LEGS, SUCCEEDING TO GONORRHŒA, AND CURED BY THE LOCAL APPLICATION OF MERCURY.

——, æt. 38, was admitted on the 20th of July. The patient states he has been affected with gonorrhœa ten or twelve times, but never had any primary symptoms of syphilis. The last gonorrhœa occurred between three and four years ago. In March, 1826, he went into St. Thomas's Hospital with a severe sore throat, eruptions, and small ulcers on his head and legs; he remained in that hospital till July 2; he was salivated, and discharged cured, the throat being quite well, eruptions and ulcers having left discolourations of the skin.

July 20. There are now several circular sores covered with thick brown scabs upon the forehead and face, and numerous (chiefly circular) phagedenic ulcerations of various sizes, from that of a crown piece downwards, on the arms, thighs, and legs. Their surface is foul and bloody; the edges partially ragged; the discharge thin, and they are acutely painful. There are two rather larger sores upon the left leg, with characters approaching to those of sloughing phagedena; these are more painful than the rest. The uvula is completely destroyed, and the soft palate extensively adherent to the back of the pharynx; the appearance of the fauces is considerably altered by the ulceration which those parts have undergone at a former period, and the consequent cicatrization. He complains of great weakness; pulse 100, and feeble; he gets no rest at night; tongue is clean, and he has a good appetite. The character of the sores, and the destruction which has taken place in the throat, marks this as a case of phagedenic disease, which will probably be aggravated by the internal use of mercury; the local use of that remedy may be advantageous, as a means of correcting the unhealthy conditions of the ulcerations; the sufferings of the patient require narcotics. Ordered extract. conii gr. v., every six hours; cinnabar fumigation night and morning, to the ulcerations; poultices and simple dressing; milk diet, and ʒvi. of port wine daily.

28. It was necessary, on account of the great number of sores, to make use of the fumigating box; but it was abandoned, after three trials, on account of the patient's great weakness, and the severe pain he experienced. The fumigation of the ulcers on the leg was continued with the small machine, the others being partly dressed and partly poulticed.

29. He was ordered to take decoctum sarsæ comp. ℔j. cum ʒij. of the extract daily, and five grains of the pil. saponis c. opio, every eight hours. He is now much better; the sores have lost their phagedenic character, having healthy red granulating surfaces; the pains are nearly gone; the gums are becoming very sore. The fumigation to be discontinued altogether.

30. He is nearly free from pain, and the sores all healing.

August 13. Treatment continued; all the sores healing rapidly; granulations formed in such abundance, that the surface of the ulcerations is considerably elevated; he was, shortly after this period, discharged cured.

A RARE CASE OF DISLOCATION OF THE THIGH, DOWNWARDS AND BACKWARDS, ON THE SPINE OF THE ISCHIUM.

Thomas Sefton, a watchman, aged 40, of a strong and robust habit, was brought to this hospital about 3 o'clock, p. m., on Tuesday the 24th of October, having sustained a violent injury from a fall.

He states that between 12 and 1 this morning, while going on duty, a fellow-watchman gave him an unexpected push with some considerable force, which impelled him forwards several yards in a half falling direction. In endeavouring to regain the lost balance of the body, his foot slipped off the pavement into a gutter, which turned the knee inwards at the same time that he fell with his body forwards. The man further states, that the force was applied more on one side than directly behind, and somewhat from above, as the aggressor had previously jumped on a step, and then on him; while in the act of falling, he felt something 'crack,' as he expresses it.

From this time he lost all power of moving his limb; he was assisted on the back of another man, and then conveyed home. He remained there till the time of his coming to the hospital, a space of about 15 hours. No reduction had been attempted during the time.

It was apparent to every one, on the very first appearance of the man, that some serious injury had been sustained, as fracture or dislocation, for there was complete loss of power over the right limb.

Upon examining the limb, on the right side, it appeared, when the pelvis was fairly fixed, to be lengthened about half an inch; the limb could scarcely be said to be either everted or inverted; if any thing, it was certainly the latter.

The principal characteristic marks then, were the decided vacancy in front of the thigh; we could feel the edge of the tensor vaginæ femoris and sartorius muscles, and then the fingers passed into a cavity; the trochanter major was further back, and not so prominent as on the corresponding side; and, in addition to these marks, there was, as we before remarked, an elongation of the limb, to about the extent of half an inch.

These circumstances then being taken in conjunction, Mr. Earle immediately decided there was a dislocation, and the man was accordingly removed to the operating theatre, where he was placed on a bed, and the dislocation reduced in the following manner:—The pelvis was fixed by means of a sheet passed between the thighs, and firmly secured to a staple, the body being slightly bent; a wetted towel was next passed round the dislocated thigh, just above the knee, (and *badly* secured, for on making extension, it slipped considerably,) to which the pulleys were attached, and extension commenced not quite at half right angles with the trunk. Immediately on his being brought into the theatre a dose of tartarized antimony was given him, and this was repeated at intervals of a few minutes during the extension, until nausea was induced.

Extension had now been kept up for nearly twenty minutes, when Mr. Earle ordered the patient to be bled freely, and he lost between 20 and 30 ounces of blood before he felt any degree of syncope. An assistant who had passed a towel round the upper third of the thigh, and had it secured on the back of his neck, now attempted to lift the bone in its place by elevating his body, but without effect, and Mr. Earle was about to alter the mode of extension; the pulleys a few moments before had been relaxed, when he forced the upper portion of the thigh forwards, at the same moment rotating the knee outwards, and had the satisfaction of hearing the bone slip into its proper situation.

As the man is of a very robust habit it has been found necessary to cup the seat of injury, and enjoin strict antiphlogistic measures. On the whole, however, he has gone on tolerably well, and is now fast recovering.

Remarks.—The foregoing case formed one of the subjects for Mr. Earle's clinical lecture on Saturday, when that gentleman indulged in the following observations:—"It has been stated in a work recently published by Sir Astley Cooper, in the most unequivocal manner, that a dislocation *downwards and backwards cannot take place.* In this case, however, it is clear the head of the bone rested, not on the ischiatic notch, but on the place of junction of the ilium with the ischium, at the spot where the sacro-sciatic ligament is attached. Now dislocation of the head of the bone into the ischiatic notch is a rare occurrence, and this positive declaration I confess I do not like. To lay down the law in this way, is assuming an authority which one individual, however high his rank in the profession, is not justified in doing; and this assertion appears to rest on one old case, where the head of the bone was found resting on the pyriformis muscle, and had formed around it a new capsule. This is the only anatomical fact of the head of the bone being thrown upwards in this way. The recent cases brought forward are five, and two only of these fell under his immediate observation. These are not sufficient I think to warrant such an assertion, more especially as the contrary has been asserted by Boyer, Richerand and others. I think we should pause before we formed our opinion upon the dictum of one individual, however respectable he may be."

Mr. Earle related another case to which he was called, where the same appearances presented themselves as in the present case, and he had no doubt of its being a similar dislocation, although in this case the limb was at first slightly everted; it became subsequently rather inverted.

THE LANCET.

No. 167.] LONDON, SATURDAY, NOVEMBER 11. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

On Accidents of the Shoulder Joint.

Having described the articulation of the bones of the shoulder, I shall proceed to speak of the *accidents* that befal this part of the body, and their treatment; and I begin with a *fractured collar-bone*, which is a very common occurrence. When a man's collar bone is broken, what happens? Why, that the weight of the arm will drag down the scapular end of the collar-bone, and the scapula, downward and forward; and, therefore, the sternal end of the collar-bone will seem to stick up in a contrary direction, upward and backward. Now, then, there is the rising end of the bone again; and can you depress it? No: or should you try to depress it? Certainly not; it's in its proper place. And how do you set the collar-bone? By raising the shoulder bone upward and backward, and then the two broken ends of the bone will be applied together, and the bone seems as if it had never been broken at all. Set the patient in a chair, or some such place, take hold of his shoulders, draw the broken one upward and backward, with your knee placed against his back, and then the bone will seem as if it had never been broken.

Treatment.—Having put the bone into its proper place, the difficulty is with respect to the mode of treatment. The difficulty is to keep it in this situation, and that is a great difficulty. The object must be to counteract gravitation, that continually operating property. It is a great difficulty to make a bandage so as to support the arm, without drawing down the scapula and collar bone, and without galling the patient. The bandages which are used for this purpose will be hereafter described to you. For my own part, I like the bandage which a man of the name of *Brasdor*, I think, invented for the dislocated collar bone; it's what is commonly used in this Hospital; it's a bandage not unlike what you may have seen young ladies wearing, a square sort of thing, fixed on the back with straps to draw the shoulders backward and upward: however, you shall see the bandage.

Now there is one kind of broken collar-bone, which is very difficult to manage; in general, they are very easily replaced, and you may replace them very accurately; but the difficulty is in preserving the arm in the proper situation, and in keeping the bones steady; it is a difficulty, however, which you are called upon to surmount, and which you may surmount. It would be a very annoying thing indeed, if a young lady who had once broken her collar-bone, was afterwards to be seen going about with a large lump on it; it would be a perpetual proclamation to the world of your clumsy surgery; but that may be prevented, and ought to be prevented. There is one case in which I could excuse a surgeon, if he did not set a broken collar-bone right; and, it is, where a person is pitched, perhaps, off the top of a coach, and falling on his shoulder, he breaks the bone, and drives the scapular end of the collar-bone under the sternal end. It is then exceedingly difficult to get it out, and to put it right, and therefore I say I could excuse such a case, even if there was some little irregularity there. You are obliged to make extension to get it out, and you are afraid to do it, because the sternal end sticks out, and you are afraid of the skin giving way, and of there being a compound fracture.

Dislocation.—I speak of the fractured bone first, because it involves the treatment of every other accident occurring in that part; but suppose the sternal end of the collar-bone was dislocated, and thrown downward and forward on the sternum, what are you to do? How are you to reduce the dislocation? Simply by drawing it backward. By that means you put it into its proper situation, and if you apply this bandage, which I have been speaking of, and keep it where it should be, then the torn ligaments unite, and the case does exceedingly well.

There have been instances, but they are exceedingly rare indeed, of the collar-bone being dislocated in a contrary direction; that is, backward instead of forward. They are exceedingly rare cases. Sir Astley Cooper mentions an instance of the kind, but it is a case that I never saw. Well, in the dislocation of the collar-bone at the scapular extremity, the case is the same. The same treatment is likewise applicable to the scapular end of the collar-bone, in a dislocation; for suppose it to be dislocated, and to ride over the *acromion*, how can you get it again where it ought to be? By no other measure than by pulling the bone upward and backward, and then they apply themselves. Indeed, it was for this very case, that that French gentleman, whose name I have mentioned, *Brasdor*, invented the bandage I have spoken of. And with respect to the efficacy of the bandage, in such a case, if it be efficacious in that case, it must be efficacious in all. I have been in the habit of relating the following instance which occurred to a gentleman who was a pupil in this place; he was a very tall man, and one day he went out skaiting, instead of attending to the lecture, as he ought to have done; when on the ice, his heels flew from under him, down came his head, and he dislocated his collar-bone. He did not like to mention this accident, and therefore he got some of his friends to put him on a bandage. However, the bone was not in its place, consequently he was very uncomfortable, and he asked me to see it, and I put him on this bandage; but this young man had a disposition to pulmonary affection; and from the time he met with the accident, having been stripped in the cold when he was warm, he had a violent cold upon him, which settled on his lungs, as the people say, and he was so horribly ill that he was obliged to be bled very largely: he was attended by the physicians of the hospital, and, in short, his life was despaired of. All thoughts about his accident were lost sight of, in the attention which was directed to the more important object, the salvation of his life. However, he got better, and then we began to think about what had been the fate of his shoulder; and I will venture to say, that if that man were now present and stripped, nobody would ever be able to assert, from any thing they could observe, that there had been a dislocation at all; notwithstanding that, the collar-bone stuck up when I first saw him, as if it had been coming through the skin. Now the treatment of all these cases is the same, but not so in the case of a *fracture of the acromion*. If a man breaks the acromion, the arm don't drag; the scapula still retains its place; it is tied by the ligament to the *coracoid process*. How then are you to treat this case? Why, if you are to treat it scientifically, you would keep the patient with his arm continually extended in a horizontal position; but this would be a very awkward position, indeed; and it has been found to do exceedingly well, merely to put a small pillow under the arm, for the purpose of relaxing the *deltoid*, and to put the arm in a sling. It is an accident which does not require any specific mode of treatment, nothing more than what common sense would direct. Some people would say, that even the pillow is unnecessary. Now here I have always felt it a duty, to beg of gentlemen to advert to the propriety of examining accidents with gentleness. There are some people who pull a man about, as if they could not be satisfied that a man's arm was broken, unless they hear the bones cracking against each other. A poor devil is in a terrible fright when he has a bone broken, because he has heard of the setting of bones being attended with great pain. Now you should endeavour to sooth him, by telling him that he is not to be hurt; and then having undressed him, you draw your hand across the collar-bone, and then across the scapula, and you find all in their proper places; or if any are broken, it would be ascertainable by the least touch. Then, as to the *os brachii*, put your finger on each side of its head, and move the arm, and if it moves, then all is safe there; but if it does not move, then it's broken. Well, then, all may appear to be sound, and yet the patient may say, O I am sure there is something broken, because I heard a cracking. O it may be the coracoid process that may be broken, and how do you attend to that? Why it is necessary to know the muscles to ascertain that; and the treatment of a broken coracoid process, is also to be known from your knowledge of the muscles. You must take care that the muscles going from the coracoid process, do not move the part. You must put the part into its situation, turn the hand round, bring the elbow and shoulder a little forward, bend the arm across the breast, then no motion of muscles will disturb the coracoid process, and in due time an union will take place.

On Accidents about the Shoulder Joint.

In considering the great obstacles that exist to any dislocation of the shoulder joint *upwards*, you cannot suppose it possible to happen; or if it did, it would require no particular treatment, for the weight of the arm would draw all the tendons down to their proper places. To draw the shoulder upwards, so as to dislocate it, you would have to displace the strong tendons, break the *biceps*, break the *acromion*, and so on, so that it 's next to impossible; and if you did meet with this accident, the weight of the arm would cause them again to descend.

A *dislocation* means a displacement of a bone, in consequence of laceration of ligaments without fracture. It is not indeed etymologically a dislocation, for every thing would be dislocation in that case. Well, a dislocation directly forwards, or backwards either, is not likely to happen, on account of the strong tendons attached to the tubercles of the shoulder. I have never seen any of those cases; Sir Astley Cooper speaks of a dislocation backwards, that he has seen, but I have never seen any. They must be exceedingly rare. The common dislocation of the os brachii, is that where it bursts the orbicular ligament below, and slips out of the socket. Force, commonly tends to produce this; a man may fall with his hand and arm outstretched, and the reaction, or what he strikes on, may drive out the os brachii; and if no more is done, it lodges by the *inferior costa of the scapula*. But the violence which caused this dislocation may operate further, because it may drive the bone up under the *pectoral* muscle before, and under the *latissimus dorsi* behind. It may be primarily forward, and consecutively backward; and this is what is most often happening. The bone is thrown out where it is the most easy to be thrown out. The os brachii may slip out of the socket, above the inferior costa of the scapula, with very little force; in that case, you may depend upon it the arm will stick out from the side, and that has been set down as a diagnostic of dislocation, though there are plenty of cases where it does not. Though it may slip out with very little force, it never can be thrown under the pectoral muscle, while lying, as it commonly does, near to the collar-bone, with the ligaments all rent around it. I have seen some dissections of this kind; they are not commonly to be met with, because if a man has a dislocated shoulder, it is put in again, or if it is not, it don't kill the man; and in the cases which I so examined, the tubercles were actually torn off from the bone, and the tendons were much lacerated. When it is in the simple way, and you raise it up, it goes into its place with *a crack*, and that shows the integrity of certain muscles; but no one ever heard any crack where the dislocated bone was under the collar-bone; it goes in inaudibly then. And many times have I pulled longer than what was necessary, because I neither heard nor felt any sensation by which I knew it had gone into its socket.

Treatment.—These are the circumstances under which you find dislocation of the os brachii, and then the question is, what are you to do in such cases? You may depend upon it, that the ligaments are widely lacerated; it is not likely that the broad head of the bone should force its way through, without making an ample laceration of the ligaments. There are some people who say, the ligaments may bend over the head of the bone, and oppose an obstacle to this; but this is only an opinion, I believe, very much to account for their not having been able to reduce a dislocation; it has been an excuse which they have framed in their own minds, to account for their want of success. Then, if there be no obstacle at all on the part of the ligaments to oppose a reduction, I should be glad to know what prevents us in the living body to do what I am now doing, taking the bone and putting it back through the rent of the capsule into the socket? Why should we not? There is only one answer to be given, which is, that the muscles will not allow it. They are all in a state of irritable action, and in consequence of some accident having happened, they seem afraid of the least thing taking place. If a person could will their relaxation, the surgeon could as readily do this in the living body, as I now do it in the skeleton; but who can? There is no surgeon, however philosophical his mind, who could do it. Then if it is the muscles, and the muscles only, that oppose attempts to replace the bone, what have we to do? We must either try to deceive them or to elude their vigilance; to slip the bone in, when they are not aware what we are going to do, or we must overcome their power. Now then is it possible to elude the vigilant action of muscles? Oh! yes, it is possible. I have reduced several dislocations myself, by a sort of legerdemain. I should, in that case, say to a patient, *egad* I don't know what's the matter with your arm; I don't know whether it's dislocated or not, but you hold it so tightly I cannot move it, can't you leave your elbow to me? I won't hurt it; let me move it. Oh! now you are holding it. Does the motion hurt you? No, it can't do that. Well then, when you have got the patient to let you do this, you have only to engage his mind with something or other—and there is nothing more likely to engage his mind, than to talk to him about the way in which he met with the accident,—you have only to push it in. Now if you do this, you make a lever of the bone, applying the prop at the same time.

I stated that a dislocated jaw was to be reduced on this principle, but I said I would not then explain the principle. If you move a patient's elbow upward and downward, backward and forward, even to a considerable extent, without putting any prop near to the head of the bone, what do you do? Seeming to do much, you do nothing at all; the bone does not move one jot from its situation. But suppose I put a prop near to the head of the bone, and raise the head of the bone, then I raise the head into the socket; and this is making a lever of the bone itself, applying the prop as near to the head to be raised as possible, in order to increase the length of the lever in applying the power to the other end. Well, I say, if you can get a person off his guard in this manner, you have just to put your hand up to the head of the bone, depress the elbow, and, crack—it goes in. But don't believe that you will often succeed in this. I will tell you, however, the case where there is the most hope; it is the case of a man who has been pulled at lustily for a considerable time, and who is tired and wearied, and does not mind slight motions, therefore he lets you play about his elbow just as you please. You then put your hand under the head of the bone; then you say, "well, sir, but I forgot how you told me you got this accident," and in the mean time you are trying to reduce it, and you do reduce it. Well, suppose you did this, what honour would you acquire? What would the patient say? "O Lord! that there was ever so many men pulled at me, pulling first one way and then another; and there came, at last, a little fellow who cracked it in at once, and a devil of a clever little fellow he must be." (A laugh.)

Well, suppose you cannot elude their vigilance, and I say it is not to be expected, nobody who knew how alert the muscles are would undertake it. Well then, you must overcome their power; and how are you to do this? Not forcibly; your conduct must be governed by certain known laws; you must be acquainted with the action of muscles. Muscles have great power, but no muscle can act in a moderate degree unremittingly. You know that wagers have been laid as to how long a man will hold out his arm horizontally; and a man wagers that he will hold his arm in that position for an hour. The wager is, that you don't do it for ten minutes; he laughs at it, and as he is sure to win takes the wager; but ere three or four minutes elapse, the deltoid muscle aches excessively. O, it's very annoying; and in a minute or two longer he says, "damn the half guinea wager, I'll do no more with respect to it." I have seen people hold out their arm in this manner much longer than I could have imagined; I have seen a man do it for ten minutes, and that was the longest time I ever saw. To hold out the arm in this way, it is requisite that the deltoid muscle should be continually in action. Well, you have to engage the attention, and then you have to pull; yet you don't pull them violently, or in a way to create alarm or opposition. I should always be inclined to say to a patient, "upon my life you hold your arm so tightly—if you would but give way—only yield a little, and the thing would be done." Now I speak of a case where it's simple, near the cup, and where you have simply to draw it. As to using tackle and pulleys, and so on, in a case of this kind, I laugh at it; it seems like breaking a butterfly on a wheel. You have only to make a man fast round a bed-post, or something of that sort, put a napkin round him, and pull; pull so as you will not soon be weary of pulling. If you set persons to pull in a violent manner they get tired, and the patient gets tired; then they tug, then they slack a little; then they pull, then they slack a little again; and in this way they never will succeed. Oh! it's such a regular pull baker pull devil concern, it's quite shocking. (A laugh.)

But I say, in a case of dislocation under the *pectoral* muscles, where the bone lies almost in contact with the collar-bone, for it does absolutely lie in that situation, I never then would attempt to undertake to reduce it without having pulleys, tackles, and every sort of machinery at hand, such as should ensure my success; and the way to do it is this: you must have a cord, surrounded with tow, and afterwards sewed up in leather or cloth; loop it sufficiently to slip over the shoulder, bring it against the inferior costa of the scapula, and bind the scapula up; in short, you make a sort of pad, such as people wear who carry pails on their heads. Then you have straps coming from the pad, which should be fixed in the wall with four screws; but let the straps be very far apart, otherwise you would squeeze the patient's body, and let them be fixed so as not to impede the head of the bone coming into its socket; then by pulling at the elbow you will bring it into its socket. The best way is to put some buff leather round the elbow, and I have always been in the habit of doing it by making a half hitch, or clove hitch, as the sailors call it; when this is put round over the buff leather, one of the ends will draw and the other will not, the one will wedge or jam, and you draw the other as tight as you please. What does it signify if you should stop the circulation? It does not signify for the moment. You put on two half hitches, and pull the bone down to, or under the socket, towards the inferior costa of the scapula, and take great care that the extension be unremitting. Now, under these circumstances, as soon as the muscles are engaged in resistance, you say to the patient, "O, sir, you are holding—you are opposing, there is nothing that will hurt you; do give way, do yield a little;" and as the muscles become weary, you find the head of the bone to come further and further from under the pectoral muscle; and if you are using pullies, you say to the patient, "just half an inch more, sir; just half an inch more;" then, when it is below the socket, good may be done by putting a prop under the head of the bone and depressing the elbow. You may, with your own hands, use this expedient for reducing the bone. I never failed but in one case, and that is what makes me say I never would undertake this again without having all proper tackle, that there should be nothing wrong. There was a man who had a dislocated *os brachii* of considerable duration; I pulled it until it was as nearly in as possible; it was under the very brim of the glenoid cavity. I then said to the gentleman, "half an inch more;" then, egad, the cord broke, and it went back to the very place in which it was before. Well, that fellow never would let himself be pulled at a second time; he said it never would do, and I never could persuade him to try it again.

Unquestionably dislocations may be reduced after a considerable time, but I do not know exactly what time. This is the rule: if you apply this force, and it is no grand degree of force that is requisite, nor does it hurt the patient materially—if you apply this force, and find that the head of the bone separates very considerably from the place in which it was lodged, you have an assurance that there is no adhesion formed. When the bones are out a considerable time, it is possible the torn ligaments may contract adhesion with the parts where they lie, and then the head of the bone won't move from its situation in consequence of the adhesion. Well, after trying this, and finding that there is adhesion, you had better give it up, for I don't think you are authorized to rend the adhesion; but if you find, and I don't think there is any great length of time necessary for that purpose, that there is a removal of the head of the bone, then go on with your extension. There are some who say, bleed the patient, and put him into a warm bath, and a number of things; but all this I am inclined to smile at, for it would seem to doubt the principle on which dislocation is reduced; it would seem to imply a belief that muscles could act continually and without being weary, or without giving way, but which is not the case.

There is an accident occurring about the shoulder joint, which I have always found to be a very vexatious one, and is very generally found to be a vexatious one; it is what some surgeons would call a *semi*-dislocation of the *os brachii*. Well, with regard to this word, I say, if you allow such definitions, we shall next have it, as in music, a *semi-demi*. Now the bone is out of its socket or it is not, and I say in this case it is not, but it bulges forward. A man tumbles down, falls on his shoulder, and drives the *os brachii* forward, but not out of the socket; he sprains, and perhaps tears, the tendons of the *os brachii*; the head of the bone is sticking forward, but it is not out of the socket. Perhaps many persons might call it a dislocation, but I should say it is not. Now those who would examine it, and say it was not, might say, "you must put your arm in a sling, and I will send you some wash." The patient puts it into a sling; and if you let a man put his arm in a sling, he generally puts it back, which is the very thing to throw the head forward; but put your elbow forward, and the head will recede and go into the socket. Now if the head of the bone is suffered to bulge out in the front, it will prevent the injured tendon from becoming sound again. Well, but I say all this may be prevented merely by bringing the elbow forward; put it in the sling, but let it be brought forward, and let leeches be applied to the front of the joint.

Compound Dislocation.

I have had, in the course of my experience, *three* cases of compound dislocation of the shoulder joint, where the bone was not only out of the socket, but out through the skin. Two of these cases did perfectly well, and one did well eventually, though after a great deal of suffering. Two were reduced, and the wounds healed as well as wounds could do; but with respect to the other, the wound did not heal, but there was inflammation and suppuration, and a great discharge, with a great deal of suffering, but eventually the patient got well. It was a patient I did not attend; I only saw the case, and I report this from the surgeon.

Fractured Scapula.

Now I speak of the fracture of the neck of the scapula. In that case the whole joint drops down together; the cup and the ball, and all falls down, leaving a great vacancy under the acromion. This is a case, I will venture to say, any one who sees it for the first time, will mistake for a dislocation. To be sure there is something in the appearance of a case of dislocation, to a person conversant with dislocations, which will serve to enable him to discriminate with respect to the nature of the accident. In this case the arm drops down loosely, and comes in close contact with the body.

Fractured neck of the Os Brachii.

Next with regard to fractures of the neck of the os brachii, I have seen some cases where the fracture was near the joint; I don't know exactly what the nature of the case was, but we believed it to be the fracture of the neck of the os brachii, where considerable motion arose from turning the end round. There are very serious accidents happening to such parts of the bone, but there are no rules to be given with regard to the treatment of those accidents.

Fractured Os Brachii.

It might be affronting you to speak of the fracture of the os brachii—that's very simple indeed. But I say the grand rule is, to keep the elbow joint under the shoulder; keep it steadily fixed in its proper situation, and put two splints to it.

LECTURES

ON THE

Diseases of the Nervous System.

BY

DR. CLUTTERBUCK.

LECTURE II.

Diseases of the Brain.

Gentlemen,—Having in my last Lecture spoken in a general way of the structure, and circulation of blood in the brain, and also of the effects resulting from its incompressibility, and its confinement in an unyielding case of bone, (the cranium,) which it completely fills, I proceed now to state that *absorption* is a process taking place in the brain, as well as in every other part of the body. It is true, that no distinct apparatus, as far as we know, exists for the performance of this office, no absorbing vessels having as yet been seen. As, however, absorption is necessary, in order to account for the phenomena of growth, and for the explanation of what appears to be taking place in disease, we may safely proceed upon the admission, that absorption exists in this organ, as in every other.

With respect to the *sensibility* of the brain, we must distinguish between the organ itself, and its membranes or coverings. It is sufficiently proved by direct experiments, that great part of the brain, at least, possesses very little sensibility or feeling; for the rudest injuries purposely inflicted on the brain of animals, appeared to give no pain. And we have abundant proofs, that in many of its diseases, and those of the most formidable and destructive kind, it evinces very little sensibility; a curious circumstance, considering that the brain is, as it were, the source of feeling to all other parts. This insensibility of the substance of the brain, is, however, not to be taken without some qualification: the deep-seated, throbbing pain felt at times in the very centre of the brain, in some of its inflammatory disorders, sufficiently proves that it is not wholly destitute of feeling, at least when labouring under disease. But the conclusion, nevertheless is, that the degree and danger of cerebral diseases, are not to be estimated altogether by the pain the patient suffers. On the contrary, it may be rather said, in a general way, that the most dangerous affections of this organ, are often the least painful: witness apoplexy, palsy, epilepsy, and many of the worst cases of fever, where, often, no complaint is made of pain in the head, at the very time that the brain manifests the greatest possible disease, by the disordered and interrupted state of its functions. Hence it is to the state of its *functions*, and not of its *feelings*, that we principally look, as indicating the existence and degree of disease actually present.

The *membranes* of the brain have little or no sensibility in the healthy state, but may acquire it under disease, as inflammation; and that in a high degree; so as to make membranous inflammation of the brain, when acute, like that of other serous membranes, a very painful affection.

Of the Functions of the Brain.

We proceed next to speak of the functions performed by the brain, and which may be divided into *special* or peculiar, and *general* as regards the rest of the system. The *special* functions exercised by the brain, and which belong to it exclusively, are three, viz. *sensation*, *volition*, and *intellect*, or mind or thought.

1. *Sensation* is the result of a change induced in the brain, in consequence of an impression made upon some sentient part of the body; the effect of the impression being transmitted to the brain by the nerves, in a way that we are totally ignorant of. The cognizance which the mind takes of this *sensation*, is termed *perception* or *consciousness*.

There are a great variety of *sensations* producible in the brain, according to the structure, and other properties of the part, upon which the impression is made. A division of our *sensations* has been generally made into five different species, to each of which a particular organ or structure is devoted: these are called the organs of the *five senses, vision, hearing, smell, taste,* and *touch.* But there are *sensations* which can hardly be included in any of these; as in the stomach more particularly, as hunger, thirst, satiety, and nausea; and probably others in other parts. In disease, we experience also various new *sensations,* for which names are wanting. *Sensation,* likewise, is modified by the nature of the impressing cause, and even by the force with which it is applied: thus we distinguish between pricking, and cutting, and tearing: and between different degrees of heat and cold.

2. *Volition.*—*Sensations* may be agreeable, or otherwise; and we are led accordingly to desire or to avoid the object making the impression. But to attain the one or the other purpose, a movement of some part must be made: and this movement takes place by the contraction of moving fibres, called the *voluntary muscles.*

This contraction is excited primarily by an operation of mind, called *volition* or the *will*; which follows the *sensation,* and which, like this, appears to originate in the brain, and its influence to be communicated along the nerves, to the moving part. This is proved by the division or compression of a nerve, any where in its course; and also by the effect of pressure, or other injury, of the brain itself; by either of which, the influence of the *will* on the *muscles,* is intercepted and prevented. Thus it appears, that the *nerves* are the medium through which the *mind* becomes acquainted with the existence and qualities of things around us; and, at the same time, through which the influence of the *mind* is carried to the moving parts (the *voluntary muscles*) by which we act upon external things.

It seems at first extraordinary, that the same nerves should serve to perform offices so distinct as these. The difficulty vanishes, however, when we consider, that a nerve is, in fact, a bundle of nervous fibrils, each enveloped in a distinct covering, (*neurileme,*) and having no communication with the others but by cellular membrane. Thus, while some of these fibrils serve for the conveyance of impressions from without inwards, others may carry the determinations of the mind in the reverse direction to the moving parts, the muscles.

3. Of *Intellect.*—As sensations are various, we have the power of comparing them together; of judging of them; of feeling desire or aversion for the objects producing them; re-calling the idea of them; and the like: all of which are modifications of *thought,* or *mental operations,* of which the brain is the corporeal organ.

Thus it appears, that the *brain* is the part where *sensation* really exists; where the *will,* or determination to act by means of the *voluntary muscles,* originates; and where the various operations of the *mind* or *intellect* are carried on, as far as organization is concerned. These three functions, then, *sensation, volition,* and *mind* or *thought,* are the *special* functions peculiarly belonging to the brain, or *sensorium commune,* as it is often called. They are denominated, accordingly, the *sensorial functions.*

Whether the other movements of the body, that are not *voluntary,* such as those of the heart and vessels, the alimentary canal, &c. are, likewise, wholly dependent upon the *nervous system,* has been disputed. It has been supposed by some, that the *involuntary* movements alluded to, are effected by an inherent power lodged in the parts themselves, (a *vis insita,* as it has been termed,) and that they take place independently of the *nervous power.* This, however, is doubtful; while it is certain, that the involuntary movements are all more or less under the influence of the *nervous system.* This is a fact that it behoves you to bear well in mind; for many diseases of the brain are as strongly indicated by disturbance in other parts, as by the disturbance of its own feelings or functions.

Thus affections of the brain are often strongly depicted in the countenance; partly by the expression of the eyes, depending chiefly upon the state of contraction in the iris; partly upon the state of action in the muscles of the face, upon the contraction of which the expression of countenance greatly depends.

The *stomach* is a part under the influence of the brain and its functions, in a striking manner. Thus you will observe, that powerful *sensations* of all kinds, whether agreeable or painful, take away appetite, and impair digestion; and the same effects result from intense thinking, *mental emotions,* and great *muscular exertion.* A blow on the head produces *vomiting,* which thus becomes one of the signs of injured brain, upon which much reliance is placed by surgeons; many of the diseases, again, of the brain, are ushered in by *vomiting,* as *apoplexy,* and many cases of *idiopathic fever* of all kinds. In that form of cerebral inflammation that, from terminating in serous accumulation, is called *hydrocephalus,* or dropsy of the brain, *vomiting* is often the first and most prominent symptom; in infants, therefore, this symptom, when severe or continued, ought always to excite suspicion of cerebral disorder arising. In some chronic diseases of the brain, on the other hand, as in many cases of *hemiplegia,* the appetite for food is voracious (*bulimia*); while in others, it is impaired, or lost (*anorexia*); or vitiated (*pica*).

The *intestinal canal*, likewise, is evidently under the influence of the brain; for in the greater number of the diseases of this organ, the intestines become torpid, as is evident in the state of costiveness that ensues (*obstipatio*). On the other hand, it is highly probable that, in certain states of the brain, the intestinal canal may acquire increased irritability, so as to give rise to *diarrhœa*; an affection produced in many individuals by emotions of mind.

The same torpor that affects the intestinal canal, in many brain affections, often extends itself to the *liver*, and probably other secreting organs, the functions of which are, in consequence, impaired or suspended; while it is equally probable that, as with regard to the intestines, the irritability of those organs may, on some occasions of disease in the brain, be preternaturally increased, with the effect of augmenting the secretions. And in this way, I think, the symptoms of *cholera*, namely, vomiting and purging of bilious matters, that attend many cases of fever at their outset, but which cease as the fever advances, may be explained: that is, they are only symptoms of the fever or brain-affection.

It is almost superfluous to mention, that the *heart*, and doubtless the *bloodvessels*, as parts of the same system, are under the influence of the brain, and that in a very high degree. Thus the *pulse* is quickened, or retarded, or rendered irregular, in different states and stages of disease in the brain, so as often to furnish us with means of judging of the condition of this organ. Certain affections of the brain induce a peculiar softness of the pulse, owing apparently to a want of contractility in the individual fibres of the arterial coats; such a pulse is observed in most cases of *idiopathic fever*, and serves, in a great measure, to characterise the disease. In many bad cases of fever, such as are termed *putrid* or *malignant*, this want of contractility extends itself to the extremities of the vascular system, and is probably the occasion of those hæmorrhages of black blood that take place in these cases in and under the skin, as well as from the different outlets of the body. Such a state of pulse is always attended with softness or flaccidity of the solids altogether, and deficient coagulation of the blood when drawn from a vein; and doubtless from a similar cause, want of contractility. I might further add, as a proof of the great influence of the brain over the heart, the ready excitement and disturbance produced in this organ by a variety of *mental emotions*.

The great influence of the brain upon *respiration* is also very striking, acting through the medium of the respiratory muscles. Hence it is, that *mental emotions* often excite the greatest disorder in the action of those muscles, giving rise to slow and interrupted breathing, (*sighing* and *sobbing*,) so as at times almost to threaten suffocation. In some brain-affections, as *apoplexy*, respiration becomes slow and laborious; in others, it is quickened.

There is much reason to believe, likewise, that a paroxysm of asthma, in some forms of this disease, consists in a spasmodic state of the diaphragm, and perhaps of the intercostal muscles also, the cause of which exists in the brain; for I cannot see how otherwise the paroxysm should take place so suddenly, and recede so quickly, as it sometimes does, without any intermediate change by expectoration or otherwise, and without any apparent disease in the respiratory organs themselves. Asthma of this description, is capable of being induced by *mental emotion*, which is a further proof of its dependence upon the brain.

Thus you perceive, that the *brain* exerts a paramount influence in the system, regulating the feelings and movements of every part; and you will not wonder, therefore, at being told, that when the brain is violently and extensively diseased, the whole body and all its functions, both bodily and mental, are liable to be disturbed. Hence the not unnatural mistake of considering certain brain-affections as *universal* diseases; though, in reality, founded in a disease of a single organ.

Now as the brain performs such a variety of functions, *special* and *general*, and as it is an organ of very various construction, and consists of numerous and distinct parts, it is reasonable to believe, even *à priori*, that its different parts are destined to different purposes; one part being devoted to *sensation*, another to *voluntary motion*, and another to *mind* or *intellect*; and that different parts also are in connexion with different organs, throughout the body.

If all this were fully and satisfactorily made out, we should be able to refer a great number of diseases to their appropriate seats in the brain; each part of the structure, (by its connexion with, and disturbance of, particular functions,) giving rise to a particular train of symptoms. So again, from the symptoms taking place during life, we should be able to predict the appearances that would be found after death: or, at all events, the part of the brain affected. But our knowledge of the brain, and of the uses of its individual parts, is too limited to allow of this being done to any great extent. In most cases, we can only refer to the organ generally, as the probable seat of disease. This, however, practically speaking, is of little moment; as we have no remedies, or modes of treatment, applicable to one rather than to other parts of the brain.

Of the state of the Brain during Sleep.

The *sensorial* or proper functions of the brain, have this peculiarity, in comparison with others, that they are subject to be suspended periodically; and for the most part once at the least in every 24 hours. This suspension is termed *sleep*, a state which is subject to great irregularity, both as to the time of its occurrence, and its duration. *Sleep* may be more or less perfect. Instead of a suspension of all the sensorial functions, one or more may remain in an active state; as we see in regard to the mind, in *dreaming*. Sometimes the *muscular power*, and even the external *senses*, are awake; as in cases of *somnambulism* or *sleep-walking*.

This periodical suspension of the *sensorial functions*, it may be presumed, has an influence on the diseases of the brain, and may be one cause at least of their periodical tendency, a tendency which is more remarkable in brain-affections than in others. It may serve also to account, in some degree, for the exacerbations of fever, and even for their *intermitting* character, as often observed, though it must be confessed there would be difficulty in accounting in this way for the different types, as the *tertian* and *quartan;* and also for the different hours of attack, which are observed often to take place, and that with much regularity, at different times of the day.

With respect to the physical condition of the brain in sleep, as compared with the waking state, many different notions have been entertained. It may be worth while to mention a few of these.

Haller ascribes *sleep* to the absence, deficiency, or immobility of the *animal spirits*; or to compression of the nerves at their origin in the brain; and, in all cases, to the motion of the *animal spirits* through the brain being impeded; this impeded motion, he considers to be frequently owing to sanguineous congestion.

Dr. Cullen refers sleep to *collapse* of the brain; by which he understands, a state of *diminished mobility* of the *nervous fluid:* while Brown and Darwin suppose it to depend upon the exhaustion of the principle of *excitability*, as the consequence of the exertions taking place in the waking state, and which is re-accumulated by sleep.

Blumenbach again refers sleep to a diminished afflux of blood to the brain.—Richerand's opinion is not very different from this; he thinks the circumstances denote a diminished circulation in the brain, from less blood being carried to it, and that the brain in consequence falls into a state of *collapse*. Bichat simply refers it to an ultimate law of nature; which is, in fact, no explanation at all.

Some of the opinions now stated, are purely hypothetical, and rest upon no ascertained fact. Such are the notions of *collapse* of the brain, and *diminished mobility* of the *nervous fluid*, or *animal spirits.* The theory of *exhausted excitability*, is negatived by the circumstances; for sleep bears no proportion, or but little, to the degree of excitement or exertion that takes place during the day. Without mentioning further objections, I shall offer what appears to me the most probable solution of the problem; though in some points it may be little more than conjectural.

That the states of *sleep* and *waking* are to be referred to the brain, and that exclusively, appears from different circumstances. *Sleep* is a cessation of the proper functions of this organ, and which does not materially affect other parts. It is produced by causes, some of which act immediately upon the brain; such as direct pressure, either external or internal. These are sufficient to warrant us in considering the brain as the *seat* of sleep, if one may so speak.

2. There appears reason to believe, that sleep is occasioned by impeded circulation in the brain, that is, in those parts of the organ which are devoted to the *sensorial functions.* This, I think, will appear from a consideration of the causes that are found to induce or favour the approach of sleep, as well as those which tend to prevent it.

In the first place, direct pressure upon the brain, whether produced by external or internal causes, suspends the *sensorial functions*, or, in other words, induces sleep; and it is evident that this cause must have the effect of compressing more or less the blood-vessels of the brain, so as to impede proportionally the circulation.

Secondly, the recumbent posture, and still more a depression of the head below the level of the body. This impedes the return of blood from the head, and so far must retard the circulation in the brain.

This leads me to recommend to your notice, a practice from which I have seen, I think, much advantage; namely, that of laying the head low in bed, and even considerably lower than the trunk of the body, in some affections of the brain where the *sensorial functions* are greatly excited. I was first led to this, by observing the patient getting his head off the pillow, as if he suffered less in this posture.

These causes operate directly in inducing sleep: but there are others, which produce their effect in an indirect way, though they ultimately produce the same result, of retarded circulation in the brain. No one doubts, I believe, that a moderate exercise of the *sensorial functions*, whether it be muscular exertion, agreeable sensations, or mental employment, is attended at first with an increase of vascular action in the brain; or that the continuance of such exertion leads naturally to the opposite, that is, diminished action; just as exercise is followed by fatigue. And I need not observe, that such a moderate exercise of the faculties, continued for a certain time, favours the approach of *sleep*.

Thirdly, darkness and silence, which generally (though not always) conduce to sleep, probably operate by the abstraction of stimulus from the eye and the ear, the excitement of which organs tends, *for a time*, to ward off sleep, though the same excitement, when continued, ultimately promotes it.

Fourthly. How *opium* or other narcotic substances, operate in producing sleep, it is more difficult to determine. There is great reason to suppose, however, that these drugs do, as their primary effect, increase the arterial action of the brain in a high degree; at least, we have all the signs of their doing so, with regard to the external vessels of the head; while the throbbing head-ache that succeeds the use of them, when the stupor is at an end and the patient recovers his feeling, serves to show what has been going on within. How an increase of arterial action in the brain, taking place to a certain degree, tends to retard the circulation through the organ, will be made to appear hereafter.

Upon the whole, I think it probable, that the immediate or proximate cause of *sleep*, or a suspension of the *sensorial functions*, is *retarded circulation* in such parts of the brain as are devoted to those functions. The gradual approach of sleep, and its imperfect state at first; and also the gradual return to the waking state; agree very well with the supposition here announced.

We are prepared now, Gentlemen, to enter upon the consideration of the diseases of this part of the frame, the brain. Many of these, of a chronic kind, have been called *nervous;* though improperly, as they have no immediate concern with the nerves themselves. Those who employ the term *nervous diseases*, seldom affix any distinct meaning to the expression: *brain affections*, is the one by which they may be properly designated.

Brain affections, then, are infinitely various as to form, but, in nature, very simple and easily understood; as far at least as our limited knowledge of this part of the animal economy allows of. Almost all the cerebral diseases we have any distinct knowledge of, either consist immediately in disordered arterial action in this organ, (and that for the most part of an inflammatory kind,) or are consequences, more or less remote, of such a state. This, I have no doubt, will appear clear to you, when we come to speak of them more in detail. If there be any that originate in a different way, we have at least no distinct knowledge of them, and in order to explain them are obliged to resort to conjecture and hypothesis; as those do who talk of *collapse* of the brain, of *diminished mobility* of the *nervous fluid*, and other imaginary states, that rest upon no real observation. It cannot be doubted, that the functions of the brain are capable of being disturbed in a great variety of ways, by disordered action of its vessels, even though not amounting to actual disease; as may be seen by referring to the state we call *intoxication*, as produced by vinous or spirituous liquors. Now as this state tends to throw light upon some of the diseases of the brain, such as *apoplexy* and certain forms of fever, I shall endeavour to explain to you the nature of *intoxication*, as resulting from increased arterial action in the brain. But this must be deferred till our next meeting.

FOREIGN DEPARTMENT.

PHYSIOLOGY.

Experiments relating to the Question, Whether the Blood can be the Seat of Disease? Paper read at the Academy of Sciences, Feb. 21, 1826. By SEGALAS D'ETCHEPARE*.

The different parts of the body, the fluids as well as the solids, may undergo modifications in the state of disease. This is a fact demonstrated by observation, and acknowledged by the profession. But the morbid changes of the fluids, do they merit the name of diseases? In other words, can they be the seat of primitive alterations, and such, that disorder of the organs and disturbance of the functions can be the consequences or symptoms? This is a point still contested by several pathologists; experiment appears to prove, that those fluids which play the principal part in the animal economy, are subject to changes. The experiments which have been tried are numerous; they have been tried with different agents, and on animals of different classes and genera. I will only mention for the present those I tried on dogs with *alcohol*, and the alcoholic extract of nux vomica.

1. If a certain quantity of alcohol at 36°, half an ounce, for instance, were injected

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* Archives Generales, Sept. 1826.

into the jugular vein of a dog, the animal instantly dies, and on opening the body, the blood will be found manifestly changed; it is grumous, similar nearly in colour to turned milk. Moreover, the lungs become redder and thicker, and are ecchymosed at different parts.

2. If the injection be made with alcohol, diluted with four or five parts of water, the animal falls immediately after the operation, and shows itself to be in a state of complete intoxication, immoveable and insensible to every thing passing about it, and exhibiting signs of life, by a weak or low respiration, and a pulse scarcely perceptible.

3. In this case, if the quantity of alcohol is moderated, for instance, a drachm for a dog of middle size, the animal instantly makes some movements of the head, which are followed by efforts to raise itself; in a few minutes it gets on its legs, walks at first in a tottering manner, and shortly afterwards in the natural way. This return to the pulmonary state, takes place in proportion as the alcohol is eliminated, for this was proved by the smell of the pulmonary transpiration.

4. This experiment several times repeated, invariably gave the same result, if care were taken that the animal did not exhale any more of the alcoholic smell. In this manner in less than an hour, an ounce of alcohol might be transmitted with impunity through the veins of a dog thirty pounds weight.

5. The same quantity of alcohol taken into the blood at one time impresses the respiration in a few seconds, and the pulsations of the heart in two or three minutes. On examination of the body, no change can be detected in the solids bearing a relation to such a result. Thereby the lungs, at other times permeable to the air and the blood, are redder than natural, and slightly ecchymosed in several points of their extent. But the physical state of the blood was absolutely changed. Without being grumous, as after the injection of pure alcohol, it assumed a creamy appearance, and was uniformly thicker.

6. If the injection were made into the bronchia, drunkenness took place with just the same rapidity, as by the direct mixture of the alcohol with the blood, and the appearance of this fluid is the same; but it requires more spirit to develop itself, and a little longer time to be dissipated.

7. If the nerves of the 8th pair be divided, or left untouched, the injection of the alcohol into the bronchia produces drunkenness with the same quickness and the same energy.

8. Drunkenness, produced through the stomach, demands for its development much more time and alcohol than that which succeeds to the immediate introduction of the liquid into the vein, but it is also dissipated much more slowly.

9. During this drunkenness, however slight, at the same time that the stomach is more or less irritated, the blood is sensibly thickened, and remains so even when the animal is killed from asphyxia.

10. The effects of the injection of alcohol into the stomach are the same when the nerves of the 8th pair are cut or in contact, every time that an impediment was caused to the vomitimg by the application of a ligature on the œsophagus.

11. Alcohol injected into the pleura, the peritoneum, the bladder, and the subcutaneous cellular tissue, acts again in the same way, but with a quickness and an intensity varying according to the absorbing faculty of the part with which it is put in contact.

12. That by a copious bleeding the mass of the blood is diminished, and then less alcohol is necessary to produce drunkenness, and longer time to cause its effects to dissipate.

13. The injection of much water into the veins exercises, for instance, an opposite effect.

Drunkenness produced through the stomach manifests itself sooner after a large loss of blood, and slower after a strong injection of water into the veins.

A question here naturally arises, Are the effects produced by the alcohol owing to the presence of that fluid in the blood, and are the phenomena which result, caused by the influence of the blood on other organs, more especially on the brain? But what are these phenomena? Are they not symptomatic of an alteration of the blood—in fact of a disease of the blood? If we assume the affirmative side of this question, we shall have a ready explanation of several parts which were hitherto inexplicable. Thus oil will prevent the effects of the alcohol, and ammonia and acetate of ammonia will diminish it. Probably these latter substances, being usually direct stimulants of the nervous system, may exert a contrary influence to that of alcohol; it probably is not going too far to say that the ammonia, which in such cases is usually given by the stomach, combines with the acid in the stomach, and that the acetate of ammonia thus produced, when it reaches the blood, is decomposed by the alkalies of the latter fluid by the soda, and so that the ammonia becoming free removes the partial coagulation which existed in the

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blood. The acetate of ammonia would produce the same effect.

Is the diaphoretic action of the ammonia, and acetate of ammonia, produced by this modification of the blood? The opinion is quite consistent with the hypothesis which I have endeavoured to establish, but this inquiry I shall not pursue for the present, as my views must be bounded by the results of experiment. I shall, therefore, pass on to the results and trials made with the alcoholic extract of nux vomica.

1. If a certain quantity of alcoholic extract of nux vomica be injected into the veins of a dog, the animal is instantly seized with a general tetanus.

2. If the quantity of the poison used be considerable, the animal dies in a few minutes; but still, if the body be opened, no perceptible alteration is found in any of the solid parts.

3. If the quantity of the poison injected into the vessels be moderate, the tetanus excited by it is, in a certain degree, intermittent,—it appears and disappears alternately for some time.

4. If the poison be injected into the bronchi, stomach, or bladder, the similar effects are produced, with this difference, however, that the time and quantity of the poison necessary for their protection, vary according to the absorbing power of the part to which it is applied. Thus two grains of the alcoholic extract injected into the bronchi, will cause death in a few seconds; whilst two drachms injected into the bladder, will cause only some tetanic symptoms within ten or fifteen minutes.

5. If the eighth pair of nerves be divided, the poison produces all its usual effects, and without any retardation of its quickness,—no matter whether it is thrown into the bronchi or stomach. If the medulla spinalis be cut across, the poison will act on the muscular system, whether it is injected into the veins, cellular substance, or into the cavities.

6. If, after having divided the medulla spinalis, the abdominal aorta be tied above its bifurcation, the poison will not act on the lower extremities, though its effects on the upper ones are instantaneous.

7. When, without dividing the medulla or nerves, the aorta alone is tied, the same effects follow; it should be remembered, however, that some degree of paralysis is in the first instance caused by the ligature; the experimenter should wait until this has passed off, before the poison is applied.

8. *If the venous circulation be suspended after the poison is inserted into one of the lower extremities, it will not exert any influence, local or general.*

This important fact has been fully recognized by all inquirers since the publication of Dr. Barry's researches; his explanation of it also, is now very generally admitted.

9. When the poison is injected into the crural artery, the limb becomes affected with instant contraction, and soon after the tetanus becomes general, whether the medulla spinalis is divided or not.

10. When the medulla is divided between the loins, the poison injected into the veins, or placed in some part so as to be absorbed, excites contraction of the paralysed muscles, as well as in those not paralysed, but not so speedily.

11. When the medulla is divided higher up, the poison injected into the veins excites contraction in the paralysed muscles in the same way as in those which are not so.

From these experiments it obviously follows, that the nux vomica acts on the system, not through the medium of the nervous chords, or of the nervous centre, viz. the brain or spinal marrow, but through the circulating fluid, the blood. This fluid seems, in the first instance, to be altered in its physical or chemical properties, and the effects which follow, seem to be the result of its influence on the other organised systems, particularly the nervous. Are not these phenomena, then, indications of an alteration in the blood? Should they not be considered as symptoms of a disease of that fluid?

One thing may here be observed: the paralysed muscles are not so quickly acted on by the poison as the sound ones, as was pointed out by M. Fouquier; but this admits of an easy explanation. The sound muscles being subject to the influence of the brain, as well as of the poison, resist for a short interval the action of the latter, whilst the paralysed muscles being withdrawn as it were from the controlling power of the nervous system, are exposed at once to the influence of any deleterious substance, brought into contact with them by the circulating medium. We may, then, in conclusion, say, that the blood may become the seat of disease, and this should be borne in mind by those who are engaged in the investigation of its phenomena.

THE LANCET.

London, Saturday, November 11, 1826.

Manuel de Clinique Medicale et de Pathologie. Par L. MARTINET, D. M. P. Paris, 1826. 2ieme Edition.

Manual of Pathology, &c. By L. MARTINET, D. M. P. Translated, with notes and additions. By JONES QUAIN, A. B. Demonstrator of Anatomy at the Medical School, Aldersgate Street, London. Anderson. 1826.

THE author of the above work, M. Martinet, has for some years held the situation of resident physician in the Hotel Dieu, at Paris, which must have afforded him abundant opportunities of investigating disease in all its forms. Not content with discharging the routine duties of his office, he appears to have applied himself diligently to the study of pathology, and feeling the want of an elementary book on this science, endeavours to supply the deficiency by the publication of the work before us. The arrangement pursued, is stated in the preface in the following words :—

> "The first part of this work, which is intended as a clinical guide, contains a brief statement of the necessary requisites for the proper conduct of clinical pursuits ; and a detailed account of the improvements which, of late years, have been introduced in methods of investigating the diseases of the three great cavities of the human body.
>
> In the second part, care has been taken to give in a condensed yet complete form, every thing that is necessary to enable the observer to distinguish diseases from each other, and, if necessary, to draw up with precision the history of them ; to this is subjoined an enumeration of the symptoms of the different affections, and the morbid alterations which they induce."

On the subject of the attainments necessary to be possessed prior to the commencement of the study of the medical profession, M. Martinet makes the following observations, in which we fully concur :

> "Whoever wishes to extend the boundaries of science, should commence his education by acquiring a perfect knowledge of the Greek and Latin languages, and should then proceed to learn the modern languages, particularly the French, Italian and German. This is necessary, to enable him to study with effect the many excellent works published by our neighbours ; and (should he visit those countries,) to observe with advantage their clinical practice, and form an accurate estimate of their modes and principles of treatment.
>
> The observer should acquire correct ideas of several sciences which may be deemed accessary to medicine. He should be acquainted with chemistry, natural history, and natural philosophy, as he will constantly have occasion to make application of their principles ; and if he be ignorant of them, many physiological and pathological phenomena will appear altogether unintelligible."

Our readers will perceive the great similarity between these opinions and those advanced by Dr. Gregory, and more recently by Mr. Alcock, in his "Essay on the Education and Duties of the General Practitioner." Indeed M. Martinet and Mr. Alcock coincide in many points on the education of the medical student, and the mode of investigating disease ; both authors having stated what the education of the medical man *ought* to be. In the work of the latter gentleman, which abounds with sound sense, there was one part of the present system in this country which was not exposed in that strong light which its pernicious consequences on the profession really required ; we allude to the system of apprenticeship. This system commenced at a period when the profession was in its infant state, and a mere trading concern might have received some justification from the ignorance of the times in which it was adopted ; but that it should be continued at the present day, when the spirit of improvement has manifested itself in every other department of science, must be a source of regret, as well as astonishment, to every man who has reflected on the subject. Unfortunately, what any man writes on the system of education which *ought* to be pursued by medical students, cannot be carried into practice in this country as long as the present regulations of some of its medical bodies are allowed to exist.

The next part of the work includes an account of the various improvements which have been lately devised for the perfection of the methods of investigating disease. The author, as well as the translator, seems a decided disciple of Laennec. Mr. Quain will not even allow the scientific terms of his master to be translated, and has entered a formal protest against giving them in an English garb; his words are as follow:—

> "It appears, however, preferable to adopt at once the terms devised by Laennec, which will save us from having new translations of them, according to the whim or the fancy of particular persons. The inconvenience of this practice, should it become general, will soon be rendered apparent, as histories of cases begin to be published, containing statements of the signs furnished by the stethoscope. For as all these consist of simple ideas, if each of them be not marked by a term precise and definite, it will lead to endless confusion and discrepancy."

We have, from the commencement of our labours, frequently advocated the use of the stethoscope, and pointed out the advantages to be derived from its use in the investigation of disease. There are, however, individuals still sceptical of its merits; to such we recommend the perusal of the following note:—

> "By means of the stethoscope we can analyse the heart's action, and assign the time occupied by the contraction of each of its cavities. When the instrument is applied to the præcordial region, we hear first a dull, lenghthened sound, synchronous with the arterial pulse, and therefore produced by the contraction of the ventricles; this is instantly succeeded (without any interval) by a sharp, quick sound, like that of a valve, or the lapping of a dog; this corresponds to the interval between two pulsations, and therefore marks the contraction of the auricles; then comes the interval of repose. The relative duration of these three periods may be thus stated: one half, or somewhat less, may be assigned to the contraction of the ventricles; a quarter, or a little more, to that of the auricles; the remainder for the repose. According to this statement, if we take any given period, say twenty-four hours, we at once are compelled to conclude that the ventricles are in action twelve hours, and therefore rest twelve hours; the auricles are in action six hours, and rest eighteen hours.
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> This calculation is applicable to a healthy adult, whose pulse beats seventy strokes in a minute. It assumes, that some will be disposed to deny that the heart is passive in its dilation; but opinions on the subject are so various, that it would be impossible to give any summary of them in a note."—T.—See Laennec, Vol. 2.

The first diseases treated, are those of the brain; the enumeration of the symptoms of which, is immediately followed by the morbid appearances presented after death. The diseases of the chest, then those of the abdomen; and, lastly, those of the primary tissues are given. The order pursued is strictly anatomical, and has the merit of being clear and intelligible. To students of medicine, the work, in our opinion, cannot fail to be useful. Its defect is, perhaps, the want of any directions respecting the treatment of the diseases so concisely and ably illustrated. But there exists, in this country, a rage, or rather vitiated taste, for the practical part of a subject, as it is termed, or the treatment of a disease, if the disease be the subject, before the principles on which it depends are fully understood. Against this misdirection of the mind, a young man cannot be too often admonished; we would entreat the medical student, in particular, to direct his attention to the considerations of the pathological condition on which disease rests, before he perplexes himself with the treatment of what he is in fact ignorant. The pathological conditions cannot be understood, without a knowledge of the tissues in which they occur; and, therefore, the students must, in the one case as well as the other, lay a proper foundation, else the house which he raises, however gaudy its exterior, will soon require props, and ultimately fall.

Mr. Quain has departed from the original in some respects: the chapters on pleurisy, catarrh, pneumonia, and phthisis, have been re-written, from the consideration that those in the original were too brief, and several notes have been added. In other respects, the translation is faithful. From the manner in which the work is presented to the English reader, it is evident that the translator fully understands the subjects on which M. Martinet has written.

On the Use of the Chlorate of Soda, and of the Chlorate of Lime. By D. G. Labarraque, Pharmacien, of Paris, &c. Translated by James Scott, Surgeon. 8vo. pp. 36, London. Highley.

About four years ago, M. Labarraque commenced his experiments with the solutions of the chlorates of soda and lime at the Morgue and other places in Paris, on a large scale, the results of which were so satisfactory, that the police ordained that the above named preparations should be always employed for the purpose of disinfecting the atmosphere wherever it might be found necessary. The efficacy of the chlorates of lime and soda in staying the progress of decomposition of animal matter, has been decided by experiments made under the superintendence of the Members of the Institute, who awarded to M. Labarraque their first prize in June, 1825. It is not to be supposed that these substances have been discovered by the Parisian apothecary, or that he was the first to make this application of them; but he has the merit of making them more extensively useful than before; and it will be seen by the sequel, that they may be made very valuable to many classes of the community.

The chlorate of lime, and the solution of the chlorate of soda, have the property of arresting the decomposition of animal matter, and of purifying the atmosphere when loaded with any of the products of such decomposition. They may be turned to great account in our dissecting rooms, and in the disinterment and inspection of bodies for legal purposes. In one of the numbers of the *Gazette de Santé* of 1824, we remember to have read a case in which MM. Orfila, Gerdy, and others were requested by the *Procureur du Roi*, to exhumate and examine a body suspected to be poisoned, after it had been buried a month; and although the corpse was in a dreadful state, they were enabled, by sprinkling the body with a solution of the chlorate, to go on with the investigation, and detected the presence of arsenic in the stomach. It may be used with great advantage in cleaning sewers, privies, &c. in such a way as not only to prevent the fatal accidents which occasionally occur to the workmen, but also to prevent the dissemination of that horrible stench which issues from such places. Small quantities of it suffice to render water-closets, stables, wards of hospitals, prisons, ships, or, in fact, any place where the atmosphere is more or less loaded with the effluvia of animal or vegetable matter, perfectly inodorous. But the useful application of either substance does not rest here; it may be introduced with great advantage into surgical practice; it has already been used by many of the Parisian surgeons with the best success in cases of carbuncle, hospital gangrene, sloughy venereal ulcers, and gangrenous sores. It has been observed to be particularly efficacious in chronic or indolent ulcers, hospital gangrene and mortification. It is used pure, or mixed with one, two, or as many as eight parts of water, in the form of lotion; and care should be taken that the wounds are covered with lint moistened with the liquid, which should be renewed twice in the day, and its use suspended when the sore begins to look red and inflamed. The after part of the treatment must be regulated according to ordinary surgical principles. The linen and pledgets of lint used for the dressings of fœtid sores, retain their odour for a long time, and contribute to the insalubrity of the patient's apartment. By pouring a glass of the concentrated chlorate into ten pints of water, and soaking the linen in the liquid, all the disagreeable odour will be taken away.

Experiments have been made with the last named preparation by Jules Cloquet, Lisfranc, Biett, and others, and they speak highly of the results. Lisfranc has for some time past treated his cases of burns and common ulcers at the Pitié, with the solutions of the chlorates; and we understand that he intends to publish a paper shortly on the subject.

In certain cases of disorders of the bladder, the urine becomes offensive, and disgusts the patient; it is rendered quite inodorous, by placing a few drops of the solution of the chlorate of soda in that fluid. The same result may be produced on urine scented by eating asparagus and other vegetables.

The following cases, illustrating the good effect of the chlorate, are mentioned by the author:—

"*M. Samson*, Surgeon, (*Ordinaire*) at the Hotel Dieu, has disinfected ulcerations of the mouth with caries of the palate, and suspended for some time the ravages of this frightful disorder. The same surgeon, after having in the presence of Dr. Lefevre put a ligature upon a large uterine polypus, discovered that putrefaction had commenced in it; he accomplished its disinfection by the application of chlorated water, and the mortified part was detached. The operation was attended with success.

Dr. Chantoureille treated two cases of cynanche maligna with the chlorate of soda diluted in ten parts of water; and the fœtor, so dangerous to the attendants and physician, was destroyed. These cases were communicated to the Society of Medicine at Paris. More recently he has been again successful in administering the chlorate in the dose of twenty-five drops in a glass of water, for removing the hydro-sulphuric gas, which severely affected a person who had been poisoned by the hydro-sulphuret of potass, after the latter had been expelled by vomiting. His memoir, read at the Royal Academy of Medicine, gave rise to a learned report.

A very remarkable fact was observed, in a case of asphyxa, presenting the most serious tetanic symptoms; the patient was restored by breathing the chlorate of soda.

Ulcer of the nose (*ozæna*) has been disinfected by injections used twice a day, of the chlorate of soda diluted with from 2 to 10 parts of water, and this fœtid ulcer cured.

I am indebted to *M. Sègalas*, who devoted himself particularly to the diseases of the urinary organs, for the knowledge of a remarkable fact connected with the correction of urine *while in* the bladder, from the use of the chlorate, and I introduce it here, to draw the attention of professional men to analagous cases.

M. G. aged 69, affected with paralysis of the bladder, and unable to pass his urine by voluntary efforts, had suffered for several days the painful effects of distension of the bladder. The hypogastric region was swollen and painful; the urine turbid, and smelling of ammonia, deposited a thick, brown and fœtid pus; the tongue dry; the skin hot; the breathing oppressed; the voice hoarse and feeble; there was much nervous irritation; accompanied at times by delirium. *M. Sègalas* was called in; this physician obtained, by an examination with the catheter, a confirmation of the diagnostic established by the symptoms. A sound of elastic gum, introduced with the greatest facility, discharged a large quantity of purulent urine of an insupportable odour. The instrument was suffered to remain for two days, but became often obstructed. Injections were frequently used, but with little success; this, at length, determined *M. Sègalas* to use a catheter with a double barrel, and to wash the bladder copiously with water, after the ingenious method of *M. Jules Cloquet*..

This treatment, which occupied several days, had the desired effect; the bladder was relieved of the putrid matter which occupied it, the urine being easily withdrawn by the aid of a catheter, and the general state of the patient was sensibly improved; but the urine continued to deposit a fœtid pus, which sometimes completely encrusted the catheter.

M. Sègalas therefore had recourse to the chlorate of soda diluted in sixty parts of water, throwing it into the bladder by means of the double catheter. The first injection produced *a diminution very remarkable in the secretion and odour of the pus*; a second, performed forty-eight hours after, was followed by a similar success, and two more injections, performed at an interval of two days, placed the patient in a state to attend his occupation, by using the catheter for drawing off the water. He did not experience the slightest ill effects during the use of the chlorate thus diluted.

Public salubrity shows the necessity of sprinkling dead bodies (which begin to give evident signs of decomposition) with the disinfecting chlorate, before the time prescribed by usage and by law for their interment. In this case a bottle of the concentrated chlorate must be put into three gallons of water; a linen cloth is to be dipped into this mixture, and the corpse covered with it, the same liquid being frequently carefully sprinkled over it during the time it is watched. The necessity for this operation is daily perceived at Paris, and considerably more so in hot climates. Also professional men, when examining or embalming dead bodies, preserve themselves from all unwholesome emanation, by using the chlorate in the manner just described.*

The chlorate of soda diluted in 25 or 30 parts of water, has been employed with success in disinfecting and preserving subjects in dissecting rooms; this operation is performed by means of a tin watering pot containing about six quarts, which is to be filled with chlorated water; the fœtid body is to be sprinkled twice a day, and the surface afterwards brushed and washed with clear water. The moment the chemical preparation comes in contact with the body, the effluvium is destroyed, and the impregnated air instantly corrected."

The *epizootic meurtriere*, a disease which has been very prevalent in France, and fatal among horses, furnished an opportunity of trying the effects of the chlorate of soda on the carbunculous affections to which these animals are subject. The following cases were treated by M. Bouley, junior, and inserted in the "*Recueils de Medicine Veterinaire*" for June, 1825.

"Case 1.—On the 31st March last, a bay horse, five years old, belonging to Count D'Yssy, was attacked with the prevailing disorder; a rational treatment was adopted to combat this affection, which presented no alarming symptom until the fifth day, at which time a considerable tumour, rather painful, appeared at the chest, at the very place where two setons had been made some days previously, and which took, in a short time, all the characters of carbuncle.

I was anxions, therefore, to suppress the two setons, and instantly ordered the actual cautery (douze à quinze pointes de feu) to be applied to the swelling, and prescribed the extract of gentian with camphor in proper proportions, These means did not produce the effect which I expected, and in the night, between the fifth and sixth day, the disease made rapid progress (*the cautery was reapplied and the medicine repeated*). At length, on the seventh day, the tumour, which had enlarged considerably, began to discharge a sanious humour, fœtid and of a particular odour, which left no doubt of the existence of gangrene; the prostration of strength was at its height, and every thing announced a fatal and speedy termination. Such was the hopeless state of the animal, when Dr. Sègalas saw him, and advised me to use the chlorate of soda of M. Labarraque, assuring me, that he had observed the most miraculous effects on men, in a similar case. I was eager to profit by the advice of this able physician, and I instantly ordered injections of the chlorate into the openings made by the cautery. These injections were repeated every hour, and the sores dressed immediately with tow. I also ordered frequent sprinklings in the stable, with the same liquid diluted with five or six parts of water. From the time I first used the chlorate of soda, the tumour made no sensible progress, and the disagreeable odour which it exhaled, partly ceased. From the fourth to the fifth day the sloughs began to separate, suppuration commenced, and all danger ceased. At last, the large sore, which was the result of gangrene, quickly healed, and in less than a month, the animal was in a state to resume his usual labour.

Cases 2 and 3.—Two old horses belonging, one to M. Ingé, butcher, at Paris, the other to Mr. Renoult, farmer, at Yvry, were affected with the prevailing disease in the month of May, and both experienced the same effects as the former, from the application of setons. These two animals were treated and cured by the same process in the space of twenty or twenty-five days.

I do not pretend to say that the chlorate of soda will be a panacea against gangrenous tumours, nor do I imagine that this medicine alone will suffice, nevertheless I think that it is a most *powerful auxiliary*; and I am authorized by facts thus to judge of it, since five horses which I treated only by cauterization and tonics died, whilst those which were submitted to the influence of the chlorate were cured."

M. Chanas, veterinary surgeon of the Gendarmerie of Paris, made a deep and extended incision (on each side of the neck of a horse) into a carbunculous tumour, which, in a few hours, had assumed an extraordinary appearance, without apparently producing the least pain: he then placed pledgets of tow, moistened in the concentrated chlorate, on the incision; at the end of four hours the animal experienced pain;

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* Those who are appointed to attest the death of persons, and others engaged with the sick, may secure themselves from fœtid emanation by smelling the chlorate, carried in a bottle for that purpose.

the dressings were continued morning and night, for five days, with the same liquid; the tumefaction progressively diminished; a cicatrix formed in a short time, and the horse recovered.

Messrs. Dupuy, Giraud jun., and Vatel, professors at L'Ecole d'Alfort, and Berger, veterinary surgeon of the Garde du Corps, have equally proved the properties of the chlorate in these affections.

Instructions for disinfecting and purifying the stables of the King's Guards, and of the Gendarmerie at Paris, have been printed, and there is good reason for congratulation, that these directions have been implicitly followed; for death, from this time, ceased its ravages. A great number of proprietors have equally experienced the good effects of the use of the chlorate of soda in stables, cow-houses, sheep-stalls, &c. M. Giraud, senior professor, and director of 'L'Ecole d'Alfort,' in the third edition of his *Notice Sur la Maladie qui regne Epizoatiquement sur les Chevaux*, prefixes the following remarks:—

'This liquid, employed with advantage by Messrs. Bouley, junior, and Vatel, speedily destroys the fœtid odour exhaled from tumours, facilitates the separation of eschars, and appears to be a powerful antiseptic.

Respecting the *disinfecting and purifying of stables*, M. Labarraque gives the following directions.—

" The chlorate of soda may be of great use for purifying and disinfecting unhealthy stables, and those which have been inhabited by sick horses. It should be used in the following manner: a bottle of concentrated chlorate of soda is to be put into a pail of clear water, and the mixture stirred; a strong brush, or a birch broom, is to be dipped into the chlorated water and immediately rubbed, with force, over the walls, manger, rack, and generally throughout the whole stable: this done, all the parts which have been brushed with the chlorate are to be washed with clean water; lastly, finish the operation by brushing the parts again with the chlorate, in the same manner as painters give a second coat. A stable of forty feet in length by twelve in width and ten in height, requires four bottles of concentrated chlorate; each bottle should be diluted in ten or twelve quarts of soft water; from this we can judge that one bottle will be sufficient for a stable of three or four horses.

The disinfection of the stable being accomplished, the doors and windows should be left open for it to dry; healthy horses may then reside in the stable without fear of being infected; yet, in a case of *epizootia*, we ought, as a prophylactic means, to sprinkle the stable, night and morning, with chlorated water, prepared in the following manner: a concentrated bottle of chlorate is to be mixed in four or five pails of water, and the stable to be well sprinkled with this mixture; neither horses nor men will experience the least inconvenience from this mode of disinfection, and great advantages will be derived from the salubrity of the place.

For washing horses, as is the custom when they are cured, and before placing them with healthy horses, it would be well to substitute for vinegar and water, a small quantity of chlorate and water, prepared in the same manner as recommended for sprinkling."

Another case shows the value of the preparation in a case of asphyxia, produced by the mephitic emanations from a sewer, and the power of the chlorate in preserving from such injurious agencies.

" It appears to me," says M. Labarraque, " very desirable to recommend patients to breathe the chlorate of soda and of lime, in all cases of asphyxia, occasioned by sewers and privies, even long after the occurrence of the accident, should they still find themselves under the influence of the deleterious gas."

The method of preparing the chlorate of soda, as directed by M. Labarraque, is as follows:—Dissolve two and a half kilogrammes* of pure carbonate of soda, in ten kilogrammes of distilled water. Mix in a bottle that will be about one-fourth empty; then put the following mixture into a spherical glass bottle, large enough to hold two quarts, having a long neck and large mouth:

Hydro-chlorate of soda (common salt,) 576 grammes; †

Peroxide of manganese, powdered, 448 grammes.

A curved and a syphon tube are to be luted to the vessel; the curved tube is to be made to pass into a small bottle containing some water, and from this second bottle another tube passes into the vessel containing the saline solution. The tubes being dry, a mixture of about equal parts of sulphuric acid and water is to be poured into the vessel containing the manganese, through the syphon tube. Heat is then gradually applied, and continued until the disengagement of chlorine gas ceases. If the chlorate of soda be properly made, a very small quantity of it will discharge the colouring matter of a solution of indigo.

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* A killogramme is 2lb. 3oz. 5dwts. avoirdupois.

† A gramme is about 15½ grains.

We think Mr. SCOTT has done the public a material service by translating this little treatise; and we recommend it, therefore, with pleasure, to the notice of our readers.

A System of Anatomical Plates, with Descriptive Letter-press. By JOHN LIZARS, F.R.S.E., Fellow of the Royal College of Surgeons, and Lecturer on Anatomy and Surgery, Edinburgh. Folio. Part XII. Lizars, Edinburgh, and Highley, London.

THE present fasciculus, containing three engravings of the gravid uterus, and four of the lymphatics, concludes the valuable system of anatomical plates which Mr. Lizars commenced about three years ago, and of which, from time to time, as the parts have appeared, we have had occasion to speak in favourable terms. This concluding part fully sustains or rather adds to the deserved reputation of its author; and now that the series is completed, we can most confidently recommend it to the notice of the practitioner, the student, and the man of letters. The work in its complete form is dedicated, by permission, to his Majesty; and Mr. Lizars has very properly taken the opportunity so graciously afforded him, of laying at the foot of the throne a national grievance, of the greatest weight and importance. In allusion to the scarcity of subjects for dissection, Mr. Lizars thus addresses the Sovereign :—

"SIRE,—You will graciously permit me to assign a very imperative reason for presuming to solicit the notice of your Majesty.—I am emboldened, by the highest of all obligations, to avail myself of the appearance of this work, to suggest the necessity for speedily adopting some measures in behalf of the science, to the advancement of which it is conscientiously devoted. It is impossible for me, or for any other teacher in this department of professional education, not to regret, most painfully, that, through the increase of certain prejudices, as illiberal as they are alien to true philanthropy, obstacles are daily arising in your Majesty's United Kingdoms to the prosecution of anatomy. It is equally impossible not to believe, what ample observations demonstrate, that the magnitude to which they have already attained, is, in its infallible and invincible operation, signally and seriously injurious to your Majesty's subjects, both in the public service and in all the ranks of private society. Many more of these than unsuspecting benevolence could have imagined, are doomed, it were easy to prove, to a premature grave, by the consequent deficiency in this requisite science on the part of those to whom the care of life and health is committed; and I will state, most respectfully to your Majesty, in evidence of this alarming truth, well known and universally deplored as it is in the schools of medical learning, one circumstance of political importance enough, independently of humane considerations, to justify the freedom which I thus assume.

"In France, in Germany, and in Denmark, the prosecution of anatomy is protected by their respective governments; and, in them, every facility is afforded for its complete and satisfactory study. Hence, in great degree it is, that, of late years, such of the medical youth among your Majesty's subjects as are enabled by their circumstances, proceed to these foreign kingdoms in search of information of the most valuable kind,—being compelled thereto by the dread of entering on the practice of their profession while ignorant of some of its fundamental principles; and of having, through the unavoidable fault of a merely British education, to collect, by repeated failures in their treatment of the living, that knowledge which they might have early and safely and ably acquired from intimacy with the dead.

"SIRE,—I cannot doubt that your Majesty, impressed with a sense of the awful responsibility and agonising duties of medical men, will be most graciously pleased to recommend the subject of their effective and thorough instruction, in this claimant particular, to the serious attention of your Majesty's wise and liberal Ministers, with a view to the accomplishment of what science points out as desirable, and what the calamities of mankind decide to be necessary."

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We trust Parliament will diligently and impartially consider the matter; and as, undoubtedly, there is sufficient weight in these considerations, which have been so often urged, to sway any reasonable body of men, so we trust they will not suffer themselves to be biassed by prejudice or public clamour to delay a boon which they have both the power and the means of granting, and which seriously concerns every man in the kingdom who values the national honour, or the lives of his fellow creatures and subjects. When the College question shall be agitated in the ensuing Parliament, we would fain hope that this analogous and sore obstacle to the progress of anatomical knowledge will also be removed.

A Treatise on Diet; with a view to establish, on practical grounds, a system of rules for the prevention and cure of Diseases incident to a diseased state of the Digestive Functions. By J. A. Paris, M.D. F.R.S. Fellow of the Royal College of Physicians, &c. &c. 8vo. pp. 307. London, 1826. Underwoods.

It was a saying of Cato the Censor, that "'twere useless to preach to the belly, "which has no ears." So long as gluttony rages, and the stimulating sensualities of the table are not resented by the stomach, it were certainly an idle task; but when dyspepsy, with all its consecutive horrors, has fairly set in, the voice of reason and nature has some chance of being heard, and treatises upon diet and regimen, at all times interesting to the profession, are not without their effect on patients. For this reason, such works have commonly been written in a popular style, as much as possible divested of technicalities, and suited to the capacities of general readers. Of this description is the recently published volume of Dr. Paris, in which are considered the anatomy of the digestive apparatus, the physiology of digestion and of secretion, the materia alimentaria, animal and vegetable food, cookery, condiments, drinks, nuts, fruits, esculent herbs and fruits, the periods best adapted for meals, and the intervals which should elapse between them; the quantity of food that ought to be taken at different meals, imperfect chymification, imperfect digestion in the duodenum, the causes, seat, nature, and cure of indigestion, &c. &c. which it were difficult and to no good purpose to analyse. The work contains a vast fund of information and amusement, principally drawn from the best writers of the day, and is very creditable to the research and industry of the author.

At the late anniversary dinner of the Governors of the London Ophthalmic Infirmary, Dr. Farre, in a nondescript speech, stated that a Bust was to be erected to the memory of the late Mr. Saunders. Should it be carried into execution (which, for the honour of our profession, we sincerely hope it will not) it will some day be a precedent worthy the attention of the "disinterested friends and colleagues" of the enlightened, liberal-minded, patriotic, and scientific Messrs. Eady and Co. Is there no distinction to be made between those who incessantly labour for honourable and permanent fame, who communicate without reservation the fruits of their intellectual exertions, and those who withhold from the public a knowledge of important facts, to add to their annual receipts a few paltry pounds; and at the expense of human suffering, gratify their despicable vanity, by boasting the possession of a secret? If society should ever become so lax in principle, and so barren in judgment, as not carefully to mark the distinctions between such men and such practices, farewell to the cause of science. On these points, however, we have no evil forebodings; the public knows well the value of talent, and usually takes especial care to reward it. If, unfortunately, there is here and there a quack who luxuriates on the credulity of mankind, and triumphs in the possession of a secret, it is gratifying to know that he has nearly arrived at the termination of his iniquitous course. A NEW CHARTER to the College of Surgeons will prove a death warrant to every quack in the kingdom.

The distinction claimed for Mr. SAUNDERS by his friends, of whatever character it may be, is equally well merited by some of those persons who were his colleagues in office. There were secret keepers and secret operators, a long while after that Gentleman's decease, as no account of his operation was published until ONE YEAR AND TEN MONTHS after that catastrophe, when a "Treatise on the Diseases of the Eye" made its appearance, edited by Dr. FARRE. At this step of our inquiries, some very curious matters come into view, which it will be well not to lose sight of, and we will endeavour to place them before the reader in so perspicuous a manner, that he shall perceive and immediately understand them. Dr. FARRE, in the introduction to the above work, claims for Mr. SAUNDERS the discovery of the operation for *congenital cataract*; an operation which Mr. SAUNDERS is said to have practised from the beginning of the year 1806 up to the period of his death in 1810; his reason for *concealment* is stated in a letter addressed to the Committee in March 1809, and which is to be found in the preface to the second edition of Dr. FARRE's book:—

"Gentlemen,

* * * * MY PROCESS for curing the cataract in children, together with other observations relative to the eye, which I am about to publish as soon as the necessary arrangements can be made, has already been freely communicated to AN INDIVIDUAL, and the AMPLE SCENE OF EXPERIENCE which this Institution affords, opened to his view, from a disinterested wish to promote his professional object. * * * * * That which was so LIBERALLY given in the spirit of private friendship, HAS BEEN SO LONG WITHHELD FROM THE PUBLIC IN THE HOPE OF MAKING IT MORE WORTHY OF THEIR ACCEPTANCE, and not through a mercenary motive, as some have malignantly observed, or an inclination to boast the possession of a secret! * * * *

J. C. SAUNDERS."

Thus this operation, like good wine, was to improve by *keeping*; it was sufficiently matured for an INDIVIDUAL; it was sufficiently determinate in its effects to give vision to about twenty persons born blind, and the Infirmary was "AN AMPLE SCOPE OF EXPERIENCE" for "AN INDIVIDUAL;" yet neither the Infirmary nor the operation was in a fit condition for the professional public. We implore the Governors to reflect on these facts. The operation was not concealed "from a *mercenary* motive," "as some have malignantly observed." When Mr. SAUNDERS penned this passage, he had probably forgotten the letter which we published in our last, written only two months previously to the one above quoted. In that epistle he says, "HAD I MADE MANY ACQUAINTED WITH IT, MY OPPONENTS WOULD HAVE BEEN ACTING UPON IT." Well then, to be sure it was "most malignant" to say, that he concealed it from a mercenary motive, as he merely retained it in his own possession, to secure all the fees which could result from the performance of the operation; and those who would not apply to him,—stupid blockheads! it was perfectly proper they should remain blind. This was liberal and scientific, and there was nothing "*mercenary*" in the affair.

Although the proceedings of Mr. SAUNDERS, and his colleagues, patronized as they were by some of the first medical characters of the day, might, as precedents, produce the most baneful results, yet we should have noticed them in the slightest manner possible, and with that delicacy which should always be manifested when speaking of the dead, had there not been those living who officiated with him, and who were then, and are now, the vindicators of his conduct. Supposing the operation for congenital cataract to have improved in the "keeping" of Mr. SAUNDERS, how happens it that an account of it was not published until one year and ten months subsequent to his death? during which time the same "Hole and Corner" work was in agitation in the Infirmary, as at any former period. Dr. Farre, who *was* and who *is* the physician to the Infirmary, appears to us implicated in this business from the beginning to the end, and even Mr. BENJAMIN TRAVERS is not altogether free.

We require no other facts to prove the accuracy of these assertions than are contained in the annual reports, and in Dr. FARRE's other work, (as we are told the reports are his,) the Treatise. To render what we are about to communicate as intelligible as possible, it is necessary to premise that the late Mr. GIBSON, of *Manchester*, published a paper in the *Edinburgh Medical and Surgical Journal*, for October, 1811,* "*On the use of the couching-needle in infants of a few months old*," which contains, in our opinion, a much better description of the congenital cataract, and of the mode of operating for its removal, than is to be found in the work of Dr. FARRE; moreover Mr. GIBSON's paper is dated 13th June, 1811, and is published in the October Number of the Edinburgh Journal, whilst the Treatise of Dr. FARRE did not make its appearance until upwards of *two months* after the latter period. To whom, then, is the greater credit due —Mr. SAUNDERS, or Mr. GIBSON? Why, to the latter gentleman, indisputably; and we are really astonished, after reading his excellent paper, that Mr. SAUNDERS, regarding this operation, should have been quoted as an authority. Dr. FARRE, in the preface to his second edition, thus writes:

> "The late Mr. Gibson, early in the summer of 1811, wrote to Mr. TRAVERS for the purpose of ascertaining the method of operation which had been practised by Mr. SAUNDERS. When this request was communicated to the Editor, he really gave Mr. Gibson credit for correct intention; and in reply requested Mr. Travers to state to him that the subject of his inquiry would shortly be communicated to him through the medium of the press, a part of the posthumous work of Mr. SAUNDERS being at that time printed."

Let the reader bear in mind, that this is a statement penned by Dr. FARRE's own hand; and whilst it increases our respect for the memory of Mr. GIBSON, we must view with indignation and contempt the "Hole and Corner" motive, that led to a refusal of his solicitation. WHY did Mr. TRAVERS *communicate* the request of Mr. GIBSON to Dr. FARRE? WHY did not Mr. TRAVERS, without hesitation, reply to Mr. GIBSON's letter, and describe the information sought? When Mr. TRAVERS heard from Mr. GIBSON, he had been surgeon to the Infirmary upwards of ONE YEAR, and surely he was not ignorant of the mode of operating for congenital cataract, practised by his predecessor. WHY, then, did he not communicate this knowledge to Mr. GIBSON? We call upon Mr. TRAVERS to answer this question. We have heard, indeed, that he stood pledged to Dr. FARRE not to make it known, until the publication of the secret in the Doctor's book. Be this as it may, the report, in our opinion, receives the greatest possible confirmation from the above-named facts. Had Mr. TRAVERS received a letter from Mr. GIBSON on any other subject, would he have deemed it necessary to *communicate* the circumstance to Dr. FARRE? It would be the height of absurdity to suppose so, and no man in his senses can doubt that Mr. TRAVERS was restrained by some sort of obligation. Thus we find, that although Mr. SAUNDERS had been dead upwards of, *fifteen months*, no account of *his* operation had been published, and that when his successor at the Infirmary was applied to, to describe it, he *communicated* the request to Dr. FARRE!! If this be not "Hole and Corner" work; if this be not humbug;—

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* Vol. vii. page 395.

then we will say that the Ophthalmic Infirmary has been the best governed Institution in Europe, and Major Longbow himself could not require more.

We had written the above, when the following Advertisement in THE TIMES of Thursday last caught our attention :—

"*London Ophthalmic Infirmary, Moorfields.*

At a Meeting of the Committee, 6th Nov. 1826, Ralph Price, Esq. in the Chair, five Numbers of a weekly publication, called THE LANCET, dated the 7th, 14th, 21st, and 28th October last, and 4th instant, and THE TIMES Newspaper of the 28th October, were laid before the Meeting; the former containing false statements and offensive reflections upon the Members of this Committee in their official capacities, but in a particular manner calculated to insult the memory of the late Mr. Saunders, and wound the feelings of Dr. Farre and Mr. Battley; and the latter echoing similar calumnies in the form of a letter, directed "to the Editor of *The Times*," and signed "A Governor," when it was

Resolved, That the freedom of the Press has been violated, by becoming, in the instances referred to, an instrument of gross malignity and abuse, and of the foulest injustice towards two of the earliest and most tried supporters of this Charity; that this Meeting experiences the greatest satisfaction in again bearing testimony to the high value of Dr. Farre's and Mr. Battley's undeviating and disinterested exertions during a period of twenty-two years, which, in conjunction with their liberal pecuniary subscriptions, have largely contributed to the rise and establishment of this Institution.

That this Resolution, signed by the Chairman, be inserted in four of the Morning, and two of the Evening Papers.

RALPH PRICE, Chairman.

This is a pretty performance, and in every respect worthy the individuals with whom it originated. Here we have "false statements"—"offensive reflections"—"insult to memory"—"wounded feelings"—"calumnies"—"violated press"—"gross malignity and abuse"—"foulest injustice"—and other delicacies, dished up in the "most admired disorder," and suited to the taste of a saint. We should like to know HOW MANY Members of the Committee were present when this sapient Resolution was adopted, and their names. Dr. FARRE and Mr. BATTLEY, both of whom belong to it, of course were *absent* on the above occasion! Is the above a REFUTATION of the FACTS we have published? Does it allege, that BATTLEY's letters for "our friend SAUNDERS" were forgeries?—That the Infirmary was not "got up" for "our friend SAUNDERS?"—That the Infirmary was not opened for admission of pupils for years and years after it was instituted?—That Mr. SAUNDERS made known *his* operation to more than two individuals?—That Mr. GIBSON did not publish an account of THE operation for congenital cataract PREVIOUSLY to Dr. FARRE.—That the Committee has not passed a resolution to prevent the students from taking notes of cases? NO.—A fig, then, for the efforts of such ninnies. Not a single fact that has been published, either in THE LANCET or in *The Times*, connected with this Infirmary, has been controverted; and we can assure the members of the COMMITTEE, that we have no wish to make false statements, to malign or to vilify. It is our anxious desire that the noble intention of the Governors should be accomplished; it is our wish to see quacks divested of their ill-gotten honours, and to obtain for the memory of those who have perseveringly laboured in the cause of science, respect and admiration proportionate to the utility of their services. Impressed with these considerations, we shall prosecute this inquiry in our ensuing Number, when we will prove, by the most incontrovertible evidence, that to Mr. GIBSON *exclusively* belongs the merit of bringing into general use the operation for congenital cataract in infants.

The trickery is still in operation at St. Bartholomew's Hospital, on the subject of the DEMONSTRATIONS. Many of the pupils openly express their dissatisfaction of Mr. SKEY, and some anonymous letters, it appears, have been sent to Mr. ABERNETHY, who on Wednesday last addressed the class as follows, Mr. SKEY being by his side :—

"I say, is there any mode by which I can positively determine what your sentiments are, with regard to Mr. Skey? O, yes, yes; I think there is one mode. People are not willing to speak out; they don't like to give offence, and so on; but I see one mode, by which, without giving offence, you may declare your sentiments; and then I shall know how far you are satisfied with Mr. Skey, and how far otherwise; and this is the mode which I propose, that it shall be a subject of *ballot:* I shall put a ballot box in the corner here; (pointing to the corner of the door of the theatre;) I shall give you on any day you appoint, it may be to-morrow, or next day, a *bolus,* (*much laughter* from the *feigned* mistake,) a ball, a ball, and you shall go out at this door, leaving, if you are satisfied, let it be *yea*; leaving, if you are not satisfied, let it be *nay;* you shall come back into the theatre again, and I shall open the ballot box in your presence; and this is the only way it occurs to me that I shall ever be able to know the real sentiments of the class.

I said to you, that if it were my own son, I would not wish him to be a demonstrator in this place, if he either was deficient in knowledge, or in the power of communicating it, or deficient in industry. I said to you, all I ask is, what I know you will most readily grant, a fair trial to Mr. Skey. You have granted the trial, and if you are now to pronounce judgment in the way I tell you, by this means shall we know the sense of the class, and by no other means that I can adopt, which I know of."

Great applause followed this. Mr. ABERNETHY immediately left the Theatre, and the door was shut after him. Mr. Skey instantly stepped forward to the table Mr. ABERNETHY had quitted, and the applause was resumed and continued for a minute or two, when Mr. ABERNETHY returned into the theatre, beckoned silence, and *requested* Mr. SKEY *to leave the theatre with him*; Mr. Skey refused; Mr. Abernethy *repeated his desire, pointing towards the door*; Mr. Skey still declined to comply, begging leave only to be allowed to express a word. Mr. Abernethy said, "then it shall be in my presence." Mr. Skey rejoined, "O certainly," and then said :—

Gentlemen, it is only necessary for me to say, the feelings of my mind entirely accord with the sentiments expressed by Mr. ABERNETHY. I feel that it is impossible for me, with a feeling strongly entertained against me, expressed in the disgraceful manner in which it has been to Mr. Abernethy,—

Mr. ABERNETHY. No, no.

Mr. SKEY—to continue among you; I mean through the means of *anonymous letters* (*Turning round to Mr. Abernethy.*)

Mr. ABERNETHY. Well, I think that's quite enough.

Mr. SKEY. Will you allow me, Sir, only to make one other observation?

Mr. ABERNETHY. Well.

Mr. SKEY. It was merely to say, that I cannot, Gentlemen, continue to perform my duties, unless supported by your sanction and good feelings.

Mr. ABERNETHY. I objected to the words *disgraceful manner*: it may by no means be disgraceful. I should do it myself, if I were in your situation, and dissatisfied with him; I, therefore, do not consider the anonymous letters as any disgraceful act.

I told you that I had received three letters, and that upon examining them closely, there appeared to be that which produced suspicion; for, if any three or four gentlemen were to come forward and say, "We are dissatisfied,"—that is one thing; but I am suspicious that it may be the work of some one person, who may have a hatred to Mr. Skey; but you will determine it in the manner I have pointed out.

And I am further interested in this, for my own character and reputation are at stake in it. I do assure you, I do not wish you to support Mr. Skey against your own conviction of his ability; I mean, without you were assured that he has the requisite degree of knowledge. I say to you, I cannot doubt it, for he has been working so many years at anatomy; without you are assured of his ability of communicating the knowledge,—and I speak confidently on that, when I say I am persuaded that he has the ability to communicate knowledge, probably in a greater degree than I have; but I have that feeling of him myself: I have heard him express himself upon subjects of a complex nature, in such a manner as to show the possession of considerable powers of communicating information; and lastly, as to his *assiduity*. If the class appear to be satisfied, on these three points, I should be very sorry to hurt Mr. Skey's feelings by attending any more to anonymous letters; but if otherwise, we shall have it declared in the manner I have stated, and there shall be an end to it."

This is a pretty farce to be exhibited in an anatomical theatre, truly! but we must do Doctor Cantwell justice by saying, that he performed his part in a very natural manner.

We will ask Mr. Abernethy one question, the answer to which must decide the whole case, it is this: If Mr. STANLEY was advertised to deliver the demonstrations, WHY does he not perform the contract?

[The proceedings of Thursday came too late for insertion; they shall appear in our next.]

THE VETERINARY COLLEGE.

From a careful review of the proceedings of the Institution, it is very evident that the chief intentions of its founders have not been accomplished. It was established with a view not only to furnish the nation with *well educated* veterinary surgeons, but as a grand nursery for the cultivation of a knowledge of physiology and pathology. If it were required to show that it has failed to convey to the pupils who have attended the plan of study adopted by the present Professor, a suitable or even a moderate knowledge of the art which they are sent forth under his license to practise, we have only to say, that a five minutes conversation with many of those who possess the College Diploma, would be sufficient; and would supply the most ample testimony that it had, in that respect at least, proved a complete abortion; the disgrace arising from their incompetency, however, attaches itself with much greater force to the College, than to these unfortunate victims of delusion, avarice, and prejudice.

The *system* pursued at this Institution is calculated to perpetuate ignorance, and if it be not altered, the great body of Veterinary Surgeons will never command, *as a body*, a greater share of respect than the common herd of village farriers. It is true, indeed, that there are, in the veterinary profession, a few scientific men who, as individuals, are greatly respected, because they have essentially contributed to augment our stock of useful knowledge; and, as we proceed, we shall contrast their legitimate and praiseworthy labours with the puerile and *patent* performances of the Collegiate despot. It appears to us, that whatever improvements have of late years been effected in Veterinary Surgery, have originated *outside* the College walls, where they are kept by the Professor, who will not introduce them into the practice of the College, or favour them with a notice even in his Lectures. The defective constitution of the College has been the cause of all the apathy and injustice which has been exhibited within its walls. If the Professor could only hold his office through the good opinion entertained of his services and abilities by the mass of Veterinary Surgeons; in a word, if he were *annually* elected by the Members, he would then feel it his interest to treat them with respect, and to convince them, by every means in his power, that he was deserving of their confidence. Another most material defect in the government of this Institution, arises from the circumstance of its pupils undergoing an examination by a Committee composed of *medical* gentlemen, who are totally ignorant of the most important practical facts in Veterinary Surgery; and this defect is materially increased from these Examiners being entirely under the control of the Professor, who, from the ignorance of his colleagues on the subjects examined, is, doubtless, on all occasions, first fiddle. Thus there is no check between teacher and pupil; the consequence of which might be, (we are far from saying it is so,) that the Lecturer finds the student to possess a *perfect* knowledge of his *imperfect* doctrines. Again, if those offices connected with the Veterinary Profession which are calculated to confer respect on those who occupy them, be engrossed by the Members of another, few men of superior attainments will be disposed to commence a career, if the termination of which promised nothing but disappointment and dishonour. There cannot be a doubt that the Examiners ought to be chosen by the Veterinary Members at large; that the Lecturer or Lecturers at the College should form no part of such Examiners. A Board thus formed would soon discover, not only whether the students possessed the requisite knowledge, but also, whether the teachers had discharged their duties in an efficient manner. As there is now no check afforded by any one part of the Institution upon another, emulation is entirely shut out, and the necessary consequence is, that the whole management wears the appearance of wealthy indolence and disgraceful inactivity.

We continue to receive a vast number of Letters respecting this Institution, and it really appears that the mode of government adopted there, has not only produced a great degree of dissatisfaction in the minds of its Members, but also amongst a very large proportion of its Governors. We are anxious that the Veterinary College should accomplish the great purposes for which it was founded; but we are not aware how this can be effected, if the Professor, instead of giving to the world the benefit of any real or supposed improvement which he may have made, if he at once secures the advantages which he calculates will result from them, through the monopoly of a patent filched from that very government by which he is paid to extend the confines of Veterinary knowledge. On this subject we shall insert the following remarks from a very able and experienced Correspondent:—

"To return to the patents; is it liberal in a professsor who is receiving *thousands from the public* to take out patents for his *private profit?* but although they failed he was not the only loser, for, as we understand, he received *some hundred pounds* for a *share* only, in the first of these, from one of the young pupils, who expected, no doubt, that a mine of riches would result from the invention.

With regard to the facilities afforded to the pupils for acquiring the requisite medical and chirurgical knowledge, all must admit that the College has been of signal service in improving the former wretched practice of horse medicine; but still it is plain that much remains to be done. The application of science to this degraded art could not have accomplished *less under any auspices*; no exertions or conclusive experiments have been made, (at least none have been published by the College;) there is no such thing as an authorised Pharmacopœia, upon which the practitioner can rely; nor has any sytem of myology been published: at present they either blindly follow the human names, where no analogy exists, or search through half a dozen incorrect authorities, each following a separate system, if such their descriptions can be called, which puzzle instead of assisting the student.

The greater number of the students are content to begin business with the rudiments only (and some of them the false ones) of their art, and unite in decrying every improvement in veterinary science which does not emanate directly from that establishment of which they consider themselves *members*, although they have no more part in it than a boy has with a school he has left; and still less reason to respect Coleman, who has prejudiced them against applying to other sources of knowledge, and bewildered their minds with old and exploded doctrines which have longbeen refuted. The French, from whom he derived his delusive idea of the necessity of frog pressure, are surprised to see with what persevering obstinacy he maintains a principle which has been banished from their schools as untenable, and almost forgotten by its original proposers.

But has thirty years experience produced no improvements in the veterinary art? We answer, Yes. But these have been effected by the labours of private *individuals*, more than by the exertions of Coleman or the College. Numerous discoveries and observations of importance have been made; and in a late number of THE LANCET we have seen a long list of the pretensions of the College, in which all that has been done for the improvement of the art is placed to the credit of the Professor in a most *palpably unauthorized manner*. Upon this document I would just remark, that answers to it have not been wanting, but that I have suppressed the farther discussion of the argument, till it was opened in a more regular style. Coleman's right to those discoveries is for the most part gratuitous, he having published *nothing for the last twenty years*, and when all proper deductions have been made, his own share hardly amounts to the merit of one good discovery. He has wisely avoided any mention of his Patent Shoes, and of the errors and mistakes he has propagated concerning the foot; they were once called *his discoveries*, and their present omission gives us reason to hope that he is at last sensible he has been wrong, though perhaps not willing to acknowledge it."

But though Mr. Coleman may be said to have appropriated from all quarters, there still remain discoveries which he dares not mention, because he is equally unprepared to admit or disprove them, and because were they once admitted, his whole system must fall to the ground, and his conduct be viewed with the contempt it merits. We allude to the works of Mr. BRACEY CLARK, whose unremitted labours in the field of veterinary science have been crowned with discoveries of such superior importance, as would long ere now have obtained for him the highest approbation of his colleagues and the public, had they not been suppressed by that very Institution which was endowed to foster them. It is this, when fully understood, which forms the charge of greatest magnitude against the Veterinary College, and which the Professor and his friends will find most difficult to repel."

FEVER IN IRELAND.

IT appears that notwithstanding the efforts of the medical and other officers, the fever which has already proved so destructive in Dublin, is gaining ground, and extending itself into the more respectable classes of society. There are already seven fever hospitals, and many hundred patients are sent away every day for want of room. The following placard has just been issued by the Board of Health, and is fixed almost in every street.

St. Mary's Parish, Office of Health.

Should you find yourself attacked with shivering, head-ache, and pains in your loins and limbs, send your name and place of abode to the officers of health, and you will receive such aid as your case may require.

R. RUSSEL, Sec.

N. B. By applying ten hours after you are taken ill, it is probable you may be restored to health in one day.

From the 1st of January to the 1st of May, the number of patients registered, ammounted to 2590, averaging about 600 a month. In May, 852; June, 962; July, 1205; August, 1628; September, 1768; October, 1839. Thus it will be seen, that the number of the sick has been progressively increasing.

MEETINGS OF MEDICAL AND OTHER SOCIETIES.

It is presumed that the following list of the meetings of the medical and other scientific societies to be held in London during the present session, will be found of considerable utility, not only to the residents of the metropolis, but also to those visitors whose taste may induce them to avail themselves of the advantages which their stay in town may afford.

MEDICAL AND CHIRURGICAL SOCIETY.

Dr. Birkbeck, President.

The first meeting will be held on Tuesday next, Nov. 14, at nine o'clock in the evening, at the Society's house, 57, Lincoln's Inn Fields. The meetings will be continued on the second and fourth Tuesday in each month. For the greater convenience of the Members, we subjoin the dates:

1826.

Nov.	14	Dec.	12
——	28	——	26

1827.

Jan.	9	March	27
——	23	April	10
Feb.	13	——	24
——	27	May	8
March	1	——	22
(the annual elections)		June	12
March	13	——	26

Every Member has the privilege of introducing a stranger.

On Tuesday, Nov. 14, the following paper will be read: "*On the Treatment of Fractures of the Bones of the Lower Extremity, with a description of an improved apparatus for suspending the limb,*" by William Chandler, Esq., Surgeon of the Kent and Canterbury Hospital. Communicated by Dr. Gregory.

And on Tuesday Nov. 28, will be read, "*An account of an extraordinary case of Ovarian Dropsy,*" by Charles Thomas, M. D. Physician to the Devonport Public Dispensary.

An Appendix to the catalogue of the Society's Library, containing all the recent additions to the library, is ready for gratuitous distribution to the Members.

THE LONDON MEDICAL SOCIETY.

Dr. Clutterbuck, President.

This Society meets every Monday evening, at eight o'clock, in Bolt Court, Fleet Street. Each Member can introduce a stranger, by sending his name on a card to the President. The society is at present in a thriving condition.

THE WESTMINSTER MEDICAL SOCIETY.

Dr. Webster, President.

The meetings of this Society are held every Saturday evening at eight, in Sackville Street, Piccadilly, No. 32. The meetings of this society are numerously attended, and some clever discussions occasionally held. Any strangers are allowed to attend, by writing down their names on their entrance.

MEDICO-BOTANICAL SOCIETY.

Sir James M'Gregor, President.

The first meeting of this Society was held on Friday, Oct. 13, at 32, Sackville Street. The meetings will be continued, at the same place, on the following Fridays:—1826. Nov. 10, Dec. 8.—1827. Jan. 12, (Jan. 16, Tuesday anniversary at 2, p.m.,) Feb. 9, March 9, April 13, May 11, June 8, July 13. The Society's last meeting was well attended.

All communications, for the gold and silver medals should be sent in before the 1st of December.

LONDON PHRENOLOGICAL SOCIETY.

Charles Augustus Tulk, Esq., President.

This Society commenced its third session on Thursday se'nnight, which was well attended. Mr. Wheatstone, the Secretary, read a paper in defence of phrenology, in which he combated the arguments employed by Jeffrey in his article on phrenology, in the last Number of the Edinburgh Review. Visitors are admitted, by members writing their names in a book, which is kept in the council-room for that purpose.

The meetings are held every other Thursday, at half past seven, at the Society's rooms, 13, Buckingham Street, Strand.

THE LINNEAN SOCIETY OF LONDON.

Sir James Edward Smith, President.

The meetings of this Society are held at the house of the late Sir Joseph Banks, in Soho Square, every other Tuesday, at eight in the evening. The next meeting will be held on Nov. 21.

The library and museum are open every day, from 12 to 4 in the afternoon.

THE GEOLOGICAL SOCIETY OF LONDON.

Dr. Bostock, President.

The next meeting will be held on Friday, Nov. 17, at 20, Bedford-street, Covent Garden. The chair is taken precisely at eight in the evening, and will be continued on the following days:—

1826	Dec.	1	and	15
1827	Jan.	5	—	19
——	Feb.	2	—	—
——	March	2	—	16
——	April	6	—	20
——	May	4	—	18
——	June	1	—	15

The annual meeting will be held on Friday, Feb. 16, at two in the afternoon.

THE HUNTERIAN SOCIETY.

This Society meets every Wednesday evening, at the London Literary Society's Rooms, Aldermanbury, next door to Dr. Babington's.

THE PHYSICAL SOCIETY OF GUY'S.

This Society meets every Saturday evening in the Medical Theatre of Guy's Hospital, during the winter months, at eight o'clock.

THE MEDICAL SOCIETY OF BARTHOLOMEW'S.

The meetings of this Society are held in the Anatomical Theatre of the hospital every Friday evening, at half past seven.

Dr. Roderick Macleod in his two last YELLOW TUBERCLES, and Jemmy Johnson in his last BLUE FUNGUS, present us with some of the most curious specimens of editorial wisdom and simplicity, we have ever had the felicity to observe. Jemmy, who has correspondents "in the moon," "has reason to believe that the Board of Curators mean to pay no attention to the liberal recommendation of the Trustees." Now the Curators have been the pliant servants of the Trustees for *twenty-six years*; have been acting under the "terms and conditions," not of the Trustees, but of Parliament, during the above five lustres, and yet Jemmy's "lunar spies" teach him to believe that the Curators mean to spurn "the law." Moreover, the man of the Morbico-fugico, who is a *Licentiate* of *The College of Physicians*, as another instance of his sagacity and candour, tells us, that the title of Licentiate is disgraced!

The Yellow Man "believes that the officious interference of the *Censors* is condemned by none more heartily than by the Members of their own body." Dr. Macleod is requested in a letter signed "A Friend to the Censors," published in our 165th Number, to *name* those Members; and he excuses himself, we hear, on the plea that the letter is anonymous. This shall not avail him; Dr. Elliotson is its author, who neither then nor now wishes for concealment; in truth, he need not, as he has discharged the duties of his office in a most praiseworthy manner. The Yellow Man tells us that he is resolved to do *his* duty, at which we marvel, as surely Dr. Macleod will consider it to be "an officious interference!"

LONDON PHRENOLOGICAL SOCIETY.

(*The First Meeting of the Third Session, Nov.* 2, 1826.)

Dr. Elliotson, Vice President, in the Chair.

The secretary read a reply to Mr. Jeffrey's attack on phrenology, in the last Number of the Edinburgh Review. He commenced with refuting the assertions of the reviewer, "that the organs of the senses are the only organs of the mind of which we can have any knowledge;" and "that it is on the peculiar structure or action of the nerves belonging to each of them, that our sensations depend," by adducing the proofs of their real functions, and that they are the mere instruments by which the sensations are communicated to the brain. The objection that the perfection of the senses has no dependance on the size of their organs, and that therefore the sizes of the mental organs can have no relation with the energies of their functions,—he answered, by showing that there exists no analogy between the mere external apparatuses of the senses, and the cerebral organs of the mind; but that each nerve of sensation (and the reviewer considers these as organs of the mind) is voluminous, in direct proportion to the perfection of the corresponding sense, in every species of animal,—a fact universally acknowledged in comparative anatomy. He next considered the assertions of the reviewer, "that there is not the smallest reason for supposing that the mind ever operates through the means of material organs, except those of sensation and motion; that the mind is one and indivisible; and that what are called faculties, should rather be considered its different acts or states; to these hypotheses, dogmatically assumed as incontestable truths, he opposed the numerous anatomical, physiological, and pathological facts which prove the contrary, which he quoted not only from Drs. Gall and Spurzheim, but from numerous other eminent physiologists. He then noticed the misconceptions of the reviewer, with regard to the functions attributed by the phrenologists to various organs; and, afterwards, proceeded to rectify the remaining physiological errors and misconceptions of the writer. To the objection, "that it is highly improbable that the mere bulk or *quantity* of matter, in such wonderful and delicate structures, should be the exclusive measure of their value, without any regard to their quality or condition:" he replied, by stating, "that the quality or condition of the brain is not neglected by phrenologists; for it is admitted that alterations in this respect, produce alterations in the functions of the parts affected; but, as in a perfect state of health in the same individual, the same conditions influence every part of the brain, the *relative* volumes of these parts correctly indicate their relative energies of manifestation." Adverting to some other points, he continued and answered successively the erroneous conceptions of the reviewer regarding the increase of energy, unaccompanied by external development; the extraordinary developments of particular faculties in insane individuals; the supposed want of *necessary* connexion between size and energy of manifestation; the difference between power and activity; the changes of character in individuals; the absence of "distinct cones" in the brain, corresponding to the external indications of the organs, &c. These, and several other points, the limits of a report will not allow to be dilated upon. He concluded, by urging the importance of the study on mental philosophy, and by congratulating the members on the extensive and permanent interest the science is now exciting throughout the world; phrenological societies having, he stated, been formed, and phrenological works published in various parts of Europe, America, and Asia.

Mr. Holm presented from Mr. Turley two casts, accompanied by interesting particulars respecting the individuals from whom they were taken. Both were persons of low rank; the first was remarkable for his imitative powers, and had, from his earliest childhood, manifested a predilection for the life of an actor, which he indulged, by joining a company of itinerant players; the organ of imitation was so decidedly large in the cast, that several members, on its being handed round previously to the paper being read, asserted that the man must have been an actor. The second was an example of great development of the organ of locality, and the case was curious: the individual had a restless propensity for travelling, and possessed a remarkable aptitude for finding his way through intricate places.

The Vice President announced, that a special meeting of the Society would be held on Thursday, Nov. 16, for the purpose of electing a treasurer in the room of Emerson Dowson, Esq., deceased.

Dr. David Barry, who is well known to the profession, from his ingenious experiments on the influence of atmospheric pressure on the circulation of the blood, and on the treatment of poisoned wounds, which followed as the legitimate deduction, has commenced a course of physiological lectures at the Anatomical Theatre in Little Dean Street, Soho, and delivered an admirable introductory discourse there on Thursday last.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CASE IN WHICH THE URINE IS DISCHARGED THROUGH A FISTULOUS OPENING OF THE ABDOMEN, IMMEDIATETY BELOW THE UMBILICUS.

J. Camp, aged 45, a porter, accustomed to carry heavy weights, was admitted into Naaman's Ward, under the care of Mr. Key, on account of a fistulous opening in the abdomen.

He gave the following account of his disease:—About two years ago he was suddenly attacked with violent pain of the abdomen around the navel, which continued so severe, that he was unable to perform the duties of his situation, and he applied at the Bloomsbury Dispensary for medical aid. He continued his attendance on the Dispensary for about a fortnight, but experienced little or no relief, in consequence of which he placed himself under the care of Mr. Burrows, a practitioner in Holborn.

It happens that at this time, a gentleman who was assistant to Mr. Burrows when the patient was under his care, is now pursuing his studies at Guy's Hospital, and from him we learn that there was a swelling immediately below the umbilicus, which was attended with severe pain, and much constitutional disturbance. Leeches, fomentations and poultices, were applied without benefit; and as there was some obscurity about the nature of the case, the attendance of Mr. Stanley was procured, who made an incision into the swelling, and evacuated upwards of a pint of ill-conditioned pus. The discharge of matter afforded much relief to the patient, and the constitutional derangement gradually subsided. But a circumstance ensued which forms the material feature in the patient's case. A few days after the opening had been made by Mr. Stanley, the poultices were observed to become very wet shortly after their application, and it was ascertained beyond doubt, that the fluid discharged was urinous. It does not appear from the most strict inquiry, that there was at any time retention of urine, or obstruction to the passage thereof. About a month after the formation of the abscess in the parietes of the abdomen, the testicle became inflamed, and a collection of matter took place at this part, which was evacuated.

With respect to the opening in the abdomen, no further plan of treatment was adopted, and the poor man, from the period which we have spoken of, nearly two years, has continued to discharge a large quantity of urine through the aperture.

There is a fungus about the size of a shilling, situated about half an inch below, and somewhat to the right side of the umbilicus; at the lower part of this fungus is a small opening, through which a probe passes with facility, and then is readily carried obliquely downwards, to the extent of two inches. When the patient strains, or calls the abdominal muscles into action, as in going to stool, coughing, and the like, a fluid is discharged from the opening, which, undoubtedly, is urine. A small quantity of urine only is discharged in the natural way, by the urethra. It is curious enough, that when the patient drinks any fluid, the discharge from the abdomen immediately ensues.

Mr. Key passed a sound into the bladder, and then introduced a probe at the aperture in the abdomen, endeavouring, if possible, to touch the sound, and thus to prove beyond all doubt, that a direct communication existed with the bladder. The instruments, however, did not come in contact, which consequently tended still further to perplex as to the true nature of the case.

Shortly after the man's admission, Sir A. Cooper visited him, and having attentively inquired into the history of the case, examined the part, and also some of the fluid discharged; he observed that there could be no doubt that the fistulous opening communicated in some way with the bladder. It was Sir Astley's opinion, that the patient was primarily affected with partial retention of urine, that the bladder became adherent to the parietes of the abdomen during the progress of inflammation, and that Nature sought to relieve herself of the retention of urine by the formation of an abscess, by which means an opening was made into the bladder, and the urine evacuated. Sir Astley further remarked, that he had not before met with such a case, and he considered it as most singular, and, indeed, a circumstance that was almost inexplicable, that the urine which was discharged into the bladder, at a considerable distance below the fistulous opening, should, as it were, ascend against its own gravity, and be expelled from the aperture.

The patient remains in the hospital for the present; but it does not appear to be in contemplation to adopt any measures with him. His general health is not good.

ST. THOMAS'S HOSPITAL.

SEVERE CASE OF COMPOUND DISLOCATION OF THE ANCLE JOINT, WHICH TERMINATED FAVOURABLY.

The following is a case of compound dislocation of the tibia inwards, in which there was a most extensive laceration of the soft parts about the joint, and in which it was found necessary to remove a large portion of tibia, in order to effect the reduction. The case however terminated favourably, and affords another proof of the improved state of surgery, in the treatment of this class of accidents. "Thirty years ago it was the practice (observes Sir A. Cooper) to amputate limbs for this accident, and the operation was *then* thought absolutely necessary for the preservation of life."

T. H., a fine muscular athletic sailor, apparently about 40 years of age, was brought to the hospital on the 23d of August, about five o'clock in the afternoon. He had received an injury to the ancle-joint, at the London docks, about half an hour previously, from his foot having been caught under the gate belonging to the swing bridge.

On examination, there was found to be a compound dislocation of the right ancle-joint inwards. The wound through the integuments communicating with the joint, was several inches in extent. It passed from the tendo achillis, on one side, nearly round the ancle, to the opposite side.

On the dorsum of the foot the wound bifurcated, extending some way up the leg, and also along the foot. The anterior tibial artery was laid bare full three inches, and the posterior tibial could also be clearly distinguished pulsating, being exposed about one inch. The tibia protruded to the extent of two inches through the wound, and was fractured through the inner malleolus, the lower portion being left attached to the astragalus. The ligaments of the joint were, of course, very much lacerated. The fibula was fractured about two inches up the leg.

The attendance of Mr. Tyrrell was procured to the case as quickly as possible, and having attentively examined the state of the injured parts, he determined on making an attempt to save the limb, notwithstanding the formidable nature of the accident.

The small portion of tibia adhering to the astragalus was removed, and finding that the upper projecting portion could not be reduced, Mr. Tyrrell sawed off a piece of about an inch and a half in length, and the reduction was then readily effected. The integuments were brought together by means of a few sutures and straps of soap plaster. The limb was flexed, laid on its outer side, and placed in a hollow splint with a foot piece at right angles; there was also a small narrow splint placed along the inside of the calf of the leg, and extending to the os calcis, which was intended to oppose the action of the gastrocnemii. The limb was raised very high by means of mattresses; and a cloth made wet with spirit lotion, was applied over the dressings.

24. The pulse slightly accelerated, and the tongue somewhat furred; the parts are not in pain. The poor fellow did not sleep during the night.

25. There is more heat of skin than yesterday, pulse 84, tongue dry in the centre; a dose of aperient medicine given this morning, which has produced two evacuations.

30. From the date of our last report, until yesterday evening, the patient was going on well, free from much constitutional disturbance, or from much pain. We find him this morning with his skin hot and dry, his face flushed, tongue dry and furred, and pulse quick. He complains of much pain in the part. Mr. Green removed the dressings, in the absence of Mr. Tyrrell from indisposition. The integuments of the foot, below the inner malleolus, have a dark sloughy appearance; it appears, however, to be limited and superficial.

Straps of adhesive plaster were lightly applied over the wound, and over this a poultice was directed to be laid. A saline effervescing draught ordered to be taken every four hours; the bowels are freely open.

September 1. There is less febrile excitement, and the patient is tolerably free from pain; there is not much swelling.

3. Nothing material to report. Going on well.

5. Suppuration has now become copious, the constitutional disturbance has ceased, and the patient is now allowed to take a mutton chop daily. The wound is dressed with simple cerate, spread on pieces of lint, and the nitric-acid lotion is used to the slough on the side of the foot, which is fast separating.

7. The same treatment continued; the discharge is copious and healthy. He now takes a pint of porter daily.

10. The wound now presents a healthy granulating surface, but there is a disposition in the matter to burrow up the leg, which is clearly attributable to position; the limb being placed so much above the level of the body, that the matter gravitates in that direction.

12. The position of the limb somewhat altered, and strips of adhesive plaster applied above the wound, so as to prevent the matter from again burrowing. The patient is, in every respect, doing well.

From the period of our last report, the wound progressively healed; and, on the 20th of October, it was nearly closed.

THE LANCET.

No. 168.] LONDON, SATURDAY, NOVEMBER 18. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

On Accidents occurring about the Elbow Joint.

I SAY, that a force which drives the *ulna* inward towards the body, so as to dislocate it, would have to force it over a high ridge, and that the elbow is not likely to be dislocated in that manner; not near so likely as to be dislocated in a contrary direction. Say that a force was to be applied to it, shoving the ulna out from the body, then that might push the *radius* off its tubercle, and cause the ulna to go into the place which the radius ought to occupy. This is by far the most frequent dislocation of the elbow. In every injury done to the elbow-joint, the injury is succeeded by such a great degree of swelling, as to obscure very much the outlines of the ulna; and this frequently prevents injuries from being treated as they ought to be. It is therefore necessary to fix your attention on some grand projection of the bone, which no swelling can conceal, such as the *olecranon*, which is one, and the *internal condyle*, which is another. If the ulna is shoved out of its place, you will easily know it; and if the radius is not where it ought to be, of course the radius can't be in its proper situation; it must be thrown off upon the front of the *os brachii*. Now if you distinguish those two things, which you can do, you will know that the bones are dislocated; but you have this additional assurance, that you can neither bend nor extend the arm; the fore arm is generally bent to a half right angle, and you cannot either extend or bend it; and if you find it in this situation, can you hesitate as to what has taken place? No; then what's to be done? You are to pull the bones downward and inward, for the purpose of making extension, and, by using the force steadily, they slip into their proper places. And you are assured the dislocation is reduced, from this circumstance, that you can bend and extend the fore arm to its utmost limits, and turn the radius into a state of pronation and supination.

But you may reduce the ulna and not the radius; and the radius may be dislocated without the ulna. In either case, the reduction of the radius is to be effected by a separate operation. You reduce this by making a lever of the bone, applying a prop to the part, and bending the fore arm. You press down the head of the radius. I now state to you the principle: you make a lever of the bone, raising the one end and depressing the other simultaneously; and in short, if you know the principle, why you can apply it to a vast number of cases.

The radius may be dislocated *separately*, either forward upon the os brachii, or backward; and when it is dislocated backward, why it is a difficult dislocation to reduce. To reduce it, you have to pull it steadily at a half right angle, and to press back the os brachii at the same time. That is the mode of reducing it, as far as I am capable of judging; but it certainly is a difficult dislocation to reduce.

I go to speak of another dislocation, the dislocation of both bones backward, or of what is the same, the dislocation of the os brachii forward. In this dislocation, which is by no means uncommon, I suspect that sometimes the *coronoid process* is broken off. I judge of it, from the degree of projection I find. In some cases the olecranon projects considerably; in other cases I have seen it lie as closely down as possible. Now this dislocation of both bones backward, or of one forward, is one that demands, of all others, to be replaced; for the fore arm is quite extended, and cannot be bent. In all accidents occurring about the elbow-joint, where it is likely to be attended with some inconvenience, or defect afterwards, O, it is a great object to have the fore arm bent, because if it is not, the fore arm remains extended, and he cannot apply the hand to any part of his person, nor can he even feed himself; so that one would attempt to reduce it after a considerable period of time.

If there be a compound dislocation, and the wounds can be got to heal, then the dislocation will do well. There are many cases of compound dislocation of the elbow, that do well; I have seen a great number of them in my time. And I think I may say of myself, that I have been very lucky in the treatment of accidents of this kind—very lucky indeed. And I will tell you the source of that good luck: all the success is founded in a very small circumstance—I say ligaments are very insensible parts, and also bones, and if you can but put them right, and keep them still, there will be but very little inflammation; but to put them correctly right, and to keep them perfectly still—there's the difficulty. When I have been sure the joint was right, then I closed the wound with sticking plaster; and I always varnish the sticking plaster; dissolve sealing wax in alcohol, dress the wound, and varnish it over. It is that kind of varnish which they put over electrical machines, and you literally seal up the parts. Then it must be kept perfectly steady; do not let there be any motion; sponge, sponge it continually; in short, set a person with a sponge, to sponge it continually, so that there may never be the least perception of heat in it; then it will do well.

Fractures.—Now, with respect to fractures: the lower part of the os brachii is liable to oblique, not transverse, but oblique fractures; and when those occur, there is great swelling, as in other cases. But you examine it, and find that the ulna can be bent and extended to its utmost, and that the radius revolves in the *sigmoid cavity* of the ulna; but there is a great swelling, and there is some insecurity, some grating, or something of that kind in the os brachii. Well, you cannot tell in what direction the fracture is extended, nor is it necessary you should. In many of those cases I never could feel any of those gratings. What I have judged of, as indicating an oblique fracture of the os brachii, is this, that I have found the internal and external condyles not exactly in the same line with each other; the one appeared a little before, or behind the other, and that seemed to me to indicate a perpendicular fracture. Well, you put the arm in a bent position, and steady the os brachii by a splint, and the case does very well; indeed, in some cases it is not necessary to put the splint. But here it may happen that adhesions may take place between the surface of the bones, from a sort of jelly in the os brachii, and at the joints of all other bones. This may impair the action of the joints very much; therefore it is an object, as soon as the inflammation occasioned by the accident is over, about the third or fourth day, to move the bones of the fore arm to such a degree as to prevent any such adhesion; as the old surgeons would say, to promote the diffusion of the *synovia* over the surface, and so prevent any permanent adhesion. With respect to the fracture of the olecranon, that is one of the fractures of the elbow; and if it is fractured, or if the bone is broken, you have to set the bone; and there is no mode of setting it but by extending the fore arm. If you extend it, you bring the lower part to its proper place, then you set it, and then you keep the fore arm extended until it is united, and it generally does well. I have seen hundreds of fractures of the olecranon that have done well.

There is an analogy between the fracture of the olecranon and the fracture of the patella, which is, that the fracture of the olecranon unites by ligaments when the bones are not close together. I have seen many cases where the arm, having been kept extended, though there was not an osseus union, yet the patient was able to extend and to bend the arm, there being ligamentous union.

On Fractures of the Fore Arm.

There is one position of the two bones of the fore arm, in which they lie parallel to each other, and a splint put on each side gives them a sort of support, and keeps them together; it gives you the opportunity of supporting the bones steadily. It is, however, exceedingly difficult to retain the fore arm in this situation; the thumb being bulky in the front, creates a disposition to turn the arm forward; the splint should therefore go into the palm of the hand, so as to support the thumb, but not so far as to keep the fingers straight; they should be allowed to lie comfortably. It is usual to put a little pasteboard tray for the arm to lie in, with a splint on each side; and be particularly careful that the splint on the inside supports the thumb. Also this is the position in which you put the fore arm, when you perform amputation, so that you may saw both the bones at the same time. It is a position you ought never to lose sight of, for it is useful on so many occasions.

Accidents occurring to the Wrist.

Well, then, I next speak of accidents occurring about the wrist. The wrist may be dislocated outward, or inward, by the rupture of the *lateral ligament*; or it may be thrown backward or forward. But there requires no great skill to ascertain that it is so dislocated, nor any great effort, as far as I have observed, to put the bones in their situation; the difficulty, however, is to keep all steady when they are in their proper situation, and that can only be done by treating it as a fractured fore arm, that is, by putting a little tray of pasteboard which will support the hand in a continued line with the bones of the fore arm, not letting it drop down by its own weight, and steadying it by lateral splints, or at any rate by a splint put into the palm of the hand, not to suffer the hand to turn round.

But *sprained wrists* are perpetually accidents of tedious cure; and for a very good reason: because the injuries are not inflicted on the ligaments or joints only, but all the sinews are inflamed; inflammation takes place—there is a gumminess, and swollen state of the parts, which render the hand crippled for a considerable time. Now, in this said position of the fore arm, all the sinews run in a straight line; there is no twisting of the fore arm, and all the sinews run in a straight line, when the fore arm is in that situation. Let it move about, and the sinews are twisted; and if sinews are inflamed, the twisting and motion very materially aggravate the inflammation. In short, in a common sprained wrist, if there was no ulceration or inflammation, the wisest thing a surgeon could do, would be to support it with a splint, keep the hand steady, and then to keep down the inflammation as you would in the case of a dislocation af the *olecranon*. Often you are deceived with respect to a dislocation in the wrist; that is, often you think it is a dislocation when the bones are broken. In the case of a fracture, the fractured bones are a little oblique, and the fracture bulges out, so that you would sometimes think there was a dislocation; but generally, any person who knows the anatomy of the human body well, has no difficulty in distinguishing between the two cases, and in putting all right. And I can tell you that the cure all depends upon steadiness.

Accidents about the Carpus.

Now with regard to accidents occurring about the *carpus;* is there such a thing as a dislocation of the *carpal bones?* I never saw one, nor can I conceive it possible that there can be one. How can they be dislocated? Can a force drive in one of the wedges of such an arch as this? No. Can a force drive it outwards? There is the carpal ligament to prevent it. And yet there is an accident which seems like a dislocation of the carpal bone; it arises from effusion of blood under the sinewy substance which covers the carpus; and at that time there is, on the back of the hand, a hard tumour which a person, not recollecting the situation of the carpal bone, might mistake for a bone. And the conclusion must show that this is not a dislocation, because the tumour is absorbed, the hard blood is softened, and you find that the carpus is all smooth as it should be. Now I say I have not seen this, but I think a *metacarpal* bone may be dislocated; a force may be applied to it that will knock out this proximal part of the metacarpal bone, and you may not be able to reduce it. In *Mr. Hey's Surgery*, it is suggested that in a case of that description, you had better saw off the projecting end of the bone. But this is a thing I would not submit to myself, or at least I would not submit to it at the time of the occurrence of the accident, because in doing so you would make an opening into the joint of the carpus—you would expose the common *synovial membrane* that goes into the carpus. I should say to the surgeon, let it be where it is, until all inflammation connected with the injury, is gone off, and if it should then appear to be a material inconvenience to me, you may undertake an operation; when there is no inflammation arising from the accident, and when therefore the inflammation arising from the injury and the inflammation arising from the operation will not act conjointly. Well, these are my own private sentiments on the subject.

Then, though I represent the carpus as being so strong that I put no faith in dislocation of individual bones, I know that great degrees of force will knock it all to pieces. I have seen people tumble from on high on their hand, knocking the carpus, some before, and some behind the *radius* and the *ulna*, and knocking off the ends of the radius and ulna at the same time. There is no fabric whatever that can resist extreme injuries. You have also frequent injuries of this kind arising from the bursting of guns: a man has his gun burst in his hand, and it knocks off his thumb, and a third of the carpus may happen to go with it. Now I take this to be a very serious accident, any thing that destroys a part of the carpus, and leaves the other part as it should be; because certain muscles will not act, and the tendons may not be hurt, or the tendons may not act, and certain muscles may remain sound, and which may always have an appearance of injury to the hand. You must endeavour to support it and to steady it; but I say it is a difficult matter. However, I have seen cases that would induce me to try to save every case of this kind rather than have recourse to immediate amputation. I say, there is no warrant whatever for any surgeon immediately lopping off any part of a man's body, except to save life; it is his duty to give him a chance for the recovery of his limb. But I have a better opinion of an injury to the carpus by the bursting of guns, where the middle of the carpus is injured, though that may be the more material part;

but then the lateral ligaments may remain sound, and the surgeon can keep the bones steady. I will tell you of a case of this kind: There was a surgeon who went into the country, and then went to the sea side, and, cockney like, he went out shooting sparrows, and, cockney like, put his hand on the muzzle of the gun; the gun went off, and went through the carpus of the hand, knocking it all to pieces. He came to town, and sent for a neighbouring surgeon of his, and the surgeon said, God, you must have your arm lopped off, if you don't, you will have the locked jaw, and you will die; but I recommend you to send for another surgeon. He sent for another surgeon, who was an hospital surgeon. When that surgeon saw him, he scratched his head, and said, he did not like sudden amputations, for in cases of sudden amputations, his patients always died. A dispute then arose between those two surgeons, and they sent for me as an umpire. I went; I saw the case, and I agreed with the hospital surgeon that sudden amputations did not generally do well, and I agreed with the other that if lock-jaw came on, it would be better to cut it off at once; but I said this is an injury where the lateral ligaments are entire, and therefore I thought it might do well; in short, I would not have mine cut off under the same circumstances. I said, "will you give me leave to dress it in my own way." I was allowed to do so. I then dressed it, made a little case for it to lie in, and when I had fixed it according to my own notion, I said, "Now, sir, sponge this continually, and never let there be any feeling of heat about it, and all will depend upon your constitution. You ought to feed yourself with particular food, keep your bowels regular, and so on." Now it was matter of perfect astonishment in that case, that there was so little discharge—so little swelling, and that the case did so well. Pieces of bone came away, but the wound was all healed in the course of two months; and in three months the surgeon (a surgeon being an abominably bad patient, as they are all) was absolutely driving about in his gig in the streets of London, which he should not have done if he had been a patient, because when the thing is healed in that way, there is yet a great deal to be attended to—the contracting of the new formed parts into some sort of an unyielding structure, the repairing of sinews, and so on. Well, I have no more to say about injuries to the carpus.

As to the fingers and the thumb, God bless me! there is no apprentice boy, in town or country either, who does not know when a man has got his finger out, and who can't put it in again. He compares the one joint with the other, and if it is dislocated, he pulls it until it goes in.

With respect to

Fractures of the Fingers,

I really can't speak of those things; common sense tells you how they are to be attended to. There is only one dislocation of the finger, and that is the dislocation of the last joint, which is perplexing; and that is often a very perplexing accident indeed. It may happen that *the last joint of a person's thumb is dislocated:* say that the proximal end of the last phalanx slips over the distal end of the one above it; what's to be done? Can you pull it? No. What's to be done? How can you put it in? Can you put tackle to this small point? or can you pull this? Your tackle would slip off, and you can't pull it. I have seen so much difficulty in reducing this dislocation, and have seen so many left unreduced in my time, that I am sure I felt myself exceedingly obliged to a gentleman who was a student here (Mr. Curwarden) for showing me how this dislocation was to be reduced. As to the extension, that will not do. Mr. Hey, of Leeds, and Mr. Curwarden, had some communication with each other on this subject, but Mr. Curwarden told me distinctly how the thing was to be done, and certainly more intelligibly than Mr. Hey's book. He said, instead of trying to extend it, you had better try to bend it a little more, and that will humour the *flexor tendon*, and by only getting it so far bent that the proximal end of the last phalanx is raised up, you will have it in. Now I have reduced two or three cases of dislocation of this kind since I had this information, which I am sure I should have bungled at excessively in any former stage of my life.

FOREIGN DEPARTMENT.

ANATOMY.

Paper on the Glands situated in the Head of the Serpent. By Y. F. Meckel, Professor of Anatomy and Physiology, at the University of Halle.*

The glands in the heads of serpents are particularly interesting from the poison which they secrete. They have been, during the last few years, the object of the researches of several anatomists, especially of Tiedemann, Cloquet, Rudolphi, and Desmoulins, who have described some with greater or less accuracy, and have confounded the others. Some of them have also been described by preceding observers, as

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* Meckel's Archiv. April, 1826.

Charas, Redi, Ranby, Fontana, and Cuvier; the discrepancy that exists between these reports has induced Meckel to examine the subject with the attention which it merits, and to publish the results of his investigations.

Five pair of glands are found in the heads of serpents—but not, however, in all the species; of these glands the most constantly observable is a small elongated and rounded one, situated in the inferior part of the mouth near its anterior extremity, and which opens at the sheath of the tongue. This has been on just grounds considered as analogous to the sublingual gland in other animals. Cuvier has observed this in the amphisbœna, in which it is very large, and he is the only author who has described it; yet neither he nor any other person has mentioned its existence in other species, though it is found in them all, with the single exception of the typhlops, in which it may escape notice in consequence of the extreme minuteness of the parts. There is another gland seated behind the eye, which is larger than the latter; it is soft, white, and divisible into lobes. This has been particularly described by Tiedemann, Rudolphi, and Cloquet, it has been named by the latter, the lachrymal gland. Tiedemann has not found this in the amphisbœna, or the anguis, but it is of considerable size in these animals; in the former species it is even larger than the eye, at the inner side of which it is situated. The larger part of the gland, in many instances, projects beyond the eye, particularly in the coluber, tortrix, and eryx. But it is less prominent in the boa, python, and venomous serpents. As these glands are not attached to the skin, it is easy to discover them, but they altogether escaped the notice of Charas. Desmoulins asserts that these are the only glands which are to be found in a great number of the ophidian reptiles, particularly in the fine specimens of the coluber, and in one of the scytala and elaps, and that there does not exist in the head or in any part between it and the stomach, any glandular structure ministering to the function of digestion, such as the paroted sublingual or submaxillary. It is rather strange that such an assertion should be hazarded at any time by a Frenchman, inasmuch as his countrymen and contemporaries, Cuvier and Cloquet, have described and delineated several other glands; but the assertion is altogether unwarrantable at a period when the French naturalists have begun to make themselves acquainted with the literature of their neighbours, particularly with that of the Germans.

The third form of gland is of an elongated form, and situated at the external side of the ramus of the lower jaw, the openings of its numerous ducts being ranged in a straight line along the external side of the lower jaw teeth. This is of considerable size in the eryx, tortrix, and amongst the venomous serpents in the elaps, but it is very small in the crotalus. In the other venomous serpents in which this gland is found, it is always smaller than in those which are not venomous, except in the elaps, in which it is of very considerable size. In structure, form, and position, it is strictly analogous to the buccal and labial glands in the mammiferæ.

Opposite this, and seated on the external surface of the upper jaw, is the fourth species of gland. This has been described by Tiedemann, and delineated, by Cloquet; the former considers it to be the paratod gland, but in structure, form, and situation, it is much more analagous to the buccal and labial glands.

The most remarkable, though the least common, of the glands, are unquestionably those which secrete the poisonous fluid. These are always situated behind and beneath the eyes, above the upper jaw, completely surrounded and invested by a very strong muscle, which must be dissected off in order to get a view of them. Their form is elongated, their texture lamellated, presenting internally a cavity. They are, moreover, distinguished from all the other glands by their excretory duct. This is of considerable size; its direction is from behind forwards, along the external surface of the upper jaw, and finally opens immediately before, and above the venomous tooth. It is contained within a membranous sheath, which invests it in such a way, that the poison is directed into the superior aperture of the tooth. The situation and peculiar manner in which these glands are invested by the thin muscular covering, will in some degree account for their having eluded the search of the older anatomists. Charas appears to have been acquainted only with the lachrymal and ocular glands, at least it is to these only that his descriptions apply. He says that they are situated in the posterior part of the orbits, behind and beneath the eyes; that they are composed of several lobes, partly covered by the temporal muscle, and that they are nearly of the same size as the eye. He appears, however, to have observed the excretory duct of the poisonous glands, but he has made a mistake in describing it, as being connected with, or proceeding from, the glands just described. As far as can be judged by his figures and descriptions. Ranby (Phil. Trans. No. 401, p. 378) appears to be the first who examined the venomous gland itself, for he described and delineated a gland in the rattle snake of the size of a pea, placed precisely in the situation of the poison gland; but he could not have observed its excretory duct, for he says that the ducts of such small glands can never be *distinctly* seen; but he conjectured that it opened between the upper lip and the superior maxilla. He agrees with Charas in the opinion that these glands do not secrete the poison; but the experiments of Redi have long since set that question at rest, and have demonstrated that they are the true secretory organ of the poisonous fluid.

Fontana is the first who described with clearness and precision the secretory apparatus of the poison. And then it was Russell, if I am not deceived, who also gave accurate descriptions and plates which I saw a long time ago at Paris and Gottingen, but which, unfortunately, I have not now before me. M. Cuvier has ably exposed this point. P. Tiedemann has also seen with precision, in the naja and vipera berus, all the parts in their connexion. The descriptions and drawings of P. Rudolphi are exact, but the representation of the orifice of the excretory duct, and its relation with the poisonous tooth, are wanting. Moreover, if I attribute to Fontana the complete discovery of the apparatus for the secretion of the poison, I am obliged to differ from P. Rudolphi, who thinks that he was the first who had shown the course of the poison, from the superior opening of the tooth to its lower aperture. This discovery belongs to the excellent Tyson, and has already been confirmed by Ranby. The first of these two authors says expressly, that he has found in all these teeth, very near the root, a large opening, and towards the point a septum always very distinct; that the tooth is crossed between these two openings, which he had remarked several times, by lightly pressing the gums with the fingers; by this pressure, the poison had been distinctly seen extending from the tooth, and the slit in it. Ranby describes the two openings, and the cavity, as Tyson; and he adds that the superior, probably, receives the poison, (secreted, according to him, in the sheath of the tooth,) whilst the lower ones transmit it into the wound.

These expressions are, undoubtedly, less precise than those of Tyson; but the words of the latter clearly indicate that he first discovered the passage of the poison across the tooth.

We will now proceed to the consideration of the poisonous gland; it may be an organ of a particular kind, or only a modification of another gland.

M. Cuvier entertains the first opinion; for he says expressly, that it is found independently of the salivary glands, although he does not speak of those of which it might be a modification. M. Desmoulins, who pretends that, with the exception of the lachrymal gland, no other is found on the head of serpents, says boldly, that the same gland secretes the poison, tears and saliva, and regards it absolutely as an organ identical with the lachrymal gland. The expression of P. Tiedemann, who regards the two organs as forming but one, might lead to the same opinion: his words are,* "The glands of the orbit were in the vipera naja, very large and thick, and of a marked colour, being of a dirty yellow. The excretory ducts opened into the molar or poisonous teeth." In another place he says, "The glands situated behind the eye, or the poisonous glands in the vipera berus, were very large, thick, and elongated, much larger than in the snake, in proportion to the size of the body. The excretory ducts opened into the molar teeth."

But, unfortunately, an examination made with ever so little care, proves that the poisonous gland is entirely distinct from the ocular, and that these two organs exist by the side of each other. They do not communicate together, either by ducts or by the glandular substance, and are consequently independent of each other.

Rudolphi has already found them both present in the vipera berus, and has noticed the inaccuracy of Tiedemann; but he is in error when he admits for the trigonocephalus only (as M. Desmoulins has done for all the serpents) that this gland alone replaces all the others by its size; for, according to my own observations, we find the lachrymal and lingual glands in addition. The circumstance that the labial gland is entirely wanting, or frequently so, in several poisonous serpents, might have given rise to the idea, that the poisonous glands were but modifications of this; but the simultaneous presence of the labial and the poisonous glands in the vipera berus and the naja, is a sufficient refutation of this opinion. All that can be said is, that the poisonous gland is developed at the expense of the others, especially the lachrymal glands, because the function of the latter is supplied by the former.

Are the Parts at the circumference of an Organic System ever present, when the corresponding central portions are wanting? By Professor Mayer, of Bonn.

An answer to this question in the affirmative would favour the opinion, that the development of the organic system proceeds from without to within, from the circumference to the centre. A reply to it in the negative would lead one to infer, that the formation and development of the organs takes place from within outwards, from the centre to the periphery. We find frequent mention made in pathological works, of a deficiency of the central portions, in cases where the parts of the same organ were more or less developed at the circumference; for instance, the absence of the kidneys, when the ureters and bladder have been present; of the testicles, when the external genital organs have been perfect, has been frequently noticed. But I believe that this observation on the deficiency of the central organs, has been admitted into most of the manuals on pathological anatomy, without sufficient examination; and it appears to me possible to render it very probable, by reference to morbid anatomy, if not to establish by complete proof the opinion that the development of the organic systems proceeds from the centre, and that when the parts of an organ are manifest at the circumference, those of the centre are manifest also. We will now quote those cases bearing on the subject, which are most deserving of credit and notice.

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* Uber die Speichel Drusen der Schlangen. Munchen Denkscriften, 1813.

In reference to the want of the central organs of the parts of generation, I will mention first the absence of the ovaries. Morgagni (*de Sedibus et Causis Morborum Epist XLVI. V.* 20) relates a case of this kind occurring in an old woman. But the ovaries shrivel up, turn to cartilage, and disappear in advanced age. I rest this assertion on cases which have come under my own observation, and which I have communicated to the public.* Morgagni also saw cartilaginous bodies in the tube, probably the remains of the ovaries. Pearson (Phil. Transactions, 1805, p. 225) mentions a second case of the kind in a young woman. He calls it "The case of a full grown woman, in whom the ovaria were deficient." "The ovaria," he says, "were so indistinct, as rather to show the rudiment which ought to have formed them, than any part of their natural structure." Also, in the plate the ovaries are evidently marked. The uterus was also only slightly developed. The menses never appeared. The absence of the ovaries amounts also in this case to shrivelling up of those parts. Moreover, cases are noted in which the ovaries and uterus were wanting, whilst the external organs were entire. If these cases be correct, then the opinion advanced above must be retracted.

Columbus (*de re Anatom. LXV.*) says, at the end of the book "Fœmina erat, injus vulva ab aliarum fœminarum vulvis nihil peculiare et diversum habebat, et matricis colli portio prominebat vel matricis collo simile. Matrix autem nulla aderat in abdomine neque vasa seminaria neque testes, et quoties cum viro coïbat (coibat autem sœpe) mirandum in modum conquerebatur." Did Columbus mean by the *vasa séminaria* and *testes*, the female organs, the fallopian tubes and the ovaries? This is yet to be proved, and therefore the case must be regarded as incomplete.

Klinkosch (Dissert. Pragenses, Tom. I. No. 11) describes an interesting case, where, in a woman 48 years of age, the ovaries and fallopian tubes were wanting, and still the external parts of generation were present. But this appears to me a case of hermaphroditism. The clitoris, for instance, was larger than usual, the breasts were wanting, the menses never appeared. The case is altogether imperfect, and there is no mention made of the opening from the bladder.

The case by Lucas, in the *Memoirs of the Medical Society of London*, Vol. IV. p. 96, is the only one of the kind which has been properly examined and accurately described; it evidently belongs to the hermaphroditic formation. De Monti (in Brugnatelli Giornale Fis. Med. Tom. I. p. 217.) found, in the place of the uterus, a sac four inches wide, evidently something intermediate between a uterus and vesicular seminales.

Zagorsky (Nov. Act. Petrop. Tom. XV. p. 473.) observed a case according to Meckel, where there were external, but no internal parts of generation. But this is not expressed by the author himself, for he says: reliqua viscera hujus cavi perfecte naturæ conformabantur.

All these cases of absence of the ovaries and the uterus at the same time, may probably be referred to hermaphroditic formations; some of the cases are badly described, and afford no proof either one way or the other.

But it is very remarkable that, on the other hand, a number of careful examinations and accurate cases are recorded, in which the uterus was wanting, but the ovaries were present in a state of perfect formation; thus the cases from Oberteuffer, Engel, Morgagni, Theden, Klinkosch, Meyer, Seron. How Voigtel, in the third volume of his Pathological Anatomy, p. 534, could say, "if the uterus is absent, the ovaries are wanting also," we are unable to comprehend. It must also be observed, that the external parts of generation belong, in part, to the urinary system; and that, in those cases, when the internal organs of generation were wanting, the urinary organs existed entire.

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* *Vid. Beschreibung einer graviditas interstitialis uteri*, &c. Description of pregnancy in the substance of the uterus, with observations on the changes which the genitals and the uterus suffer in old age. Bonn. 1825.

Few cases are to be found of deficiency of the central parts of the male organs of generation or the testicles. It is evident, that cases of absence of a testicle do not belong here. In the case which Murray communicated through Schulzen, (vide Rudolphi's Schwedische Annalen, Bd. 1. H. 1. p. 113,) the penis existed, but there were no testicles, vesiculæ seminales, &c., as it appeared. But the penis belongs also, in part, to the urinary system. Besides, a horny glandiform organ was found, in the region of the kidneys, the nature of which is not accurately given; perhaps the rudiments of testicles and kidneys joined together. In other cases, it was only an apparent want of the testes, for they were still concealed in the abdomen; as, for instance, in the case by Itard, (Mem. de le Societe Med. d'Emulation, an. 3,) and by others.

I come now to absence of the kidneys, without corresponding absence of the other urinary organs. In the case by Wolfstrigel, and in mine, in Tiedemann's and Treviranus's Journal of Physiology, Vol. I., all the other urinary organs were wanting. Murray, Sue, and Gilibert, have related similar cases. Cooper (Phil. Transact. Vol. LXV. p. 314.) found a bladder in a fœtus, but no kidneys. He says, "there is also the appearance of a bladder, but it is so contracted as to have no cavity.

Further, our observation may be proved on reference to the central organs of the respiratory system. Where these are really wanting, the trachea and larynx, their peripherical evolution, are also deficient. It is the same in the cases by Roderer, Daniel, Marrigues, and also in the acephalous fœtuses. The not unfrequent instances of absence of the centre of the circulatory system, or of the heart, whilst the arteries and veins are, in general, present, appear to tell against our opinion; but, from the imperfect investigations which have unfortunately been made of these cases, there is no doubt that a placenta, or a fœtus provided with a heart close to the other fœtus, have supported it, so that the central organ of its vascular system was external to its body.

Lastly, as regards the nervous system, has no case been observed where only one nervous filament has been seen without a glanglion-like swelling, serving to it either the office of root or centre?

With respect to the organs of senses, (the eye and ear being the only organs which can come under our consideration,) can the nervous parts of these organs be regarded as their respective central parts. But here, also, are no facts which subvert our statement. Klinkosch observed the absence of the retina and the optic nerve in the orbit; but in the cranium, the nerve was present. Magendie says, that he found the optic nerve wanting, but the most remarkable circumstance was, the perfect development of the retina! Valsalva (Morgagni, Epist. XLVIII. sect. 48.) found the meatus auditorius internus so closed in a hydrocephalic child, that no filament of a nerve could possibly go through it. Whether the nervous expansion was wanting in the labyrinth, is not stated.

It remains for us, in conclusion, to speak of the osseous system. The centre of this system is to be sought for in the cranium and vertebræ. In numerous fœtuses the middle parts of the head and spinal column have been found developed, whilst the parts at the circumference, the jaws, ribs, and extremities were wanting.

In regard to the formation of bone (osteogeny) the anatomy of the fœtus contradicts, in this point, the opinion before advanced. It is known that the ribs are earlier ossified than the vertebræ, lower jaw, &c., earlier even than any parts of the cranium; and how does this take place? If it be answered that it is a law for the parts at the periphery to ossify sooner than those at the central portion, the assertion would be partly correct. The ribs are ossified earlier than the sternum; the fore-arm sooner than the bones of the carpus; the diaphyses of the cylindrical bones sooner than their epiphyses. But another circumstance must be borne in mind; the elementary fibres of the bones, which are spread lengthways on it ossify first; then the fibres which take their course along the breadth of the bone, and those fibres are last converted to bone which cross in all three directions of the trunk. But this law is modified by the law of the development of the animal organs, viz. that this development takes place in the direction from the centre to the periphery.—From this it happens that the bodies of the dorsal vertebræ, as circular bones, appear ossified as soon as the sacrum.

We have, from the circumstance that in the fœtus the parts at the periphery of any organ are seldom or never found present, whilst the central portions are wanting, come to the conclusion that the parts are developed from the centre to the circumference, and not from the circumference to the centre.

REMARKS.

Professor Mayer has been labouring, in the above article, to prove that the development commences at the centre and proceeds to the circumference, and he has rested his opinion on the proofs afforded by morbid anatomy. The mode which Professor Mayer has pursued to prove his opinion, does not appear to us to be so certain a way as the examination of the fœtus from the earliest periods of its formation to its perfect development. Examinations of this kind afford direct proof of the part first developed, whilst the appearances presented in the anormal state of fœtus do not prove the priority of the development of any part; for instance, if we were to find the uterus present, and the external organs of generation absent, it would be no proof that the external parts are the first developed, because they being present the central ones are absent. This is an irregular formation, and the non-development of the part depends on some causes which do not, in the natural state, affect the formation of the different organs. If, however, (which by the by is not the case,) the parts at the periphery in all these cases of irregular formation were acted on by these causes, and checked in their development, whilst the central portions were all formed, then a distinct question would arise, in order to ascertain the circumstances which determined the action of the causes of one set of parts in preference to another. Such an investigation might throw light on the early development of the different organs, but there would be no reason, a priori, of assuming that the one part was always formed before the other. The examination of the healthy fœtus, in its different stages, has led to conclusions quite different from those adopted by Prof. Mayer. Respecting the osseous system, we have Prof. Mayer's own opinion in favour of a development from the circumference. The minute investigations of M. Serres, on the nervous system, led him to lay down, as an universal unerring law, that its development proceeds from the circumference to the centre; and the observations of some of the most celebrated German anamotists on the blood vessels, have induced them to arrive at the same conclusion, as far as these parts are concerned. The proofs afforded in the anormal fœtus tells one way just as much as the other, whilst those afforded from the examination of parts in their earliest stages of formation are proof positive, which ought to be received till refuted by proofs of a similar nature.

PATHOLOGY.

Cases of Injuries of the Brain. By A. Paillard.*

Of late years (says the author of the paper before us) it has been too much the fashion with pathologists to refer every locomotive, sensitive, and intellectual function, to an alteration in the structure of the cerebral system. Several individuals have endeavoured to ascertain precisely the symptoms which mark the changes occurring in different parts of the brain, and have carried their distinctions so far, that they appear to be little else than affected refinement. Thus Bouillaud has endeavoured so far to localise the symptoms and affections of the head, as to contend that a lesion of the anterior lobe of the brain determines loss of the power of utterance; and Martinet and Parent-Duchatelet pretend that they can ascertain during life, with the utmost precision, the point of the arachnoid membrane, which may have become the seat of inflammation. Every candid person must admit the difficulty of assigning the symptoms which are really characteristic of affections of the brain and its investments. In the diagnosis of these diseases, we want those means of investigation which we use with such effect in examining affections of the chest and abdomen. In the one, in fact, we have scarcely any other guide than the sensations of the patient, or rather his report of them; in the other, we can use with effect the senses of touch and hearing, the powers of which are so much assisted by the use of that incalculable instrument, the stethoscope. As may be expected, then, the pathology of the cerebral system has not by any means attained the same degree of precision as that of the thoracic or abdominal organs.

M. Bouillaud has endeavoured to show, in a paper published in the *Archives Generales*, that the organs of speech are under the especial control of a distinct and peculiar centre placed in the brain, from which the nerves supplying the muscles of these organs, take their origin, or, at all events, that they are intimately connected with it. This centre is placed in the anterior lobes of the brain. According to M. Bouillaud, the faculty of speech is divisible into two parts, "*la parole interne*," and "*la parole externe*;" the former is engaged in creating words, as the signs of ideas, and this, he terms the intellectual part; its seat is in the grey substance of the anterior lobes. To connect together the different muscular parts necessary for articulation, is the proper province of the other part, and it is seated in the medullary fibres of those same lobes. From this hypothesis it obviously follows (we mean, of course, if it has even the shadow of any foundation) that a lesion of these lobes by inflammation, abscess, tubercle, or softening, must of necessity produce a total loss of the power of speech. We should be glad to ask this acute gentleman, whether he ever traced any of the nerves which supply the muscles of the tongue, larynx, or other parts connected with the organs of speech, up to the anterior lobes of the brain? Or whether he had ever heard it said, that none of the nerves arose from the brain, except the first. If he condescends to make a few inquiries of any of the numerous disciples of Gall, he may receive some useful information on the subject. And, further, if he takes the trouble to read the cases reported by M. Paillard, (and from which we shall make some extracts,) he will learn how dangerous it is to endeavour to run before we have learned to walk, and how liable to error every man must be, who jumps into precipitate conclusions, without having had any adequate basis on which to support them. We would recommend the perusal of these cases to the readers of the Yellow Journal, they will readily see the difference between the clearness and simplicity of the one, and the loose desultory style of the other.

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* Revue Medicale, Sept. 1826.

A stout healthy man, 30 years of age, received a kick from a horse on the right side of the forehead, immediately over the superciliary ridge; the accident occurred on the 1st of November, 1825. When brought to the Hospital (St. Louis,) his condition was as follows:—There was a transverse wound about three inches long, immediately above the right eye-brow; the frontal bone was depressed to about an inch in depth, the fragments being so circumstanced, that it was impossible to elevate them. The patient was in a state of complete stupor, having lost all sensation, as well as the power of utterance. But these symptoms were effectually dissipated by a copious bleeding, and sinapisms applied to the feet. On the following day he complained of thirst, great heat, and fever, yet his intellects were quite disengaged, and his utterance perfectly natural. There was no coma, paralysis, or other symptom of cerebral compression. Hence it was not deemed necessary to resort to any means of elevating the depressed portions of bone, by applying the trepan. Bleeding, abstinence, and simple dressings, were prescribed by M. Richeraud; he went on improving, and on the fourteenth day after the accident, he, though not quite well, insisted on leaving the hospital; in about a fortnight he returned, with decided tetanic symptoms; the lower jaw could scarcely be opened further than a few lines; and the muscles of the limbs were becoming stiff, rigid, and painful. These symptoms increased, the tetanus became general; he died on the 15th day from his re-entry into the hospital. His intellects continued unimpaired to the last, and his power of utterance was not otherwise altered, than so far as it depended on the contracted state of the lower jaw. The examination was made in 24 hours after death.

On lifting the cranium, its fragments were found compressing the anterior lobes of the brain, the dura-mater was lacerated, it having been torn through by the pieces of the bone. The anterior and internal part of the anterior lobe of the brain was found red, diffluent, and softened; the softening being chiefly seated in the cortical substance: it, however, extended for a short way into the medullary also, which was red, and injected to about ten lines in depth. The arachnoid membrane was slightly thickened upon the anterior and superior parts of this lobe, and on its surface was found a slight len-gelatinous effusion, about half a line thick.

The thoracic and abdominal viscera were quite healthy, and so also were the investments and substance of the spinal marrow.

In this case we observe that none of the usual symptoms of compression were produced by fracture, with depression of the bone; and that the anterior part of the brain was compressed, inflamed, and softened without affecting the power of utterance. The long duration of the tetanic symptoms deserves also to be remarked.

This case is very instructive, in a practical point of view. If it merely tended to decide a controversy between two French pathologists, we would not take the trouble to transcribe it, but it suggests several important questions. Surgeons are generally of opinion that the trepan should not be applied in cases of depressed bone, unless there are present some of the symptoms which indicate compression of the brain. We lately reported a case in which this sort of expectant practice was resorted to by Mr. Key, and, as appeared to us, on very fair grounds. If there is simple depression of the bone, and it presents no jagged or angular prominences, the practice may be safe enough; but if there is reason to conclude, from the direction and mode of adaptation of the pieces, that they present a very irregular surface to the dura-mater, there is every reason to fear that that membrane will be inflamed, and that the disease will be propagated to the substance of the brain itself. Such appears to have been the case in the instance before us; the bone was depressed to about an inch, the pieces being applied to one another so as to form a very prominent angle; and all the ill consequences of the case seem to have been produced by the pressure of the ragged pieces of bone upon the dura mater, which excited it to irritation and inflammation, and kept up the effect until the brain also became affected. If, then, the condition and situation of the depressed portions of bone be such as to render it likely that such consequences will follow if they be not elevated or removed, will not every practical man be disposed to admit the propriety of resorting at once to the necessary means of effecting that object.

WAR AT ST. BARTHOLOMEW'S HOSPITAL.

On Thursday morning, November 9th, a paper calling a meeting of the pupils at a quarter to two o'clock, was posted up at the Anatomical Theatre by Mr. Stanley.

Mr. Stanley appeared at the appointed time, and spoke thus, to an immense concourse of pupils:—Gentlemen, I am accused of breeding a ferment in the school, by having prejudiced your minds against Mr. Skey, which it is said has induced some to write anonymous letters to me, complaining of Mr. Skey's incompetency as a Demonstrator; but the accusation is false, I have never done so, even in the most indirect manner. If I have done so let that pupil whom I have so prejudiced, rise up and brand me. (A dead silence for a considerable period.)

Mr. Skey. I have said, and I repeat, that you never have afforded me that assistance in the fulfilment of my office that you promised me.

Mr. Stanley. From the very commencement, I told Mr. Abernethy you would neither benefit yourself, nor the school, by such appointment; but what assistance have I not afforded which you have asked of me? (To this home question, Mr. Skey could give no answer. A cry from the gallery, You are absolved, Mr. Stanley.)

At length Mr. Skey said: It is true, all I have asked, you have afforded me; but I have asked none, it was not likely I should, because we were not on friendly terms.

(From the gallery.) Why did you object to his appointment, Mr. Stanley?

Mr. Stanley. I have already stated, because I did not conceive it would be either beneficial to himself, or the school. A man may be a good anatomist, and a good surgeon, yet not competent to teach—he may not have the power of communicating his knowledge to others.

Pupil. Pray who appointed you, Mr. Stanley?

Mr. Stanley. It was Mr. Abernethy.

Mr. Skey. And was it not the same who appointed me, and with your consent?

Mr. Stanley. Gentlemen, I am asked who appointed me—but listen to the history of my connexion with this school: For thirteen years I have been Demonstrator, ten years of this time I never received more than 150*l*. per annum, besides the honour and satisfaction of addressing a numerous and respectable Class. During the three last years it is true, the tedium of demonstrating has been in some measure lessened by my delivering part of the anatomical course, although with an increased sacrifice of time and labour; in addition to all this, one half of the preparations in the Museum have been put up by my own hands, and I spent one whole summer in the superintendence of the erection of this theatre, and of the dissecting rooms; for ten years I received but 150*l*. per annum, but do not think I am dissatisfied. I only maintain, that after all this I should be allowed to have a voice in the appointment of a Demonstrator, to form a judgment as to his qualifications, upon which the future welfare of the school is so deeply involved; in which I and my family have so great an interest, and from which I have a right to expect a reward for the labour of so many years service.

Pupil. Why did you consent to publish such an advertisement, as that contained in the prospectus at the commencement of the season, if you objected to him?

Mr. Stanley. I was not free to act; I repeat I was not free to act, and was obliged to accede to Mr Abernethy's peremptory resolution. But, Gentlemen, if I stand in the way of a Demonstrator, if you consider my conduct opposed to the interests of the school, I will withdraw from the school entirely.

Mr. Stanley retired.

Mr. Skey. Mr. Stanley at his own house said to me—Mr. Skey, from this day henceforth you are to demonstrate. When I inquired by whom I had been appointed, he replied by Mr. Abernethy and myself. Gentlemen, I leave myself entirely in your hands, whether I shall or shall not demonstrate.

Exit Mr. Skey.

A person of the name of Moore then said, that Mr. Stanley had told Mr. Skey, in the presence of Drs. Latham and Smith, and some others, that in consequence of his appointment, Mr. Lawrence had informed him, (Mr. Stanley,) that he should withdraw himself from the school, that he (Moore) had been requested by Mr. Skey's friends to call on Mr. Lawrence to prove the truth of this statement, and that Mr. Lawrence declared he never had said so, and, if necessary, he would state the same before the Class, and in the presence of Mr. Stanley.

Mr. Sheppard, Mr. Stanley's apprentice, then observed, that several anonymous letters had been received by Mr. Stanley, four of these speaking of Mr. Skey's incompetency, and the remaining one (written by a friend of Mr. Skey's) speaking favourably of him; the four letters were handed by Mr. Stanley to Mr. Abernethy, whilst the one was not spoken of; the author of this letter came forward to prove its having been put into the post.

There was now considerable confusion in the midst of which Mr. Abernethy entered the theatre, and at once proceeded to deliver the Anatomical Lecture: at its conclusion, he thus addressed the Class:—

Mr Abernethy. And now, gentlemen, for to-morrow's business; for I do nothing without consideration: and having considered the subject to the utmost of my abilities, I shall persevere in my determination, if nothing should present itself to alter the judgment I have formed. If I were a student, I should wish to be taught anatomy by one gifted with powers of explanation, by one who was assiduous and industrious, and who would aid me in undertaking the subject. If I had formed an attachment to a school, either from the personal advantages which I had derived from it, or from its reputation—(There was, at this time, the greatest anxiety throughout the theatre, to hear distinctly what Mr. Abernethy stated, who did not speak very audibly to an immensely thronged theatre.) Gentlemen are here, that I do not know have any concern in this business; I do not know that they have; but I say, that if I were a student, of course I should have this feeling; I should be very unwilling that any one should be appointed as an assisting tutor in this school, who was not likely to perform his office with benefit to those who came for instructions, and with credit to the establishment. Well, now, I have told you, Gentlemen, what determined me to ask your opinions: you have heard Mr. Skey, you are capable of giving an opinion, and I want to take the sense of the class, and know not how it can be done but by *ballot*; because, without giving offence, every man will put in his ball according to his own conscience. I know that one or two individuals may raise a cabal up against a person; I do not say it has happened in this case; I am not of a suspicious character; I think well of others; and just let me tell you one thing, if any man suspects me of doing wrong, I say I know why he does that,—because he would do wrong, under the same circumstances, himself. He is judging others by himself. I never judge wrong of any body, and I am conscious that I would not do wrong myself. Well, then, I say. I know not how it is to be determined in any other manner; and this determination I have formed, and announced to you. And, now, I should be obliged to those gentlemen who attend the Class, or who are well wishers to the school,—who have a knowledge of Mr. Skey's ability or disability, if they would come to-morrow, but not with a *mob*. What has the *public* to do with the acts of this place? The Lancet may say, and do what it pleases; but it is a most impertinent thing, in any man, to tell me who I am to choose for my agent or servant. The Lancet might as well find fault with my *cook*, and tell me I ought to have chosen another person! (Much laughter.) I say the public have nothing to do with it.

I say I shall be obliged to the Gentlemen who now attend the Class, and all those who have attended the Class, who may have a knowledge of Mr. Skey's abilities or disabilities, if they will give their vote for his being continued a Demonstrator or otherwise. And I beg of you, Gentlemen, not to suppose that I have any suspicion of any dishonourable act as belonging to any member of this Class; and I beg of you, too, to consult your sense, and not be governed by your feelings on this occasion. I tell you, you will oblige me by attending to give your vote; for if you should think that Mr. Skey is unqualified, either from want of knowledge, from want of ability to communicate it, from want of method, or from want of industry; if you think he is likely not to make a good demonstrator, and not to do credit to the school, you would oblige me by *black-balling* him. I would do it myself, if I were a student in the Class; but I know I should have this feeling—he has not been fully tried. Every body must be a little awkward in a new office—every body must; but still I think you have sense and discrimination enough to judge fairly, and it is your judgment I want. I say, I would thank those Gentlemen who are now attending, and any former students who I know to be interested in the fate of this school, to declare their sentiments by ballot. And I shall put a balloting box in the passage, as I have told you. The ballots shall be ready for you; take them, put them in: those who wish Mr. Skey to be continued, let them say *yea*; and those who wish the contrary, *nay*. Pass through, come into the room again, and the ballotting-box shall be opened, and opened in your presence. I really feel myself in a very awkward situation. The experiment is a simple experiment; but if any Gentleman can tell me how I can make the determination in any other way, I shall be very glad to be informed; but if you think it is a fair experiment, and likely to determine the result, let it be carried into execution.

Friday, *Nov.* 10.

For hours before the regular time of the Anatomical Lecture being delivered, the square was in a complete bustle with pupils, and those who had been pupils, and the gateways leading into the square were thronged with persons viewing the movements of those who considered themselves aggrieved. At about two o'clock, the theatre became filled almost to suffocation, and then entered of the dramatic personæ the following:—Dr. Latham, Messrs. Abernethy, Stanley, Lawrence, Earle, Kingdon, Lloyd, Skey, Sheppard, Wellbank, Isles, and two of the Governors of the Hospital, &c. at the lecturing table; and Drs Hue, Wooton, &c. got themselves crammed in among the pupils in the gallery.

Immediately on this *entrê* being made at the lower part of the theatre, the calls of the pupils of "*Skey*, *Skey*, *Stanley*, *Stanley*, *Lawrence*, *Lawrence*, come forward," were deafening to the greatest degree. Mr. Abernethy did his utmost to turn Mr. Skey out, when he saw and heard this threatening cabal, but Mr. Skey manfully refused to obey, determined rather to rely on the wishes of the pupils, as did Mr. Stanley and the others. The calls for the different gentlemen to come forward were again renewed, and from the first syllable we could hear, the following is a faithful detail of what passed:—

Mr. Skey. I want only to ask one question, sir, in the presence of Mr. Lawrence, who has said he would be kind enough to come into the room.

Mr. Abernethey. Sir, be quiet. (The calls for Skey, Stanley, and Lawrence, were then renewed with the same energy as before.)

Mr. Skey. Gentlemen, in the presence of—

Mr. Abernethy. (Most emphatically.) Do, sir, be quiet.

(The calls for Skey were again renewed, and continued for some minutes, which Mr. Abernethy endeavoured to oppose, from the motions of his lips and hands, but could not make himself heard in a word that he uttered. At length, silence being in a degree restored, and seeing the utter futility of gainsaying the demand of the pupils, he addressed himself as follows:)

Now, gentlemen, if you mean to conduct yourselves like a mob, and to disgrace your profession by these tumultuous proceedings, the whole object of this meeting will be entirely frustrated. Whatever may be said, I demand silence; and I can tell you this, that no one shall speak in this theatre without my approbation. Mr. Skey shall not address you; Mr. Lawrence shall not address you, nor shall Mr. Stanley address you! Now, you see, we are agreed upon the terms, and I shall take upon myself to be director; and whom I authorize to speak, shall speak; and I demand that you hear what is said in silence, for if we are to have this tumult, I certainly shall go away; I shall not stay to be an object—a subject of what I may call the conduct of a mob; because every large assembly, actuated by feelings, becomes a mob; they don't attend to reason at all. I have been in a mob of noblemen, lords, dukes, and so on, crushing to get into a place. *Egad*, I remember once, from being roughly treated, setting my arms against my sides, and saying, this is indeed like going into a playhouse; however, we must act as people do when they get into a mob, and that is with no reason at all. Now, then, upon these terms, and upon my honour, I beg leave to say this, that I do not mean to offend a single person; but upon these terms, and upon these terms alone, shall we proceed. Well, then, it may be right, that Mr. Stanley should speak, for he feels himself aggrieved.

Mr. Arnold now made his appearance where the surgeons stood, shook hands with Mr. Stanley, and took his position near to him.

Mr. Abernethy. (Turning to Mr. Stanley.) What is it you wish to say?

Mr. Stanley. I have to say, that a series of accusations have been presented to me by the Class, some of which impute my honour; and most, I may say nearly all those accusations, relate to points on which Mr. Abernethey can clear me, and I now publicly call upon him to do so. (Great applause.) The first accusation is a breach of faith with the Class, relative to the advertisements of the lectures and demonstrations—the demonstrations more especially.

Mr. Abernethy. (With much consternation.) Do you mean that I am to speak, or what is it you mean?

Mr. Stanley. I mean that you are to refute that, sir.

Mr. Abernethy. That I am to refute it!

Mr. Stanley. Yes. I say that the responsibility of the advertisements entirely rested with you, and that I was *not free* to act in the way I believed to be beneficial to the school and to myself. (Immense applause.)

Mr. Abernethy. (Alluding to the applause.)—This is wrong, and contrary to the agreement. The Class can testify that I have already told them how Mr. Skey became, or wished to become, a demonstrator in this school. I told them that I had, during the whole of my life, been looking to the public good, and more especially to that which would be beneficial to the Hospital where I was educated. It is well known that this has been the feeling, and the source of my conduct. That wishing the surgeons of the Hospital should be men of scientific information—those who were likely to become surgeons of the Hospital—and having a love of investigation, and for the promotion of the profession, I have endeavoured to get them to be teachers of anatomy and demonstrators in the school. Mr. Lawrence was one, Mr. Stanley was one; of the exertions of both these gentlemen, and the attainments of their knowledge, the world is well assured, and their character is established. Wishing that Mr. Stanley should take a share in the lectures—knowing that I could not be a lecturer for ever, and knowing that if he succeeded to half of the lectures, that demonstrators would be required, I had encouraged Mr. Wormald, whom I know to be a man of study and methodical labour, and a clear-headed man, to qualify himself to become a demonstrator; and he has laboured to acquire this post. At that time I did not think Mr. Skey would wish for such a situation. He had studied anatomy during his apprenticeship, but I did not consider him to be a man of that methodical labour I believed Mr. Wormald to be of. Mr. Skey, at the time, was in France; upon his return he came to me, and said, "You are doing me a great injury, if you make Mr. Wormald demonstrator before me, for he will establish his character with the profession; he will be looked up to with respect by the Governors of the Hospital, and I, the senior, will lose in the same proportion." Well, I did not know what to do; and I said, "*hang* it, I don't know any other mode than making you both demonstrators." If Mr. Stanley had, at that time, expressed the same determination against Mr. Skey that he has since expressed, I believe it would have had a very considerable influence on my mind; but Mr. Skey, for three years, has been preparing himself for the office of demonstrator. Of Mr. Skey's knowledge of anatomy, I really am uninformed; but I know that he is *no fool*, and I should think he has an adequate degree of knowledge. Of his power of explaining his sentiments, I am perfectly well assured; of his able, industrious, and methodical arrangement of subjects, I have less assurance. I do not wish to do him wrong, and probably in what I say I may be doing him a degree of wrong, for I have not heard him myself. Well, for three years he has been looking up to this situation, and this year he was to try his hand at demonstrations. Now Mr. Stanley put in the advertisement, knowing that I could not, in justice to Mr. Skey, turn him adrift without giving him a fair trial; he put in the advertisements, that the demonstrations would be given *by himself, with assistants*. And I told the gentlemen, in the first lectures, opening the business honestly before them, that the two demonstrators of the year were *untried* men; that all I asked for them both was, a candid hearing; and I said, "I ask no more of you, gentlemen, than what I am sure your own good feelings would induce you to grant—*a candid hearing*." I told you, if you were not satisfied with them we would find other demonstrators; and I said, "O, Mr. Stanley has even undertaken to give the demonstrations himself, rather than the class should not be satisfied." Those things were publicly said in the theatre, therefore I hold that I have explained how Mr. Skey became a demonstrator already, and this also is an explanation of the advertisements.

Mr. Stanley. Mr. Abernethy, in the progress of his speech, has said, "If Mr. Stanley, at the beginning, had expressed, with the same determination he now does, his opinion that Mr. Skey was not competent to be the demonstrator, the arrangement would not have been made"—or something to that effect. I do most positively affirm I did, at the beginning, with all the power I possessed, resist that arrangement, even to the extent of threatening to retire from the establishment if it were made. At every stage, at every month, at every week, at every opportunity, for the last four years, without yielding in the slightest degree, I declare solemnly before God—(*disapprobation.*)

Mr. Abernethy. Gentlemen, gentlemen, you break the arrangement.

Mr. Stanley. I declare, without yielding a single point. I have uniformly maintained the same determination! And if that is not believed, there are those present, who I have not spoken to on the subject, who can testify to the truth of what I state.

A Pupil. Who professed a friendship for Mr. Skey?

Mr. Stanley. Eh?

Mr. Abernethy. Now you have spoken.

Mr. Stanley. No, sir, I have not concluded. And further, with regard to the advertisements; I went down to Mr. Abernethy's country-house, at Enfield, on a Sunday, to arrange about them, and the only arrangement I could get him to come to was, that Mr. Wormald should be advertised as a demonstrator, leaving Mr. Skey out, and to that I objected, because, I said, Mr. Skey was then out of the country, and it would not be dealing fairly towards him. I did not see Mr. Abernethy again till he came to Town on the Friday following; the advertisements had not then been inserted; I would not consent to what he proposed. I went to him again, and the best arrangement I could possibly make with him was that which appeared. I again, therefore, do say, I was not free to act.

Mr. Abernethy. Now it is in explanation I speak. Mr. Stanley says, he did protest, at the beginning, against Mr. Skey; I say, if he had protested in the same strenuous manner he now does, I verily believe he would have influenced my conduct; I may be wrong, yet I verily believe he would; but he did, undoubtedly, raise objections to Mr. Skey; and yet I thought it was ruin to Mr. Skey; it was making him disappointed in that which he had expected from the beginning—a demonstrator; and Mr. Wellbank, who I believe is a personal friend of Mr. Skey, did speak to Mr. Stanley, and Mr. Stanley did certainly seem to be friendly towards Mr. Skey, and I had hoped that the prejudices in Mr. Stanley's mind had been on the decline; but three years had elapsed, Mr. Skey having had the belief that he would be a demonstrator, and having spent that time in preparation for it. Well then, I own to you, I think I have explained the reasons why I was strongly of opinion Mr. Skey ought to be tried. Now I say, whether he is capable or not is to be determined by the Class; and when I find all this disturbance, I say the best mode of determining the sense of the Class is by ballot, for then every gentleman can declare his opinion without exposing himself to any public criticism or censure. That was the way. Now, Mr. Stanley, (turning round to him) you see I speak to you—you are threatening—you think that your honourable conduct is in some degree impugned: I really do not look at it in that point of view; the thing is explained how the advertisements were put in as they were. But have I misstated what were your motives in putting in the advertisements, when I say to the Class, you will perform the demonstrations with assistants, and that if they were not satisfied with one assistant, we will find them another, and that you will give them yourself, rather than the Class should be dissatisfied.

Mr. Stanley. You are right as to the Class, but not right as to the point that I was not free to act, and that I did not put in the advertisements in obedience to my own feelings as to what was right; nor are you right, sir, in saying that I did not most strenuously oppose Mr. Skey, and unremittingly continue to do so, even to the present hour.

Mr. Abernethy. As to evidence, that I am sure I am not prepared to come forward with; I have told you what I believed, and I can tell you no more. But, now, where is the good of all this? You will give the demonstrations rather than the Class should not be satisfied, won't you?

Mr. Stanley. Undoubtedly. (*Applause and disapprobation.*)

Mr. Abernethy. If you make this noise you will defeat our purpose, and therefore I claim that you will keep your engagement. Mr. Stanley says, undoubtedly, yes.

Mr. Stanley. Stop; perhaps I should like a little time to consider; I am rather in a new position. When I said undoubtedly yes, it was with reference to the Class; with regard to that which stands in print, as a moral obligation on me; still I wish to do any thing, being in the hands of the Class, and my great object being to interpose no wish but for their benefit.

Mr. Abernethy. Well, we still are at issue upon this point, which is the declaration of the sentiments of the Class with regard to Mr. Skey as a demonstrator, for that is it. If the Class say that he is incompetent to demonstrate, he cannot be a demonstrator; if they say he is, then here he is.

Mr. Stanley. There is one strong point on which I was pressed very closely yesterday, but could not do justice to my own feelings at all, without speaking in the presence of Mr. Abernethy. I have already stated, I did unremittingly oppose Mr. Skey; I endeavoured to explain to you, yesterday, the reasons why I opposed him. It has been said, the opposition is personal. Now, within the last week, in Mr. Abernethy's own house, I said to him—" Sir, you seem to think that I am the personal enemy of Mr. Skey; now, sir, tell me, throughout the whole of these arrangements—throughout the number of years these arrangements have been passing through, what single thing I have said or done to justify you in attributing to personal feelings, that which I declare is only on principle?" "It is a *general conclusion*," says Mr. Abernethy; "And without a particular fact for its support," replied I, therefore I am sorry to be obliged to say what I am now going to do, but I am obliged, in justice to myself, to maintain, that over and over again has Mr. Abernethy expressed to me his belief in the incompetency of Mr. Skey. Nay, more than that; I do maintain, that within the last nine months, has Mr. Abernethy pronounced his incompetency publicly. The occasion on which he did so was this: last winter I was obliged to be absent one day; some dissections were required for the demonstrations; Mr. Skey was called upon to prepare them, and so inadequately did he prepare them, that Mr. Abernethy came out of the theatre, called him a fool, and applied every contemptuous epithet to him, desiring him to leave the place. (Bravo, and hissing.)

Mr. Abernethy. Now the bargain is broken. I say we come to the point at issue. That Mr. Stanley disliked Mr. Skey, and that Mr. Skey disliked Mr. Stanley, is an inference I draw merely from my knowledge of human nature. They have been cultivating sentiments of reciprocal dislike for a considerable time. It is curious to know what slight occasions produce friendship: Two men meet; O, they may be pleased with the cut of each other's coat, and both being civil fellows, they may say, *egad*, I am glad to see you, and I wish you well; they meet again, talk of the weather, and so on, and these two men become absolute friends; and again, *egad*, if you don't like the cut of a man's *gib*, an inveterate hatred will grow out of it. I say, it is merely an inference of this kind which I draw. But as to Mr. Stanley's good feelings, as to his honourable conduct on all occasions, and his meaning to do right, I have no doubt. I should not have him as an associate, if I had thought otherwise. As to Mr. Skey, I believe him to be as good-hearted a fellow as ever lived. I should be sorry to have any connexion with men, whatever their abilities might be, whatever *nobs* they might carry on their shoulders, however good they were in their upper works, if there was any thing wrong in a more essential part. (Placing his hand upon his heart.) But I come to the same point upon which we are at issue, namely, whether this said Mr. Skey is adequate to be a demonstrator in the school? And I say, I know not how that is to be put to the test, but by the means I have pointed out, and which I say must be the end of it. You see (turning round to those standing by him) here are the surgeons of the Hospital. I have had a lot of anonymous letters sent to me; I hold them up to the light, I see the same water-mark on each letter, I see the same post-mark, and, *d—n* it, I thought they were all written with one hand. You can't imagine what an expense of postage I have been put to. (Laughter.) I have a lot of them in my pocket now, which I shall read over when I have leisure, and all about this hubbub and cabal! I say, that looking at Mr. Skey as one that might eventually become a candidate for a surgeon to the Hospital, it is of material import to him, that he should prosecute his education in the way I have done; it is of material import to him, if he should establish his character, and if he cannot do that, let him be turned out of the Class with all my heart. I say to the Class, if it were the case of my own son, and I thought that he was deficient in knowledge, thought that he was deficient in industry, or thought that he was deficient in powers of explanation, or of communicating his information, I would be the first man to blackball him. That's what I say to the Class; and well, now, having said my say, have you got any thing more to say? (Calls for Skey.)

Mr. Abernethy. Mr. Stanley, I say.

Mr. Stanley. Mr. Skey is called for.

Mr. Abernethy. Well, the gentlemen seem to wish that Mr. Skey should speak; have you any objection?

Mr. Stanley. Not the slightest.

Mr. Abernethy. (Turning to Mr. Skey,) Then, Sir, walk forward. You know, now, (turning to the Class,) really, that Mr. Stanley and myself could order Mr. Skey out of the room, and you will defeat your own object, if you don't keep to the bargain. If you wish to hear Mr. Skey, there he stands; and speak out like a man. (Giving Mr. Skey two hearty blows over his shoulder with his hand.)

Mr. Skey. Gentlemen, after the gross attack I experienced yesterday on my conduct, it will require some considerable power on my part to abstain from bringing forward subjects that should be confined within ourselves. It cannot but be strongly impressed on my mind, that during a series of five years, I have been subject to a degree of oppression from Mr. Stanley, to which I shall submit no longer. (Great applause.) That under every variety of circumstances, which placed me within the grasp of Mr. Stanley, he has availed himself to the fullest stretch of his power, in obliging me to exert myself in my defence.

Mr. Abernethy. Just allow me to speak. Here's a proof of what I told you: this chap has been cherishing malevolent feelings in his mind, and here he goes spitting out his spite. (Much laughter.)

Mr. Skey. No, Sir, I will hold myself to three or four facts, if you will consider them so, after I have made my statement. Gentlemen, Mr. Stanley, in the course of last season, requested me to call at his house. I called; and Mr. Stanley said, Now, Sir, from this day, henceforth, you are demonstrator of anatomy at St. Bartholomew's Hospital. I said, by whom am I appointed; as it was very natural I should wish to know that. He said, by Mr. Abernethy and myself. I commenced the demonstrations; and having delivered three or four, an anonymous letter was received under, I confess, suspicious circumstances, such as those Mr Abernethy has properly attributed to the letters of this year. In consequence of these letters, Mr. Abernethy wrote to myself and Mr. Stanley, requesting that we would meet him at his house to consult together. We did so. It was then determined that Dr. Hue and Mr. Stanley should come down to form their estimate of my powers of demonstrating, by hearing one of the demonstrations. They came down; the subject I had to demonstrate upon, was one *selected by Mr. Stanley*. But I don't attribute any thing to him, with respect to that; but, certainly, it was not a subject on which I could demonstrate to advantage. They heard me; in the evening I called at Mr. Abernethy's house; Mr. Abernethy was not at home, but I was informed by persons there, and by members of Mr. Abernethy's family, that the report made was favourable to me; a report which made me smile, for I really almost thought it ludicrous; it was, that "Mr. Skey's manner was gentlemanly, Mr. Skey's language was fluent and correct, and grammatical, and his matter was good and well put." But, gentlemen, there was a saving clause to this opinion, which was, that "there was a something—a *je ne sais quoi*, which did not produce an impression." And then I say,—here I am, after four years preparation, coming before a body of men, consisting, perhaps, of 200, expected to possess more than a gentlemanly manner, language fluent, correct, and grammatical, and matter good and well put! Now I do say, that the impression a demonstrater is to make, can only be obtained by practice and time; and I put it to you to say, whether I have yet had that fair length of practice and time. Mr. Stanley again saw Mr. Abernethy, and said, these are turbulent times, and I will not allow the demonstrations to be carried on in this way; I will go down to the Hospital to-morrow, and give them myself. Mr. Abernethy said, I think it would be advisable, but I should like that Mr. Skey should sanction it; feeling, of course, as he did, that the thing could not be taken out of my hands, without some explanation being given to me. I was spoken to, and Mr. Stanley promised, and solemnly promised, on condition that I acceded to the wish of Mr. Abernethy, he would come down and make a statement to the pupils, that it was not from incompetency on my part, that he resumed the demonstrations, but that it was because be had a right to do so, as his name was in the advertisements: and I ask you, whether he did make that statement?

Pupils. Yes, yes, he did; he said you were well qualified.

Mr. Skey. Well, then, I leave it to the opinions of gentlemen, well established, that Mr. Stanley has, with Mr. Abernethy, acknowledged my competency. Now, in the presence of Mr. Lawrence, who has kindly come forward, I beg to ask a question. It was during my absence at *Havre*, Mr. Stanley called on my friend Mr. Wellbank, and said that he did not like to take any steps in my absence, that would be against me; and I ask, did he not go down to Dr. Wooton and say, in the absence of Mr. Skey, I'll be damned if I will allow the arrangement to be made against him, or something like that? Mr. Stanley has now, too, just brought forward a circumstance which requires some explanation—a charge going forth to the world, is not what I shall submit to without explanation. Mr. Stanley has brought before you, Gentlemen, in the presence of Mr. Abernethy, an instance of my decided incompetency, because he came into the hospital, and could not find a proper preparation for his demonstration. I say the statement is untrue. It was not that the subject was ill dissected, but the same unpleasant feeling which now exists, had deterred me from interfering in the dissecting of the subject for that lecture: I had kept entirely aloof from it; I confess I had not gone in, as I ought to have done, to see that it was properly dissected. Mr. Abernethy certainly did come out of the theatre, and said,—"Why the devil is this not done better? You ought to have gone to it, and seen that it was done." I said, Sir, it was not my duty to have done so, and therefore I did it not. Mr. Abernethy took it up warmly, as very naturally he might, because I did not explain to him the reason why I said so; I do confess he did express himself severely, so severely that I was obliged to leave the hospital,—not so severely, however, as Mr. Stanley says he did; he desired me to go, and I did go, and there was an end to it.

Now, Gentlemen, one point more: I came to Mr. Lawrence on my return from *Havre*; a meeting took place of the medical men in the hospital, as Mr. Stanley has said; and when I came into the room, I found that the meeting was composed of Mr. Stanley, Dr. Latham, and another gentleman, retained on my behalf, as a solicitor. At this meeting of the medical men, Mr. Stanley told me, one of the facts put forth was this—Mr. Stanley says, the medical men of the hospital are, one and all, of them, against you; I said these are fearful odds, sir. He entered into a long tirade about the meetings of the medical men, and I summed up the few words that I had to say with this statement, and Dr. Latham will bear me out in saying whether it is true or false—Where did the medical men gain their opinion of me? Where were my duties performed? Where did Mr. Lawrence form his opinion of me? My duties were here, in the dissecting rooms, and has Mr. Lawrence been in the dissecting rooms? No. Where did Mr. Earle form his opinion of me? Has he been in the dissecting rooms? No. Then I said, how the devil did they come to that opinion? Then said Mr. Stanley, I want something decisive; and I tell you that Mr. Lawrence is your decided enemy. I urged him to an explanation; I told him that these were indeed fearful odds, and if it were so, I had indeed something to contend with. Then he said, I shall tell you what took place—Mr. Lawrence and I met the other morning in the park; we entered into a discussion of the affairs of the hospital, and Mr. Lawrence declared to me in plain terms that it was your appointment to the demonstrations of the hospitals, that induced him to side with the new school. I now ask Mr. Lawrence if he did say that; (turning to Mr. Lawrence;) if he did, it is indeed time for me to leave the room?

Mr. Lawrence. No, sir.

Mr. Skey. I promise you, Gentlemen, I shall mention but one point more, and in doing that, I but do a little justice to my own feelings. Mr. Stanley, with Mr. Abernethy, has received a variety of letters; I was informed on Wednesday night, by a gentleman who was not the author of the letter I allude to, that a letter had been put in by a gentleman in the Class with my initials; and it was only yesterday I knew the gentleman's name. The letter was as favourable to my cause, as the others were unfavourable to it. I was exceeding anxious, and, indeed, it was a matter of great importance to me to find out, whether that letter would be sent to Mr. Abernethy; to ascertain whether my cause could derive support with him from that letter, or whether it was to go on from the others without the notice of this letter. Yesterday, during the awful discussion that took place here, a gentleman ran out to Mr. Stanley just as he was going out, and said, "The severest thing you have against you is, that you retained that letter." Mr. Stanley says, "I know nothing of it." Then he was pressed respecting it, and at length he said, "O, that is of undoubted importance." First, therefore, denying it, and then admitting it. Gentlemen, as Mr. Earle says, he did not express any opinion respecting me, declaring his inability to have done so, because he had not been in the room to hear me.

Mr. Stanley. I have to reply to Mr. Skey by saying, that his statements are partial, and in many respects positively false. One man's word is as good as another's; and the circumstances may or may not admit of proof. With regard to the circumstance of his demonstrating last year, I positively deny having made him Demonstrator. With regard to the circumstance he mentioned, occurring at Mr. Abernethy's house, he came there in the evening, (this he has omitted to mention,) and told Mr. Abernethy that the students were coming down in the morning to kick up a dust, and that I should go down.

Mr. Skey. That I had heard so.

Mr. Stanley. Yes, that you had heard so; was it not?

Mr. Skey. Undoubtedly.

Mr. Stanley. And that was the reason I came down. As to the selecting of the subject on which he had to demonstrate before, Dr Hue and myself had nothing at all to do with it. Now as to that part relating to the point on which Mr. Lawrence has referred to: In the spring of the year, when a meeting at Mr. Vincent's took place relative to the demonstrations, in consequence of the unfitness of Mr Skey and Mr. Wormald, no decision was come to. On the Saturday morning following, I met Mr. Lawrence in the Park; this was in the month of May. Mr. Lawrence then informed me, that a new school was forming, and the reason of it was, as he assigned to me, the way in which things were going on here; the way in which Mr. Abernethy had taken upon himself to appoint individuals, fit or unfit, to the situation, thus referring particularly to Mr. Skey. And, therefore, Mr. Lawrence stated, that he wished me to make the communication to the medical men, that such new school was forming. He said, it involves your interest very much. He said, he wished me to make the communication. This was on the Saturday; and on the very same day, when I came down to the Hospital, I took Dr.

Hue, who I see there, (among the pupils,) Dr. Roberts and Mr. Vincent, into a room, and I said this to them; I don't know whether Dr. Hue has it in his recollection or not, but Mr. Vincent, who promised to be here to-day, told me this, upon a conversation between us, that he recollected the circumstance well. I said to him, Do you recollect my meeting you on such and such a day, and making such and such a communication?" "Yes." "What was it?" "That a new school was forming, and that it had been told to you by Mr. Lawrence." I said, "Did I tell you the reason of this?" "Yes, you said Mr. Skey's appointment was the consequence of it." That, Gentlemen, was Mr. Vincent's statement to me this morning.

Mr. Abernethy. Well, now, Gentlemen, I do not think that there is any good in saying any more at this meeting. It is the interest of the Class that is the subject of consideration, not our own private *jingles*; and I have told you, and by that assertion we must abide, that Mr. Stanley will give the demonstrations himself, rather than you should be dissatisfied.

Mr Stanley. Stop, don't make any promise for Mr. Stanley; Mr. Stanley must have time to think.

Mr Abernethy. Very well, sir, Mr. Stanley may have as much time to think as he pleases; but if Mr. Stanley is the man I have taken him for, and do take him for, he certainly will abide by that statement.

Mr. Stanley. No, I don't know that.

Mr. Abernethy. Well, sir, you may not be the man I take you for.

Mr. Stanley. That may be.

Mr. Abernethy. Well, I have that feeling. You cannot expect that Mr. Stanley, taking half of the Lectures, and engaged in business, will give you demonstrations frequently; and we must, if you neglect Mr. Skey, find out those who will satisfy you. Now, I declare to God, I can see no other mode of determining the opinion of the Class, than the one I have stated; but I wish the students of the Hospital to go away satisfied that every thing shall be done on our part to the utmost of our abilities, to render satisfaction to the Class. I do not know that more need be said. As to particular points, they perhaps may be referred to the medical men at the Hospital.

Mr. Abernethy now turned round to the surgeons surrounding him, and moved his extended arms for their *exeunt*, as if he thought he was driving a flock of geese; but the building rang with calls for Mr. Lawrence, and that gentleman stepped forward to the table.

Mr. Lawrence. Upon my word, Gentlemen, it would have been much more agreeable to me to have taken no part in the discussion going on here; however, the mode in which I have been mixed up with it, and the particular allusions, both by Mr. Skey and Mr. Stanley, to what I said respecting Mr. Skey, and the further mention, on the part of Mr. Stanley, of what I stated to him respecting the formation of a new school, render it imperative on my part, just to explain two or three points. I perfectly well remember what passed at a meeting of the medical men mentioned by Mr. Stanley and Mr. Skey, when we were called together to consider who should be demonstrators. Now it was our sentiment, that that was a very important meeting; because we viewed it, not merely as relating to the office of demonstrator, but as involving the appointment of future Lecturers; therefore I apprehend the medical men who then met, were led to consider the subject with respect to future lecturing, rather than the present demonstrating; and that meeting, in consequence of an apparent disposition in those who had the immediate power to appoint not to take that enlarged view of the subject, ended in nothing, and the result was that no appointment took place. It was a few days afterwards that the accidental meeting took place between Mr. Stanley and myself, in the Park, and that an unreserved and confidential conversation then took place between us, respecting the state of the school generally, which conversation, in my opinion, no gentleman would have divulged without my consent. (Applause.) But particularly, may I say so, with reference to any individual whose competency, or mode of performing his duties in the school, I might have spoken of unfavourably. No gentleman would have thought of mentioning my sentiments, particularly to the person of whom I had been speaking, without my leave, because they were given in a perfectly confidential and unreserved manner. Under such circumstances, I should have stated candidly my real opinion respecting the fitness or unfitness of any individual, had he been my most intimate friend, not suspecting that such opinion would be reported to the person in question. I therefore experienced strong surprise when it was told me, that I had made that communication to Mr. Stanley! However great my surprise, I must now state, Gentlemen, that I never said the appointment of Mr. Skey as demonstrator made me side with the new school. I had no more intention of lecturing there at that time—no more thought that a new school actually would be established, than I have of going to Constantinople at this moment. I certainly did give my opinion very freely respecting this school generally; but I must remind Mr. Stanley, as he has chosen to divulge some part of what passed, that the appointment of a demonstrator was by no means what formed the whole of the conversation. I told him, that in the present state of things, the respectability and reputation of this school could not continue, unless the situations in it were filled by those who had the power of being useful to the students; it would not do to persevere in a system of combining several departments of instruction in one individual, and thus making them merely subservient to private emolument;—if that were to go on, the utility and reputation of the school could not be upheld. Certainly I spoke doubtingly as to the propriety or advantage of appointing Mr. Skey; not that I have myself any personal knowledge, or that I had at that time, of his abilities. I did not know myself, whether he was well or ill qualified; and the only grounds of information I had, certainly came from other quarters; and I can easily leave it to you to judge what those quarters were. My opinion was certainly not formed on any very adequate grounds; but it was culled from such facts as Mr. Abernethy and Mr. Stanley chose to let out of Mr. Skey; I therefore had no personal knowledge of his abilities. I mentioned to Mr. Stanley on this occasion, that I heard it was probable another school would be formed in the neighbourhood of the hospital, if things continued to be conducted on the monopolising and exclusive plan. I alluded to a vague rumour that I had heard of Mr. Bennett and Mr. Kiernan forming a school; I told him, I not only thought it would be, but that it ought to be, for the public benefit, if the present plan of proceedings *at this school* were continued; and I told him this, with a view to prevent that which has since actually taken place. And I think if what I suggested had been done, the new institution would never have been contemplated, and no rival school would have been established. The new school, as it has been called, certainly had not been thought of at that time. I will now go on to July, when, previously to an annual meeting of the Governors of this hospital, an official letter was sent to the medical men, by the clerk, begging to know if they intended to take any part in the lectures that were to be delivered in the ensuing season; one of those letters was sent to me, and begging to know if I meant to take any part of the lectures. In answer to that letter I sent this reply; first acknowledging my receipt of it, and then stating that I begged to acquaint him, for the information of the Governors, that I was prepared to lecture on surgery, and was desirous of having the opportunity of doing so. To that letter of mine no answer was ever returned. I forget precisely when that was, but it was sometime in the month of July; and when I sent that letter, no intention existed, to my knowledge, of forming the school in Aldersgale Street; and it was not till after that time, an application was sent to me to know whether, if such a school was formed, I would take any part in it. The school is not mine; but having had no opportunity of communicating my knowledge, and of exercising my talent for the use of the public, in this school, I did think myself fully justified in engaging myself to give instructions in that establishment; but the establishment was not at all expected at the time Mr. Stanley has spoken of. This is the substance of what passed; and when I spoke of the appointment of Mr. Skey, it was confidentially, and I had not then had the opportunity of judging of his ability; but I told Mr. Stanley, if the present system should be continued here, and a new school should be formed, I should consider myself at full liberty to join it; and my particular request was, that he would state that to Mr. Abernethy. That is all, Gentlemen, that I have to say.

Mr. Stanley. Gentlemen, I have only to deny, which I do in the most unqualified manner, that Mr. Lawrence said that statement was made confidentially, or that he made it in such a way as to lead me to think it was so.

Mr. Lawrence. I certainly did not enjoin secresy; the propriety of it was so obvious, that nobody would have mentioned the thing.

Mr. Stanley. No idea whatever ever arose in my mind to cause me to think it was a confidential statement, particularly as he even told me to communicate it to medical men.

Mr. Lawrence. To Mr. Abernethy.

Mr. Stanley. And he said he thought it would even go so far, as that one of our own colleagues would be engaged in it.

Mr. Macilwain has a word to say.

Mr. Macilwain. Gentlemen, it is very painful to be at all engaged in such a thing as this. All I have to say is, whether such a school was or was not in contemplation at that time, I shall say in a few words. It so happened that the first information I received of the existence of such a plan, was from a gentleman perhaps now present, Dr. Tweedie I had heard nothing about it before, but at that very conversation, Dr. Tweedie stated to me that Mr. Lawrence had communicated that such a school was in contemplation, to Mr. Stanley, a few mornings previous to that time. Moreover, Dr. Tweedie mentioned the gentlemen's names who were to take the leading part in such a school.

M. Abernethy. We had better break up the meeting. It is with respect to the Class I feel interested; and I repeat what I said before, that it shall be our earnest desire to promote the acquirement of knowledge; but we may consider nearer the point among ourselves.

Mr. Abernethy again wanted to clear the theatre, but the Class called for Mr. Earle to come forward.

Mr. Earle. Really, Gentlemen, you call upon me to speak, but I have nothing to say except this: I conceive that all your passions have been too strongly worked upon now to come to a deliberate end; and, therefore, I should recommend that the ballot should not be to-day. I should certainly say that the whole matter ought to be referred to the whole of the medical men, not one or two of them, but to the whole in a body,—their interests and yours are inseparably united; their interests and wishes are, that the Hospital should be filled with men of the best talent. Such were the sentiments expressed at Mr. Vincent's. Unfortunately, there was a difference of opinion at the meeting, and there was nothing decided upon. But, Gentlemen, I do take this opportunity of stating, that I conceive the appointment of a demonstrator is one of the greatest importance, with reference to the future lectures; and, therefore, is one which ought not to be in the nomination of any one individual, but should be in the nomination of the whole body of medical men. And I would say, that they might be competent judges in making that nomination, that they should have an opportunity of hearing one or two, or more, demonstrate, in the course of the season. Now, as to Mr. Skey and Mr. Wormald, they have been nominated; I would not now enter into the propriety or impropriety of that nomination having been made by one individual, but as they have been led on, as their hopes have been raised with the prospect of the situation, I have thought it would be an act of cruelty and injustice to them, not to be allowed to exercise their talent; but that it should not be decided whether they were to remain permanently as demonstrators or not, till the medical men had met and decided on their competency. I still think it will be to the interest of this, and the other Class, to allow the two present demonstrators to go in, Mr. Wormald and Mr. Skey; afford them the opportunity of a trial; let the medical men come down and hear them, to enable them to have the opportunity of forming their opinions. For them to form their opinions upon what they heard from others, would be gross injustice; and I declare myself totally unfit to say, whether Mr. Skey or Mr. Wormald are or are not able to fill the situation. They may both be so, or neither of them may be so, for any thing I know; and, therefore, I think the best thing to be done would be, to allow the present gentlemen to go on demonstrating, and to let the medical men decide it.

Mr. Sheppard. Gentlemen, I wish to ask you three questions in the presence of Mr. Stanley. I have been accused privately, of something I did publicly, in the theatre, yesterday; and now, did I say one thing disrespectful of Mr. Stanley?

Pupils. No, no.

Mr. Stanley. Who accused you?

Mr. Sheppard. You thanked me, ironically, for being at the head of a party against you, but did I not speak in the highest terms of Mr. Stanley?

Pupils. Certainly.

Mr. Sheppard. Did I not say, that if any gentleman wished to say any thing disrespectful of Mr. Stanley, respecting the advertisements, I would leave the chair.

Pupils. Yes, certainly. (Calls for Mr. Abernethy's proposition,—Mr. Earl's proposition.)

Mr. Abernethy. No, no, it must be done at a time when you are more calm, and when there are fewer present who do not belong to the Class. *Exeunt omnes.*

After all parties had left the theatre, Mr. Stanley openly and boldly declared in the square, surrounded by a vast number of the pupils, that they were acting most properly in demanding their just rights. If they were not satisfied, they had a right to insist upon every condition being performed, or to the return of their money; and whatever gentlemen might apply to him for the return of their money, if they were not satisfied, they should most readily have the proportion of it that he had received. (Mr. Stanley received immense applause for this.)

Mr. Abernethy also, near the door of the theatre, had a letter put into his hand, signed by about 20 of the pupils, which had been prepared in the New School in the course of the morning, demanding that Mr. Stanley should demonstrate, or that they should have their money returned to them.

Mr. Abernethy said,—Pho, pho; and walked off with his hands in his trowsers pockets.

Saturday, Nov. 11.

At the usual time of beginning the Anatomical Lecture, preparations were placed on the table, and Mr. Abernethy entered the theatre, which was almost as crowded as on the previous day; looking round him, he said, there are gentlemen here who do not belong to the Class. The person whose duty it was to bring the preparations into the theatre now entered with another draw full, and Mr. Abernethy, with the utmost impetuosity, said, take these things away, I'll not lecture to any body but to the Class. The poor fellow was so terrified, that he had almost destroyed the glasses.

Mr. Abernethy said,—Well, now, gentlemen, if you are disposed to waste your time, I can have no objection. I came here, yesterday, to go on with the work of the season, but I was prevented, by meeting an assembly in which there was nothing but cabal and noise; an assembly which I call a mob, where every person acts according to the impulse of his feelings, without any rational consideration. I really know not what I am to do, to quell this tumult. I receive anonymous letters; I have received some insulting letters; I have received from a man a letter, whose letter is not absolutely anonymous, for it is signed *Justus*, which I take to be just as great a *misnomer* as ever I met with. (Laughter.) If this Mr. Justus has really that feeling which I entertain for every man, I believe that he never would hurt any honourable man, until there was some absolute ground for it; and if he, with that feeling, will meet me, I shall explain to him the circumstances, concerning which he seems to want information; if he has no feeling of this kind, it is beneath me to answer him. Now, I am a *straight forward character*, and what's more, the *public* know it. (Laughter.) There's nothing that can be said to defame me, that will be of any avail I say, I am a straight forward character. I never let feelings disturb my conduct; I look to what is reasonable and right to be done, under certain circumstances, and I do it; and the only consideration with me is, what is reasonable and right to be done under the present circumstances,—circumstances where the whole business of the season is put a stop to, and nothing appears but tumult and noise, and discordance of opinions. As a specimen of my downright mode of proceeding, in the very first lectures I announced to the class that Mr. Skey and Mr. Wormald would give the demonstrations during the season, but that they came forward as *untried* men, and that *you* were to be their judges. I said, if you find them incompetent, either from ignorance of the subject, from want of the power of explaining, from want of method, or from want of industry, declare that opinion, and we shall find you other demonstrators. It is my duty that you should be assisted in your studies by the best men; and if they are not the best men, we will find you others. And, said I, Mr. Stanley himself has undertaken, rather than you should be dissatisfied, to give the demonstrations. Now, if that is not straight forward, I don't know what is; and it is what I thought was the meaning and purport of the advertisements inserted in the public papers. But what's to be done now? This is the line of conduct I adopt on the present occasion. I announce to you, that the demonstrations will be given by Mr. Skey and Mr. Wormald. I am sorry to inform you that Mr. Wormald is ill, and in bed, having hurt his finger; Mr. Skey will go on with the demonstrations in the usual manner, and will attend the Anatomical Room; Mr. Wormald will join him in attendance, as soon as he is able. I have to announce to you, this is the arrangement, that the demonstrations and attendance in the room will go on, as usual, and that if any gentleman is dissatisfied, we shall have great satisfaction in returning him his money. (Immense applause, which continued for several minutes.)

Now, what's all this noise for? It's a specimen of what I should have liked to be otherwise. Money is not my object; it is known it is not my object. I resign all gain from the hospital. I have lived all my life, a teacher of anatomy, because I like the office; it seemed to suit my feelings; and I have all my life had a good opinion of the class, perhaps I may say, till of late years. Well, it was gratifying to me to communicate information; and as I always laboured to do it zealously, and to the best of my ability, the Class was pleased to be satisfied with me. But for a very, very great number of years, I was out of pocket teaching anatomy. For another very great number of years, perhaps I neither lost nor gained by the situation which I held, as teacher of anatomy. It was impossible that there could be any gain worth my receiving, by being a teacher of anatomy, while the former theatre stood in this situation. It was at the conclusion of the war—and you know better when that was than I do,—that I thought of course the Class would decline; instead of which, the theatre was overfilled—not from curosity, as on the present occasion, (laughter,) but really over-filled with students; and I applied to the Governors to enlarge it in some way or other. They have built the present one: and if this theatre were full, it might be said that it would be a remuneration for my time. People have all their lifetime said to me, what a fool are you to be minding that hospital, to be going down lecturturing there, and to be making that your first object. Why don't you attend more to private patients? Why don't you do as other people do; it would be much more lucrative, and less fatiguing to you? I say, that I know; but I say, the business of teaching anatomy suited my humour, and as *Captain Bobadil* says, you know, every man ought to have his humour. Well, but as soon as the Class became a class that might perhaps have renumerated me for my labour, I gave the half of the income to Mr. Stanley. I state to you, it was not money that was my object, and therefore your applause was as if you doubted that, when I stated that we should have no objection to return the money to any gentleman who might feel dissatisfied.

I am sorry that things are as they are; I had hoped, they would have been carried on more harmoniously; but I really know not how to quell this cabal, but in the manner I have proposed; so that you will consider that as a settled point.

Now, I have to go on and say, that if there is any gentleman in the Class that is capable of supposing that I would act disingenuously, or in any other way than this, which I call a straight forward manner, I should be very happy to return him every farthing I ever received from him, and not to see him in this room again. I hope, if I continue to lecture, I shall have the good opinion of all the Class; that would be a great motive to make me do it; but you know it is very hard to lecture to those who are critical, and inclined to find fault. If the lecturer has not the good feeling of the Class, he had much better not lecture at all; and I am sure I don't care if I never give another lecture,—it would be no disturbance to my mind whatever, if I did not. I speak now more as to my co-partner, Mr. Stanley. I trust you are convinced that he has, with great industry, and with great ability of mind, made himself thoroughly master of the subject; and I trust whenever he appears in this theatre as a teacher, he will be heard with that sort of good will, which ought to obtain between the teacher and those whom he endeavours to instruct. Now, if you have a mind to make any promise, or to hold up your hands, or to do any thing in the way of giving me an assurance that this will be the case, I shall depart in peace. I want to have this assurance. As to myself, I am very indifferent as to approbation; I always look to this, the approbation of my own mind. But with regard to Mr. Stanley, will you give me the assurance that he will be heard in silence, and with that good feeling which he has hitherto possessed from you. Those who are inclined so to hear him, and so to feel for him, I ask to signify that sentiment, by holding up their right hand.

(The shew of hands was put.) I believe I may venture to say it is unanimous; I, however, put the contrary for form's sake, and those gentlemen who are of the contrary feeling will signify the same by holding up their right hand.

One hand shown. (Hissing.)

The Pupil. Mr. Foy, who held up his hand. Hiss me if you like; you are perfectly at liberty to do so; I think he has behaved as he ought not. (Continued hissing.)

Mr. ABERNETHY. Now, be quiet, will you? Well, but why say so, sir? You know I am here to-day to restore peace and good will.

Mr. FOY. I am ready to explain.

Mr. ABERNETHY. I really think you had better not express that disapprobation.

Mr. FOY. I believe I am not the only one, Mr. Abernethy, who entertains the feeling I entertain, but who did not hold up their hands. (Hissing, and cries of, Don't insult the Class.)

Mr. ABERNETHY. Well, well, it is so universally assented to, if possible let it drop.

Mr. Foy. I have no objection to that, sir; but you said that you wished to know our feelings, and having said that you was a straight forward man, I am a straight forward man too, and I express what I feel. (Much laughter.)

Mr. Abernethy (Making a profound bow to the Gentleman.) Sir, I respect you for it. (Continued laughter.) Now I really want to have concord restored, and you see, sir, that the sentiment is so universal, that I may say I go from hence, having the opinion of the Class that they will hear both Lecturers—me with patience, and Mr. Stanley with cordiality.

Mr. Foy. I shall not make any noise, certainly, but shall hear him as you desire.

Mr. Abernethy. I am glad to hear it.

Mr. Walker, another Pupil. Are we not to have the same pledge given with respect to Mr. Skey, when he demonstrates?

Mr. Abernethy. O, well, 'pon my honour, that's right, I forgot poor Skey; and of course I should hope that it would be so with respect to him also. That you will rather encourage the *poor fellow* than otherwise; he is very sensitive, (laughter,) and look with lenity upon his errors. If you observe them, tell him as a friend where he wrong.

Another Pupil. That's impossible.

Mr. Abernethy. Tell him as a friend where he is wrong. But this encroaches on the first resolution, that those who are disposed to hear Mr. Wormald and Mr. Skey may hear them; but that those who are not so disposed, need not, for they will have their money returned. This is the only way to quell the tumult; and I beg of you to let tranquillity and concord be restored here. I really have felt myself excessively worried by letters, all having contrary opinions, irreconcilable opinions and projects; but the thing must be put at rest somehow or other; I have adopted the best mode I can of doing it, and I trust you will be satisfied.

Mr. Abernethy now left the theatre, and the students departed in peace.

To the Editor of The Lancet.

Sir,—By the insertion of the following fact in your widely circulated Journal, you may prevent the extention of a fraud which seems prevalent. On Monday evening last, two resurrection men, whose names are W—— and C——, called at my house, saying they had procured with great difficulty two subjects from some part of Buckinghamshire, and that, being on their way to St. Thomas's Hospital, their cart had broken down, and they were unable to proceed from want of money to repair it. On inquiry, I found they knew most of the medical and other officers of Guy's and St. Thomas's—from this circumstance, and from the fact of one of the fellows being personally known to me, I did not hesitate to advance them what silver I had in my purse, viz. 8s. 6d., remembering the difficulty I had experienced in prosecuting my studies when at the hospital, from scarcity of subjects. On inquiry, I find no subjects have arrived at St. Thomas's Hospital, and that several practitioners have been imposed on in a similar manner—one to the amount of 2l.

I am, Sir, &c. &c.

Nov. 16. A Practitioner.

THE LANCET.

London, Saturday, Nov. 18, 1826.

In the last Number of the Medical and Physical Journal, one Dr. Whitlock Nicholl has drivelled out eleven pages of balderdash, "on the prevention of phthisis!" His paper, we beg pardon, his "*original* paper," (although there is not an idea in it which has not been known to the public for ages,) is very complacently put forth under the title of "Practical Remarks on that Cachectic State which is so common a precursor of Pulmonary Consumption;" and "however trifling" it may appear, no apology need be offered for it, he thinks, because "*M. Bayle* will not allow it possible for any one to recover who suffers from phthisis in its genuine form."* He does not pretend "to advance any new doctrine, or to state any new fact in the history of maladies," nor to "boast of any new or specific remedy," but merely wishes to direct attention to that cachectic state which is so common a precursor of phthisis. This cachectic state, or cacochymy, is described with all the "pomp and circumstance" of Solomon and Buchan, as follows :—A patient is cachexised,

> "—— who labours under general asthenia,—whose spirits and whose energies are lowered or subdued,—whose size has been diminished by slow and imperceptible degrees,—who feels incapable of active exertion,—who is subject to coldness of the extremities, and to irregular attacks of slight febrile excitement, and flushing of the countenance,—whose features are usually pallid, and have an expression of debility,—whose circulation is languid, (energies lowered or subdued, *supra*,) the pulse, perhaps, being easily accelerated by bodily exertion, or by mental emotion,—whose sleep is broken or unrefreshing,—who coughs from time to time, the cough

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* He quotes from Good's Study of Medicine, not knowing, apparently, who Bayle was. The opinion is reiterated from Hippocrates, by Galen, Forestus, Bayle, and many others.

being perhaps slight, or being at one time slight, and at another time more violent,—who has some wandering or unfixed uneasiness about the chest, and whose respiration is, perhaps, hurried by walking, or by any exertion of the body,—or is, at times, slightly oppressed," &c. &c. &c.

But we cannot go on covering our page in this way; come we then to the *methodus medendi* at once :—

> " The first object will, of course, be the removal of the cause from which the cachectic state has resulted, *supposing that this cause is discovered*, and is still operating. The patient must be released from all the trammels of study and of business; must breathe a pure atmosphere of a due temperature, &c. &c. All exertion which entails fatigue, must be strictly prohibited; and if the patient feels weariness in the course of the day, he should recline upon a sofa!" &c. &c. &c.

To be short, omitting his idle impertinences, he concludes that the patient ought to have those remedies and that treatment which " are calculated to improve the general health, to strengthen the system, to correct any evil tendency in the constitution, to tranquillise the system generally, and to allay local irritation," which may be attained, he thinks, " by the regular and daily administration of a medicine, compounded of hydrocyanic acid, black drop or extract of lettuce, subcarbonate of potass or liquor potassæ, and decoction of myrrh and lichen."

In this way, with an ass for his physician, and the munching of " vegetable puddings" " in a regulated temperature, free from worry and disturbance," that state in which " the several symptoms converge" and fall upon the lungs, will be warded off, and a blessed restoration secured to the patient. Every defect of the functions will be removed or supplied, all cacochyms, imposthumations and defluxions put to flight for ever! In sober sadness, we are well aware of, and deeply deplore, the ravages which phthisis makes among us; but most assuredly that is no reason why we should tolerate the common place commentaries and idle nothings of Dr. Whitlock Nicholl. Peace to his *manes*.

Mr. T. W. Chevalier has published a paper on the use of the extract of belladonna as an application to scrofulous and irritable sores, strictures, nodes, rheumatism, herpetic eruptions, &c. &c., " as in other cases where the *treatment of allaying irritation by means of decreasing the sensibility of parts, is especially indicated as a means of cure, or as the only means of relief*." Mixed with lard as an ointment, or with cerat. saponis, as a plaster, he has seen few cases " in which it has failed to do good; none in which it appears to have done harm;" although he tells us that he knows of " one case in which a large belladonna plaster applied to the loins produced a degree of paralysis of the levator palpebræ superioris, which continued many weeks afterwards, and only got well at last under repeated blisters applied to the temple." Formerly, it was much employed as an application to carcinomatous ulcers, indurations of the mammæ, piles, &c. it being, as M. Ray says, a " great resolvent." However, its use demands some caution.—(Martin's Tournefort, Cullen, Münch von der belladonna.)

Dr. George Gregory informs us that he has " for several years past, directed his attention, in an especial manner, to the causes of failure in conducting the operation of vaccination;" and he believes he has " now detected the most of them." We insert the wag's directions for perfecting the charm:

> " See that the child be in good health, and free from any cutaneous affection. Select from a healthy child, lymph of the sixth, seventh or eighth day. Be careful that your lancet be extremely sharp, and if it be broad shouldered, so much the better. Let there be a tangible *drop* at the point of the lancet, and be not satisfied with a mere moistening of the instrument. Let the skin be kept perfectly tense during the time of insertion, by grasping the arm of the child firmly, and extending the skin between the thumb and first finger of the left hand. Let the lancet be inserted from above downwards, and at each fresh insertion, dip the point of the lancet in the lymph that remains around the incision *first* made. Make from six to ten punctures in a circular form, enclosing a

space about the size of a shilling. At each insertion press the point of the lancet firmly against the *lower* surface of the wound.

" Then the charm is firm and good."

If possible, open a fresh vesicle every second or third operation."

Dr. Hawkins relates two cases of purpura hæmorrhagica, (one land scurvy ?) which were treated in the usual manner, by purgatives and sulphuric acid, but they do not deserve a more particular notice. Another case, treated by Dr. Chambers, is said to " illustrate distinctly the inflammatory nature (Parry) of one variety of purpura," although we cannot see that it " illustrates" any thing of the kind. The patient, who had been " ill nine months with repeated crops of hæmorrhagic spots" on the legs, thighs, and forearms, presented herself at St. George's Hospital, on the 25th of March of the present year, and after being bled and purged and kept on milk diet, was declared " *free from complaint*" on the 25th of April. She remained pretty comfortable until the 12th of May,

" ——occasionally showing a few spots of purpura on the legs, which were immediately removed by calomel with cathartics. On that day, however, she was attacked with violent pain in the occiput and back of the neck, accompanied with sense of throbbing in the head, and aggravated by the slightest motion, and attended also with occasional delirium. The pulse was small, frequent and soft, skin warm and dry, but the countenance was pale and leucophlegmatic, the tongue slightly furred, but quite moist, and the bowels torpid.

" She was twice cupped, and had leeches applied twice to the head.. She had bladders of ice constantly placed on the head, and blisters to the nape of the neck. Purgatives, with calomel, were freely administered, together with digitalis, tartarized antimony, and *opium*, (!) with very little advantage."

" She became comatose this morning, her pupils being dilated ; and died this afternoon, May 15th.

" *Sectio cadaveris* (*next day*). *Abdomen.*—Some of the convolutions of the small intestines conglutinated by perfectly formed adhesions. No other abdominal disease was discovered.

" *Thorax*. About an ounce of serum in the bag of the pericardium—the left venticle of the heart dilated to nearly twice its natural size—the muscular parietes attenuated ; one or two of the carneæ columnæ, however, seemed thickened. In the interior of the left auricle was observed a growth of a condylomatous character, of three-fourths of an inch in diameter. The mitral valve was much thicker than natural, but was not ossified.

" *Head*. The whole arachnoid membrane, on the upper and back part of both hemispheres of the cerebrum was covered with a layer of coagulated lymph, evidently the product of the inflammatory attack which destroyed life."

Mr. Earle's " case, illustrating the effect of local irritation in exciting and maintaining a state of great constitutional derangement," has already appeared, though under a less pretending title, in Vol. X. p. 447 of this Journal. The editor remarks upon it " that it rarely happens that we have more striking examples of the effect of mechanical local irritation on the constitution ; nor do we often meet with cases in which the connexion between cause and effect are (is) so unequivocally established ! " How many " striking examples" would be lost to the profession but for our exertions !

Dr. Webster, of St. George's Dispenary, relates the " case of a boy who recovered after a cherry stone had remained sixty-eight days in the bronchi." The patient was bled and blistered and leeched, and kept quiet, when—

" —— early in the morning of the sixty-eighth day, he felt as if about to be suffocated, with pain extending to the upper part of the neck and left shoulder, followed by sickness and violent fits of coughing, whereby he expectorated more than a pint of fœtid pus, mixed with streaks of red blood, and in the midst of which was found the broken cherry-stone."

After this, it may naturally be supposed that the devil took care of his own, and that the boy recovered !

Mr. Thomas Arthur Stone has occupied three pages of the Journal, to prove " that, after the application of a ligature to a polypus, which is firm in substance, and has a narrow neck, the portion above the ligature is always removed by the absorbents of the uterus," although he does not "attempt any explanation" of the why, or the wherefore, such absorbents do so busy themselves!

Mr. Boyle, who has been boring us for several years past with cases of syphilis, cured by scruple doses of calomel, has added three or four more to the list, little to our edification. The practice, we believe, was first proposed by Weinhold, of Halle, and is certainly not new in this country.

Mr. Travers's "cases of traumatic erysipelas *successfully* treated," will do well enough to advertise him in the newspapers, since they prove that success has not altogether deserted him.

Mr. Jeffreys, a surgeon to St. George's Hospital, after describing a "case of diseased testicle," of no interest, concludes as follows :—

> "The CAVITY of the tunica vaginalis appeared to have been obliterated by the cohesion of that *membrane with the tunica albuginea!!!*"

Such are your St. George's anatomists!

It is rumoured that the Council of the College of Surgeons, smarting under the lashes of an indignant profession, and dreading the downfal of their crooked system, are on the eve of doing Mr. BROOKES, the able and zealous anatomist of Blenheim Street, the tardy justice of placing him on the court of examiners, a post which he ought to have occupied some twenty years ago. Certainly, there is nothing in which they have more shown their utter worthlessness, than in their conduct towards this justly-respected and celebrated individual; nothing which, when called upon, as they shortly shall be, to render an account of their stewardships, that they will find more difficulty to extenuate, much less to justify, than the abominable and disgusting knavery, for we can call it no less, by which so many incompetent persons have been smuggled into, and continued at, the college board, to the exclusion of the first of England's Anatomists! Mr. BROOKES has now retired from an arena, in which he laboured for upwards of five and thirty years, we need not inform our readers how successfully. His parental kindness to his pupils, not less than his exquisite capacity for teaching, has been a theme of general eulogy. His splendid Museum, as the work of an individual, is surpassed only by the stupendous collection of Hunter, and is equalled by no other in Europe. Mr. Brookes has relinquished the arduous duties of a teacher; and who shall fill up the void his retirement has occasioned? I' faith we know not; certain we are, however, that the College people, in the aggregate, cannot make up the equal of this highly-gifted, but oppressed and deeply injured anatomist.

A bust of Mr. Brookes has been executed, and will be presented to him by HIS ROYAL HIGHNESS THE DUKE OF SUSSEX, who, as proof of his estimation of the anatomist's talents, has signified his intention of honouring the dinner on the 24th instant with his presence. Several noble patrons of science are also expected, and, without doubt, there will be a muster of practitioners beyond all precedent. The dinner will be given at the Freemasons' Tavern, in honour of Messrs. Brookes and Carpue (the mantle of the former could not have fallen on shoulders more worthy, or better able to bear the burden, than those of the latter) on the day above mentioned. Mr. Carpue also has been proscribed at the College; indeed it appears to us, that the tax has been laid on every one, who, in opposition to the besotted rulers of that body, has any real claim to the respect of the profession.

We stand pledged to prove, that the late Mr. Gibson, of Manchester, published an account of the operation for congenital cataract in infants, and of its safety and utility, previously to any similar description having made its appearance fromthe pen of the late Mr. Saunders. We must restate certain facts, in order that the reader may fully comprehend this part of the subject, and duly appreciate the labours of the secret operators, and secret keepers. The Ophthalmic Infirmary was established in March, 1805, and Mr. Saunders was appointed its Surgeon. In 1806, and following years, he professed to practise a *peculiar* operation for congenital cataract occurring in infants. This announcement was trumpeted forth from year to year, in the " annual reports." In February, 1810, Mr. Saunders died ; up to this period, only two individuals, and these under a pledge of secrecy, were admitted as pupils to witness the operation, to whom Mr. Saunders stated he had *liberally* communicated his secret ; and that they had enjoyed " the ample scene of experience " which the practice of the Infirmary afforded. Six weeks subsequent to the death of Mr. Saunders, Mr. Travers was elected to fill the vacant office of Surgeon. In June 1811, Mr. Gibson wrote to Mr. Travers for a description of Mr. Saunders's *peculiar* operation ; this request was *communicated* to Dr. Farre, who desired him to acquaint Mr. Gibson that he would soon know it through the medium of the press. On the 1st of October following, Mr. Gibson published a paper in the Edinburgh Medical and Surgical Journal, " On the Use of the Couching-needle in Infants of a few months old ;* and upwards of two months afterwards, out comes " the secret of nothing," in a formidable octavo, edited by Dr. Farre. Mr. Saunders having been, at this time, deceased about one year and ten months. We will here present the reader with some of the most prominent passages in Mr. Gibson's excellent paper ; to these we entreat the most particular attention ; always recollecting that this paper was *written* FIVE MONTHS before, and *published* previously to the appearance of Dr. Farre's octavo.

On the Use of the Couching-Needle in Infants of a few months old. By Benjamin Gibson, Surgeon, Manchester. Edinburgh Medical and Surgical Journal, October, 1811.

Whatever objections have been urged against the safe and effectual use of the couching-needle in infants, have always appeared to me so slight, and so easily surmountable, that, without inquiring particularly into the real state of the question, I have long concluded in my own mind, that the same motives which would induce an operator to couch a cataract at any period of adult life, would equally lead him to perform that operation at any earlier period, when a cataract might exist. Acting upon this presumption, I have operated upon children of all ages, for ten years past.*** Upon looking into Mr. Hey's excellent remarks upon the operation of couching, I find a case related, in which he used the needle with success upon the eye of a child two years old. It is, perhaps, unfortunate for the public, that the subject of his operation happened to be unmanageable, and that the rolling motion of the eye, and the power of retracting the eye-ball within the orbit, offered impediments to the use of the couching-needle, which induced that eminent operator to relinquish any further attempts. It is unfortunate, also, that the patient operated upon was not six months old instead of two years : in which case, the obstacles arising from the rolling and retraction of the eye, would not have existed ; and Mr. Hey's superior judgment, aided by the experience of a few similar cases, would soon have discovered the general facility and uniform efficacy of performing the operation of couching upon infants a few months old.* * *

Mr. Hey, and Mr. Ware, with their predecessor, the great Cheselden, having thus shown the practicability, as well as the efficacy, of using the couching-needle, at an age when the steadiness and resolution of the patient could not be depended upon, what merit is left for any of their successors, except it be that of reviving and extending the benefits of the operation, by making their experience public, after having fully ascertained, *that the infant of five or six months old is a more favourable subject for the use of the needle, than at two years or any subsequent age?*

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* Dated, as will be afterwards seen, June 13.

In addition to the efforts of these eminent practitioners, I may observe, that two or three years ago, I had noticed in the reports of the London Institution, for the cure of diseases of the eyes and ears, which reports I found dispersed and exhibited in the public news-rooms of this town, that the cataract in infants was removed by the late occulist to that Institution, by an operation peculiar to himself. Since, however, the operation performed for this purpose, as well as the instrument by which it was effected, appear to have been, in a great measure, carefully and intentionally concealed from the profession at large, I am doubtful of the use, or even the propriety, of alluding to the practice of *such an individual* upon this occasion. By the annual proclamation of his success, he has, as yet, only excited the curiosity of his brethren. How far any hopes, they may have formed, will be realized; or what may be the nature or merits of the operation, or the form of his instrument, time alone can disclose.* * *

The following observations will apply principally to infants under twenty months old. The advantages, which an operator possesses in operating upon a child of this age, as compared with a child of three years old, or upwards, are important. An infant is not conscious of the operation intended: it is free from the fears created by imagination, and can oppose very feeble resistance to the means employed to secure it with steadiness. At an early age it has not acquired the power of retracting the eye deep in the socket, so that the operator has always a good prospect of introducing the couching-needle with ease, by watching a proper opportunity. The eye has not, at this time, acquired the unsteady rolling motion which, after a few years, is so common and remarkable in children born blind, or reduced to that state soon after birth. So that this impediment to the easy introduction of the needle does not exist in infants a few months old. *With respect to the state of the eye itself, but particularly that of the cataract, this is more favourable for the operation, than at any future period of life. In infants the cataract is generally fluid, and merely requires the free rupture of its containing capsule, which is in that case generally opaque. The capsule, however, is tender, and easily removed by the needle, so as to leave an aperture sufficiently large for the admission of light. The milky fluid which escapes from the capsule is soon removed by absorption.—If, on the other hand, the cataract should be soft, it is generally of so pulpy a softness, that the free laceration of the anterior part of its capsule, and the consequent admission of the aqueous humour, ensures its speedy dissolution and disappearance, without the necessity of a second operation. Should the cataract happen to be hard, there will be no more difficulty in depressing it than in an adult.** * *

Such are the advantages derived from the age of the patient, and state of eye, *which would induce an operator to use the couching-needle a few months after birth.* If however a surgeon had even difficulties to encounter, which do not occur in adults, surely the invaluable benefit conferred by enabling an infant to become an intelligent being like other children, instead of remaining in a state approaching to idiotism, would incline him to run some risk of failure, and to make more than common exertion, especially as there is little chance of injuring the eye, when proper precautions are used.

In proportion as the age of the patient advances, until he arrives at the age of discretion, and can estimate in some measure the value of sight, by feeling his loss, the difficulties opposed to the use of the couching-needle increase.

I have generally used Professor Scarpa's needle, because in infants the free rupture of the capsule of the lens ought commonly to be aimed at, *that the milky cataract may escape and mix with the aqueous humour; or if the cataract be soft, that the aqueous humour may be freely admitted to its pulpy substance, previously broken down by the needle.* The depression of the hard cataract in infants, has nothing peculiar in it. Before Professor Scarpa's needle was known in this country, I used Mr. Hey's, which was generally effectual, and possesses the recommendation of being less liable to have its point engaged with the iris. *When a milky cataract has been thus evacuated, it mixes with the aqueous humour and renders it turbid; but generally within the space of two days, the eye acquires its natural transparency, and vision commences. When the capsule and substance of the soft cataract has been broken down, and the aqueous humour has come into contact with it, the solution and disappearance of the cataract have uniformly taken place, in a short time, in all the cases upon which I have operated.* Although I have met with cataracts in infants hard enough to bear depression, yet I never met with a simple membraneous cataract; though this is no uncommon occurrence in patients *at the age of* EIGHT *or* TEN, as well as in adults who have been blind from birth. *Within a few weeks* I have operated upon *three patients,* about ten years old, who had *simple membraneous cataracts in both eyes*; and I am *strongly of opinion, that at any earlier period these cataracts had been of the milky kind; and that the fluid having been absorbed, the opaque capsule which originally contained it, now formed the* MEMBRANEOUS CATARACT. In such cases, the opaque membrane may generally be broken down by Mr. Hey's or Scarpa's needle.* * *

Another circumstance, which must have attracted the attention of oculists, is, that, in a few years, the eye of a patient born blind, acquires a restless and rolling motion, which is at length so firmly established by habit, that he has little control over it. This motion unfortunately continues for a considerable time after sight has been restored to such a person, and is a very material obstacle to the early attainment of a knowledge of the objects of vision. He cannot fix his eye steadily upon one point for a moment, and the inconvenience which arises from this unsteadiness is, to such a person, occasionally as great a bar to the distinct view of an object, as the unsteady motion of the same object would be to one whose vision is perfect. This inconvenience any one can appreciate, and, as far as I know, it is completely avoided by restoring sight an at early age.

It will be almost unnecessary for me to urge the most important, and at the same time the most obvious of all reasons, for removing the cataract at an early period; I mean the loss of those years which ought to be spent in education. The arguments which have been already used in favour of the early performance of the operation, will, I hope, prove sufficiently strong to induce practitioners to adopt it; and should occasional obstacles occur, they must be met with steadiness and caution. By this means, I trust, their efforts will be uniformly crowned with success, and the greatest of all blessings be conferred at a time when it is most required.

Portland Place, Manchester,
June 13, 1811.

Now we appeal to every impartial reader who is capable of judging—we appeal to the anatomist—to the pathologist—to the scientific surgeon, and to those who are denominated oculists, whether a more succinct and satisfactory description of the state of the eye, whilst suffering from the influence of congenital cataract, of the various kinds of cataract—the fluid; the soft; the membranous; the hard; the different modes of operating in each case,¶ and the lucid statement of the usual results could have been written by mortal man? Impossible. In this paper there is no generalizing—nothing suppositious—no absurd hypotheses, but on the contrary, an unvarnished practical detail of facts; and in our opinion, it is infinitely superior to the work of Dr. FARRE, and more worthy of the attention and guidance of operators on the eye; we are surprised indeed that it should be so, as Dr. FARRE had not only the "notes" of the "secret operator," and had enjoyed the "ample scene of experience" at the Infirmary, but had also the advantage of consulting Mr. GIBSON's *essay*; and as the chapter on congenital cataract is the last in the Doctor's book, we are strongly of opinion, that he *did* consult the paper "on the use of the Couching-needle in Infants of a few months old." Mr. Gibson tells us, that under twenty months is the most favourable time for operating,—that on the rupture of the capsule, the milky FLUID mixes with the aqueous humour and renders it turbid; that this fluid generally becomes absorbed at the end of two days, when the eye assumes its natural transparency;—that the rolling motion of the eye, so distressing to the operator, becomes more troublesome as age advances, does not exist in the infant;—that when the cataract is SOFT, the free laceration of the capsule and its pulpy substance so as to admit the aqueous humour, will be sufficient to accomplish its absorption;—that generally, at the age of eight years the fluid cataracts become MEMBRANOUS or capsular, and that by lacerating or opening the capsule, you establish vision. And pray what more have the "secret conclave" done even with the assistance of Mr. GIBSON's paper! Verily nothing. Mr. GIBSON does not boast of *his* process; *his* peculiar operation, "adapted to the condition of infancy." There is no quackish bombastic stuff of this kind in his sensible performance; HE lays no claim, to originality, but tells us, like an honest man as he was, that there was no credit for the successors of SCARPA, HEY and POTT, but that of "reviving and bringing into more general use an operation, the practicability and expediency of which they had already proved." Have we, or have we not, redeemed our pledge?

We now come to a most extraordinary circumstance connected with these transactions, one which reflects so strongly on the literary integrity of Dr. FARRE, that we will not trust ourselves to communicate that which we feel; indeed we should not accomplish it were we to make the attempt. The reader is already aware, that Mr. GIBSON, in June 1811, wrote to Mr. TRAVERS for an account of the operation practised at the Ophthalmic Infirmary, and that the request was "*communicated*" to Dr. FARRE; and also, that in October the paper on "the use of the couching needle in infants," was published in the Edinburgh Journal; and not until TWO MONTHS afterwards, indeed the preface bears date the 27th November, (and the Journal, it is well known, is published on the 1st of October;) does Dr. FARRE's work see the light. And here is the important circumstance to which we allude. The book did not contain the slightest mention of Mr. GIBSON's paper; it did not even MENTION the NAME of that Gentleman, nor give a hint of his application to Mr. TRAVERS. Mr. GIBSON was THEN LIVING. A few months passed away, and, unhappily for the profession and the public, Mr. GIBSON "shook off this mortal coil," and presently out comes the Doctor with a second edition of his book, with a preface of no less than 47 pages devoted to the honourable office of attacking the veracity of a publication, of which the Doctor did not dare speak in reproachful terms, whilst *its author was living*. In the *preface* to the SECOND EDITION, the pious Doctor says, "Mr. GIBSON asserted that he had operated on children of all ages for ten preceding years."* * * * * * * Why did he omit the *circumstantial evidence* which is essential to the support of such a claim?" (What claim, good Doctor?) * * * Again, "The general result of his experience *is said to be stated* from a considerable number of cases; *but not a single case is given, either generally or particularly*; not even the name of a patient, or the date of an operation. His communication on this occasion carries with it the internal evidence *of a hasty production*, and not the maturity of ten years experience." A little more of the Doctor's liberality: "The editor, however, cannot reconcile the statement of Mr. Gibson with the fact, that some of the oldest and most eminent medical men of Manchester, *had not even heard of his operations on the infant*, previously to the expediency and safety of performing them having been ascertained by Mr. SAUNDERS." Such are the reflections on Mr. GIBSON's veracity; such are the vile insinuations against the literary probity of that excellent and highly-talented man, which appeared in the SECOND EDITION of Dr. FARRE's treatise, AFTER Mr. Gibson's death; whilst, in the FIRST EDITION of the same work, published at least TWO MONTHS subsequent to the appearance of Mr. GIBSON's paper "*On the Use of the Coucking Needle in Infants.*" NO MENTION IS MADE EITHER OF THAT PAPER OR OF ITS AUTHOR—but Mr. GIBSON WAS THEN LIVING!! For the present, we leave Dr. FARRE to the full enjoyment of his literary reputation.

THE "War at St. Bartholomew's Hospital," whether we regard it as early and satisfactory evidence of the influence of a FREE MEDICAL PRESS on the youthful branches of the profession—as an exposure of the villanous knavery of the "Hole and Corner" system—as a proof of the organization and *dis*-organization of that barbarous system—or, as a brilliant delineation of the serpentine course of a "straight forward man;" it abounds with materials of a peculiar and highly interesting character. From the great length to which the history of this revolt has extended, our limits will not allow us to comment on more than two or three of its most prominent features;

wherefore, we earnestly entreat an attentive perusal of the report itself.

"THE LANCET," quoth Mr. ABERNETHY, "may say what it pleases;" which we take to be a most useless and gratuitous permission, as it has been in the habit of uttering its thoughts with almost unprecedented freedom, from the first moment of its birth, which the speaker has known and *felt* too, during some three years past. With apparent inconsistency, however, he deprecated our interference in his "Hole and Corner" theatricals, and with envious self-complacency stated, that we might as well meddle with his kitchen arrangements, and "tell him who should or should not be his COOK," as to trouble him with our strictures on the appointment of a Demonstrator, whom he was also pleased to term "his servant." The juxta-position of *Abernethy* and *Cook!* excited our merriment in no small degree; and although we have on all occasions, hitherto, religiously abstained from noticing or interfering with either directly or indirectly, the *private* concerns of *public* men, yet we should, in this instance, deviate from our prescribed course, if we knew of a "deserving woman indeed;" and on the first vacancy earnestly recommend her to Mr. ABERNETHY's favourable consideration, as a candidate for the prize—aye, prize, for in the house of JOHN ABERNETHY, the eternal preacher of abstinence, the eloquent, the inflexible disciple of CORNARO! the office of COOK is surely a most lucrative *sinecure!*—*Board wages*, of course.

Well, Mr. ABERNETHY may act with his *Cook* as he pleases, without any fear of annoyance from us; but not so with the Pupils and Demonstrators of St. Bartholomew's Hospital—a public establishment, a royal foundation, and public property. Mr. ABERNETHY's language would seem to imply, that he regards the Theatre of Anatomy at Bartholomew's as *his private property*! What an absurdity. It was built by the Governors of the Hospital upon ground the property of the public, with public money, and, consequently, for public purposes. They neither did, nor dare expend the funds of the Hospital, with a view to the private emolument of any individual. Mr. ABERNETHY has no legal title to a single brick of the building in which he lectures, nor can he remain there one hour if the Governors choose to say nay. What, then, are we to think of his arrogance and presumption in lording it over his colleagues, and telling them that "they should not speak in that Theatre without his approval." The disgust we entertain at the effrontery of this insulting threat, is equalled only by our astonishment that it was not contemptuously disregarded.

On the relation which Mr. ABERNETHY bears to the pupils and the public, and on the information which the students obtain from him, contrasted with what they *ought* to obtain at much less cost, we shall offer some observations hereafter.

The immediate cause of the late disturbance was an attempt to substitute another Demonstrator for the one advertised. We have already shown, in previous Numbers, that many of the Class were highly displeased, because Mr. STANLEY did not deliver the demonstrations agreeably to the pledges in the newspapers, and in the prospectuses of the Lectures distributed at the Hospital. The following questions naturally present themselves:—Was Mr. STANLEY advertised to deliver the demonstrations? By whose authority was he so advertised? And, why does he not comply with the terms of the advertisement? We have one of the advertisements now before us, and the announcement stands thus:

"DEMONSTRATIONS—Mr. STANLEY.
PRACTICAL ANATOMY—Mr. STANLEY and ASSISTANTS."

This answers the first question. Mr. STANLEY has himself replied to the second, by stating that Mr. ABERNETHY *would not* *allow him to insert the advertisement in any other shape—that he was not free to act—that he used every exertion, day after day, to have the proper announcement made.*" This was avowed in the presence of Mr. ABERNETHY, who did not attempt a contradiction. And the reply to the third question is this: that Mr. Stanley during the whole of the season, has at all times been willing to *demonstrate,* and would have done so, had not Mr. ABERNETHY placed Mr. SKEY in the chair.

We have given this affair the most deliberate examination—we have read with the greatest possible attention, the whole of the speeches—we have contrasted the accusations and explanations; in a word, upon a most careful review of the whole of the circumstances, it appears to us, that the entire blame rests with Mr. ABERNETHY; as the ADVERTISEMENT, the immediate cause of all the discontent and mischief, has been clearly traced to that gentleman. Mr. STANLEY stands perfectly absolved from any just censure—and equally honourable we think has been the conduct of Mr. Skey, not the slightest stain, in our opinion, attaches to the character of either of these gentlemen.

But Mr. ABERNETHY does not come out of this inquiry in a manner calculated to gratify his friends, or to add to his reputation as a lecturer, with the public. It was evidently the fear of the NEW SCHOOL in Aldersgate Street, which induced him to have recourse to the paltry expedient of announcing Mr. STANLEY as the Demonstrator at St. Bartholomew's, at a time when it was arranged that he should perform no such office; the exposure he has experienced, is not too severe a punishment for such an unworthy and clandestine procedure.

Mr. ABERNETHY tells us that he is a "straight-forward man," that money is not his "object in lecturing," that he has always had the public good at heart, and so on. Moreover, to convince us of the extent of his patriotism, he boasts that he would black-ball his own son, if he found him deficient in knowledge, or destitute of the power to communicate it. The value of this declaration may be conceived, when we state the fact, that in the summer of last year, Messrs. Wormald and Skey were told that "they could not be allowed to demonstrate *unless they signed an agreement to the effect, that they would not, either by word or deed, offer any opposition, to* Mr. ABERNETHY'S *son* becoming a co-lecturer with Mr. Stanley, on anatomy." So much for a "straight-forward man."

The students have acted on this occasion with great prudence, spirit, and intelligence; they have taught the Lecturers a lesson, that will not be readily forgotten, either in St. Bartholomew's or in any other Hospital; they are an honour to the medical profession.

Dr. Macleod, the editor of the YELLOW JOURNAL, has received another signal reprimand from the pen of Dr. Ager, who, being one of the late Censors, did, with his colleagues, in virtue of that office, most "impertinently and officiously" exert himself to compass the wishes of the profession, by compelling the august board of Curators of the Hunterian Museum to open their portals twice in the week, in obedience to the directions which Parliament had prescribed them!—In the eyes of the Yellow Journalist, such conduct was, of course, an abomination too gross to be passed over in silence, and was accordingly visited with no small quantum of reprobation. Like all young politicians, to which class Dr. Macleod boasts of belonging, he ranged himself on the side of the *outs,* and it must be confessed he has met with a pretty hot reception from the *ins.* Dr. Elliotson first attacked him in a letter published in this Journal, scattered his tropes about, dumbfounded his rhetoric, and negatived his facts, in a very masterly manner; and Dr. Ager, another of the Censors, has given him the *coup de grace*, in a letter which has been pretty generally circulated.

It appears that Dr. Chambers, who has had a hand in this affair, is co-lecturer with Dr. Macleod, at a theatre in Windmill Street, and that Drs. Ager and Ramadge, two of the Censors, also teach in the neighbourhood; but we are not clear that any mean passion of jealousy, on the part of the Yellow Journalist, has influenced his conduct towards them. We are disposed to give Dr. Macleod the credit of honourable intention, however ill his actions may seem to accord with it; and we therefore hope he will not be deprived of his license, although, according to the terms upon which he received it, it should certainly appear to be forfeited. Whatever we may think of the charter of the College of Physicians, so long as its Fellows abide by it, they ought to be protected by their President against the calumnies and misrepresentations of one or two "morbidly irritable" and factious Licentiates, who scribble in the periodicals of Johnson and Macleod. After the handling which the latter has already received, we think a reprimand, or something of that kind, from the College, will satisfy the justice of the case.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CASE OF COMMINUTED FRACTURE OF THE SCAPULA, WITH FRACTURE OF THE RIBS ON BOTH SIDES, AND EMPHYSEMA, UNATTENDED WITH URGENT SYMPTOMS.

We consider this case worthy of record, as affording an instance of extensive injury to the parts about the chest, arising from considerable violence, and yet being unattended with urgent symptoms.

The accident was occasioned by a loaded wagon passing over the body of the patient, who is a middle-aged, healthy man. The inferior angle of the right scapula, was found to be much comminuted; two ribs were fractured on the right side, and one on the opposite. There was an emphysematous swelling on the right side and back part of the chest; the breathing was laboured, but there was no urgency of symptoms; the man had been freely bled from the arm previous to his admission. The only treatment pursued, consisted in the application of a bandage *moderately* tight round the chest; on the following days blood was taken from the arm, rather as a preventive, than on account of any present symptoms.

The man has continued free from any unfavourable symptom up to the date of this report, which is made a fortnight after admission; the emphysema subsided in the course of a few days,

ST. THOMAS'S HOSPITAL.

CASES OF SYMPATHETIC EPILEPSY, IN WHICH THE FITS ARE PRECEDED BY AN AURA COMMENCING IN EACH LEG.—BENEFICIAL EFFECTS OF LIGATURES APPLIED TIGHTLY ROUND THE LIMBS.

Case 1. G. B. a healthy looking boy, about 10 years of age, admitted into Henry's Ward on the 27th of April, under the care of Dr. Scott.

The boy states that he has been affected with epileptic fits three months, and generally has three or four in the course of the day. He experienced a sudden attack of blindness, which continued three weeks, and when he recovered from this, the epileptic fits immediately ensued.

The fits are preceded by aura in both legs, this begins in the points of all the toes, and runs along the back of the feet, front of the legs and thighs, and continues its course up the abdomen. Both auræ meet at the upper part of the sternum, and as soon as this occurs, the boy falls down senseless. He thinks that the fits occur about a minute after the commencement of the aura, and he compares the sensation produced by the aura to that occasioned by a small insect crawling along the legs.

Dr. Elliotson, on visiting the patient in the absence of his colleague, directed half a grain of the ammoniated copper to be taken three times a day, and a ligature to be tightly applied round each thigh at the commencement of the fit.

The patient, after the application of the ligatures, had a few fits, but in the course of a few days they totally ceased. The attacks were in general so sudden, that the poor boy frequently could not give any intimation of their approach, and as there appeared to be some delay in the application of the ligatures, the sister of the ward very properly had them constantly kept on the limb, so that they only required tightening on the accession of a paroxysm.

From the period at which this plan was adopted, the fits ceased. The patient was, however, retained in the hospital until the 25th of May; he continued to take the ammoniated copper until the time of his dismissal.

On the 28th of September the patient applied for re-admission into the hospital, having laboured under his former disease for about six weeks. He stated that he had several fits daily, and that the auræ still commenced in both feet, and passed upwards in the manner described on his former admission. Dr. Elliotson being the physician of the week, admitted the case, and directed a purgative powder of scammony and calomel to be given every second morning. This plan of treatment was pursued until the 7th of September, when Dr. E. ordered the ligatures to be put tightly round each thigh, immediately on the commencement of the aura. And in order effectually to ascertain, whether any, or what portion of benefit was derived from this plan of treatment, Dr. Elliotson directed the medicines to be discontinued, thus giving a fair trial to the measure; which could scarcely be said of the former treatment, inasmuch as the patient at the same time took the ammoniated copper.

The report made on this case on the 21st of October, is, that the boy has been entirely free from fits since the application of the ligatures. On the 2d of November the disease had not recurred, and he was, in consequence, dismissed from the hospital.

Case 2. M. B. ætat 34, of florid complexion, a married woman, admitted under the care of Dr. Elliotson on the 19th of October. She stated that she had been the subject of epilepsy during the preceding six months, that she has not menstruated during that time, nor a month previously; but at the second period, when she expected the catamenial discharge, then she was seized with an epileptic paroxym. The aura begins at the soles of each foot, runs along the front of the legs, up the thighs and abdomen, to the neck; here the two streams meet, and as soon as that happens, the patient falls down *nearly* senseless. She never quite loses her senses. The sensation produced by the aura is that of pricking, and but a short time intervenes between its approach and the fit. She is never longer than a week free from the disease, and sometimes has two or three fits in the course of a day.

Dr. Elliotson simply directed that a ligature should be tightly applied round each thigh, immediately on the commencement of the aura.

The subsequent reports on this case show the influence of the ligatures in preventing the ascent of the aura; it will be observed from them, that the height to which the streams ascended was gradually lessened. After the application of the ligatures, the reports stand as follow:—

October 21. The patient had two fits on the day of admission (19th), three on the following day, and one this morning. The paroxysms are, however, milder and shorter, and the aura only ascends as high as the epigastrium.

Oct. 28. Has had one fit and sometimes two daily since the last report. The aura now reaches somewhat below the epigastrium; the convulsions only affect the legs.

Oct. 31. No fits since the last report, until yesterday, when she had one severe attack, and one equally severe this morning. The aura now ascends only as high as the navel.

November 8. The patient continues to have the epileptic paroxysms, and she thinks they are more severe than formerly, although the aura does not ascend higher than at some distance below the navel.

PAINFUL AFFECTION OF THE NERVES OF THE LEG, FOLLOWING A WOUND.

In Vol. X of The Lancet, No. 151, a full report was given of a case of neuralgia of the right leg, in which the disease succeeded to a wound, over the lower part of the limb. The patient was admitted under the care of Mr. Tyrrell, on the 15th of June, and still continues in the hospital, not having derived any benefit from the measures pursued; the distressing nervous sensations remaining unabated. We have recurred to this case simply for the purpose of noticing Sir Astley Cooper's proposed mode of treatment. The man was sent over to Guy's Hospital, by Mr. Tyrrell, a few days since, in order that Sir Astley might see him; when, after fully inquiring into the particulars of the case, Sir Astley recommended that the man should wear a wooden leg, that the limb should be electrified, and a plaster of belladonna applied over the foot.

We understand that Prompter Nash, the steward, offered many objections to the patient going over to Guy's Hospital to consult Sir Astley Cooper. The toad-eater spoke of the "honour and dignity," and of the "*sufficiency of talent*" at St. Thomas's.

INFLAMMATORY DROPSY.

Amongst the cases lately admitted by Dr. Elliotson, and at present in the hospital, is a case of inflammatory dropsy.—By this we mean the general dropsy which suddenly succeeds exposure to cold, or drinking cold water when the body is in a heated state. Such cases are by no means rare, and we do not introduce the present as offering anything novel, but merely as an illustration of the relative connexion which exists between the form of dropsy and the phlogistic diathesis.

R. F., aged 41, a stout muscular man, was admitted on the 2d of November, labouring under general anasarca. The face was greatly swollen, and the eyelids so much, that they were nearly closed, the penis was enormously distended, and in fact it was evident that effusion had taken place in the cellular membrane of the whole body. The patient stated, that he had been engaged in laborious pursuits, and whilst his body was much heated, from violent exertion, he drank largely of cold water. The swelling supervened shortly after, and had existed several days before his admission into the hospital. The pulse was sharp, he complained of constant thirst, passed but little urine, and was so drowsy, that he could with difficulty keep awake. There was slight pain in the right side, in the hepatic region, but no tenderness; and there did not appear, on minute investigation, to be any organic affection, either of the thoracic or abdominal viscera.

Dr. Elliotson directed a pint of blood to be taken from the arm, and an ounce of supertartrate of potash to be taken daily, dissolved in water. On the 4th the swelling had become much reduced in every part of the body, there was less thirst, and a more copious secretion of urine. The patient, however, complained of much pain over the region of the liver, and there was now tenderness on making pressure at this part. The pulse continued sharp.

A pint of blood was directed to be taken from the right hypochondriac region, by means of cupping. The supertartrate of potash to be continued. From this period all the symptoms rapidly yielded, and our report of this case made on the 11th of November, stands as follows:—But little swelling remains; and the patient appears to be fast returning to a state of health.

There was a large proportion of serum in the blood drawn; the surface of the coagulum was covered with the inflamatory crust.

There are several other cases of interest, also at present under the care of Dr. Elliotson. One of enlarged ovary, which it is supposed has suppurated, and burst into the intestines, denoted by the subsequent lessening of the tumour, and a discharge of matter with the stools. A case of tic-douloureux of the tibial nerve, in which much benefit has been derived from the exhibition of carbonate of iron in large doses. An obstinate case of chorea, (commencing as hemephlegia,) relieved by the same medicine.

We shall take care to notice the result of all these cases, and with respect to the two latter, we shall be enabled to relate, in conjunction with them, various cases of nervous affections, such as paralysis-agitans, &c.; in which Dr. Elliotson has exhibited the carbonate of iron with different degrees of success.

EFFICACY OF THE SULPHATE OF QUININE.

There has been an unusual number of cases of ague admitted into the hospital during the past month, affording ample opportunities of proving the remedial powers of that valuable preparation of bark—the sulphate of quinine. This medicine has in every instance been effectual in removing the disease.

POST-MORTEM EXAMINATIONS—DISEASE OF THE HEART—ABSCESS OF THE LUNGS.

The post-mortem examination of the medical cases at this hospital is tolerably frequent, but only one of the physicians, Dr. Elliotson, attends in propria personâ. His colleagues, Dr. Williams and Dr. Scott, discharge this part of their duty *by deputy!* Little Lush is their homunculate representative, and like the sick monkey that has travelled, the Doctor plays off his Gallicisms with a vengeance. It is really quite farcical to hear a dialogue between the botanical doctor, and Dr. Elliotson. The latter has too much good sense to interlard his conversation with foreign phrases, and therefore on all occasions, quizzes the little man.

Dr. Elliotson, during the last week, examined a case of disease of the heart, in which the left side was enormously thickened in its substance. The patient had been in the hospital about two months, and the symptoms manifested during life, were those of inordinate action of the heart. The pulsation extended over the whole of the thorax, and the column of blood felt in the radial artery, was equal to that usually felt in the aarotids. The stethoscope did not indicate any obstruction to the ingress or egress of the blood.

There was no apparent change in the structure of the heart; the left ventricle we supposed was increased to about four times its natural thickness.

There was a case examined on the same day, which was somewhat interesting, inasmuch as the patient had been examined with the stethoscope, by Dr. Elliotson, and he had given his opinion, that there was an abscess in the upper part of the right lung, indicated by what is termed, pectoro-loquism. The patient was in the hospital for some time under the care of Dr. Scott, was seen by Dr. Elliotson in the absence of his colleague, and his opinion on the nature of the case was written in the ward-book, not in short-hand.

The lungs were removed from the thorax, and were sliced about in a careless manner by one of Mr. Travers's dressers, but no abscess could be found, and the parts were about to be thrown aside, with an impression existing on the minds of those present, that the Doctor's acoustics were not very perfect, or that Laennec himself was in error. Dr. Elliotson, however, with that patient zeal which distinguishes him, determined on making a further and more careful inspection, and in doing so, found two small abscesses at the upper and back part of the right lung, at which part he had foretold that such a disease existed.

We have thought it right to mention this apparently trifling circumstance, because it shows in a remarkable degree the full value and necessity of accurate investigation, in order that we may not be deceived by skimming the surface of things, and thus, from an inperfect knowledge of facts, led to be from hasty and erroneous conclusions.

WESTMINSTER HOSPITAL.

CASE OF FISTULA IN PERINEO, CURED BY INCISION.

In the month of August last, a middle-aged man was admitted into the Hospital with a fistulous orifice in the perineum, through which the urine continually trickled. He stated that about fifteen months previous to the time of his admission he had fallen on some spiked rails, and injured the urethra in such a manner that the urine escaped through the wound. He went into the Middlesex Hospital, and during the first week of his stay there a catheter was introduced, which was allowed to remain in the urethra for three months. The wound was at that time almost closed; the catheter was removed, the man left the hospital for the country, and remained there three months. He came to town again much worse, and was admitted into St. George's Hospital, where a caustic bougie was applied twice a week for one month, and three times a week for eight months; but as he received no benefit from the treatment, he left the Hospital, after having been there nine months.

When he came into the Westminster Hospital, it was found that the smallest catgut bougie could not be passed into the bladder neither from the proper orifice of the urethra nor from the wound in the perineum.

It was proposed by Mr. White to cut into the urethra and divide the stricture, to which the other surgeons consenting, Mr. White, on the 2d of September, peformed the following operation.

He introduced a straight staff as far as it would go into the urethra, and thus made an incision in the line of the raphé, and divided the urethra toward the extremity of the staff; the incision was then carried toward the bladder, and the whole of the stricture divided. The edges of the stricture were found to be quite cartilaginous. An elastic catheter was then introduced through the whole of the urethra into the bladder, which produced no pain. The wound began in two days to granulate, and on the fifth a silver catheter was substituted for the elastic, which on its first introduction produced a trifling hemorrhage, which soon spontaneously ceased. On the eighth day after the operation the patient had an attack of pleuritis from being exposed to a current of cold air, passing through the ward from an open widow. This attack was removed by the ordinary means. On the 30th of September the urine ceased to flow through the wound; the man continued to improve gradually from that time, and on the 24th of October he left the Hospital with the wound in the urethra quite closed. He was directed to wear an elastic catheter (No. 9), and to attend at the Hospital twice in the week as an out-patient.

The treatment adopted in this instance furnishes a good precedent for the adoption of surgeons in similar cases.

THE LANCET.

No. 169.] LONDON, SATURDAY, NOVEMBER 25. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

Accidents occurring about the Hip Joint.

You know the numerous obstacles that oppose a dislocation upward and backward; but, notwithstanding those obstacles, forces are so continually occurring to dislodge the thigh bone in that direction, that really the dislocation often happens; the bone is thrown out of the socket through the thick part of the *articular* ligament, and it slips over upon the dorsum of the *ilium*, generally with the head turned backwards. Now whether it lies on the dorsum of the ilium, or slips down into the *sacral* notch, does not appear to me to be a point of importance; therefore I make no distinction between those two cases. Then here is a dislocation characterised by the following circumstances: the limb is shorter than the other, and inverted; it is beyond the limits of the *acetabulum*, which shortens the length of it, and it is inverted. You cannot turn it out; the head strikes against the bone; then, I say, it is clearly indicated by those circumstances, and there is no difficulty in the method of using force to a dislocation so simple. You have nothing to do but to pull the knee with the thigh bent at a half right angle upon the pelvis, then the head of the bone will come down below the acetabulum, and having got it there, it generally slips into the socket. You cannot pull it over the acetabulum; you cannot pull it over the great ridge that is there, but you bring it down where the bone has no great rise in it, for there is below the acetabulum a groove, between the acetabulum and the tuberosity of the *ischium*, in which the *obturator* moves, and it is along this groove, provided you pull at the angle specified, the bone will come: and when it gets below the brim of the acetabulum, it slips in. I say, I cannot make a distinction in those two cases; there are some, however, who say, you must lift the head of the bone over the socket, but I know nothing about that, nor have I ever found any necessity for it. All I have seen of such cases have been easily reduced, and I can say this, that I have reduced the dislocated thighs of very strong and muscular men, in inns, and at such places, where they have been brought after having been pitched off coaches, with no other assistance than that of a waiter or two, and a four-post bedstead.

Now the first thing is, to steady the pelvis of the subject; and this is done by putting a sheet round the thigh, crossing it round the groin, putting it over the pelvis, twisting it hard and tight, and then securing it to the bed-post. Mr. Hey, of Leeds, has told a good thing with respect to how you are to make soft cords for pulling dislocations: get any number of yards of calico you please, roll them up into a rope, and it is a cylinder of calico, soft and pliant, and, egad, of enormous strength; clap it round, as I have described, twist it harder and harder; then, when it is of the length you wish it, you can put one hand between the ticking of the bed and the posts of the bed, bringing it round one of the bed posts, and tying some hard knot—a *bowling* knot, or something of that kind. And you must learn to make these knots, for, egad, any thing giving way when you are pulling, is the most vexatious thing that could possibly be. Well, I fix my patient, and let one bed-post be diagonally opposite to the knee; then I put the rope round the knee, and then I put it round the bed-post; then I say, Come and lean upon this. Now this is unremitting pulling. I see his muscles giving way; then I say, Come, let us only have another hitch or two; then you twist it round the bed-post again; and then, by going on perseveringly, wearying the man, it has come in, in six or seven, or eight minutes. But if there is a case of difficulty, you must have pulleys; still you pull with pulleys upon the same principle.

Is it possible that the head of the bone should be thrown out of the socket, and that the head should be thrown forward? It is possible. Such a case has happened; but I don't see any difference in the mode of reducing it. I don't think that the bone will come over the head of the acetabulum: I should, therefore, pull at a half right angle. But this case of the head of the bone being thrown forward, is so contrary to all we meet with in dislocations, that a man might be inclined to say this is fracture. Now here the head of the bone can be felt upon the dorsum of the ilium, and that was what made me so continually think of the head of the thigh bone, of the *trochanter major*. You know the head of the bone in a full grown man, is about three or four inches off, and a little raised up; but if you feel the trochanter major, you know where the head of the bone should be; and I say, if it were on the dorsum of the ilium, it should be palpable; but if you did not feel it there, what 's the inference? That it is a fracture—that the body of the bone has been driven up, and that the head is wanting. Again, I think you can distinguish a vacancy in the acetabulum, when the head of the bone is out of its place. But I do not know any special mode of reducing the one or the other dislocation. In the one case, the limb is turned inwards, and you cannot turn it outwards; in the other case the limb is turned outwards, and you cannot turn it inwards; aud it is that case which chiefly characterises the dislocation from the fracture.

The dislocation downward into the *obturator foramen*. I say, there is little guard against this, for force does not frequently operate to throw it down; but a man may be struggling with his legs, may be hit by something, thrown down, and the bone may be knocked out—the *ligamentum teres*, however, may remain entire, or it may be torn; but in either case, as I think, the limb will be elongated, for it is below the socket, and it is inverted. If the leg is inverted, then I know what the case is—if it be not, there may be some difficulty; but I have generally seen it inverted. Then what's to be done in this dislocation? Why, to be sure, a man who set himself to pull at the leg, would be pulling it further from the socket. You would perhaps say, *pushing* would be the best thing to be done; but you cannot push it over the brim of the acetabulum. Well, this can only be reduced by making a lever of the dislocated bone, applying a prop at the head of it, and a power at the other end; and thus would you lift it into the socket. And, unquestionably, if the patient was a pigmy, and the surgeon a giant, the surgeon would never do more than use his own hand for this purpose; but if the surgeon was the pigmy, and the patient was the giant, then what does he do? Why, he uses tackle and pulleys, and the *distal* end of the bone being across the other thigh, he pulls it at a half right angle downwards; and he ties a sheet upwards, and pulls the upper end upwards and outwards, and by the compound action of those forces, the dislocation is reduced. Now, I think there is no difficulty in persons reducing those cases, if they only understand what they are about, and keep applying the force, as they ought to do, steadily und unremittingly.

It does happen at times, that the head of the thigh bone is thrown out of the socket directly upwards; and here the thigh is shortened, and there is no bending it. Well, then, you are to pull it down into the socket, you are to extend it, and if you depress the head of the thigh bone, making a sort of lever of it, that would be a very considerable auxiliary in the reduction. However, it may be brought down by simply pulling, but a little pressure at the one end, with a sort of lever at the other, would very considerably tend to assist it.

Fractures.—Now, whoever reflects on the mode in which the weight of the body is to be borne, will see how liable the neck of the thigh bone is to be broken. We jump from on high, and the force is on the head of the thigh bone; the force below, throws us up, and breaks this arch, and this is exceedingly common; but where does the arch break? O, generally, off from the thigh bone. Again, people fall upon their hips, strike the *trochanter major*, and what's likely to give way? They shove off the thigh bone from the arch it supports. The cases are often very complicated; sometimes the bend and neck of the thigh bone split, and the thigh bone gets wedged in between them; the cases are therefore often complicated. That splitting of the neck of the thigh bone is not at all uncommon; but when the fracture is on the outside of the *articular ligament*, the bone may crack, and be simply cracked, where the neck of the thigh bone is joined on to the body of the bone, and there may be very little suppuration between the parts, but the patient is unable to go one step forward. I have heard of cases where they have walked, but then it must have been cases, I am sure, of the neck of the thigh bone having been wedged into the body of the bone, not where it is simply cracked; because, where it is simply cracked, if you were to have a red hot poker at their buttocks, I am sure they would never bear on their legs to get one step forward. If a man, woman, or child, has leaped from on high, and fallen on their hip, where there is no retraction of the thigh, no eversion, nothing apparently wrong,—but if, from the moment of that fall, they are unable to move one step forward, what further evidence would you want of the neck of the thigh-bone being broken? I should want none; and I should treat the case as such. I know, for want of doing this, a great deal of mischief happens; the patient is not confined in one position, the motion goes on, the thigh becomes contracted, and the surgeon discovers, when it is too late, that it is a fracture; when it is too late, indeed. Now, there was a gentleman who came from India to this country; he had just arrived, and was coming by the Dover Mail to London, and was then going to set off into Suffolk; designing to set off immediately, he thought he would arrive just in time for a family ball; egad, this Dover Mail broke down, and he was pitched off from the top, at Blackheath, and a surgeon was sent for. The surgeon arrived, but could find nothing wrong with his thigh; however, the patient was in the state I have described of pain and uneasiness. Another surgeon, an hospital surgeon, was sent for, and he also joined with the former surgeon, that there was nothing wrong,—that it was only a sprain, or something of that kind. Well, but the man could not stir out of bed, and his thigh gradually got shorter, and distorted, and turned out by the action of the muscles; then it became evident to the surgeon who had attended him from the first, that it was a fracture; and at that juncture I was sent for. I said, unquestionably, it is a fracture, and you must put it right, and keep it steady; that's all. And the case did perfectly well. Now he has no appearance whatever of having had a fracture of the neck of the thigh-bone. And I could tell a number of these cases. There was a lady who was pitched out of a gig, at a distance of about eight miles from London, and was attended by a very good surgeon, but he said, I can find nothing wrong about your hip. They wrote to me, desiring to know if I would go down; it was in the winter time, and I said I could not possibly go down on the Sunday, but that I should on the following day. I went, and I found the woman in a state in which there was apparently but very little wrong; but I measured from the trochanter major, to the *crista* of the ilium on each thigh, and I said, what is the distance of the sound thigh? He said it was of such a distance; then said I to the surgeon,—Well, and measure the other attentively, and observe exactly what the length of it is. He said, unquestionably, it is nearer. Well, what's the inference, but that there is a fracture of the neck of the thigh-bone. Well, with respect to that lady, I said to him,—Now, Sir, suppose we do nothing in this case, and suppose the woman never walks any more, what will the public say of us? They will say we did not understand the nature of the case, and that she had a fracture of the neck of the thigh-bone, which we never adverted to. But suppose we put her bones into the right place, and keep her steady, then what will the public say? They will say, we did every thing we possibly could have done, and that it was the nature of this case never to get well. I therefore put her into a right position. Then comes the question, what is the right position? I may differ from all great men of authority, but I have no hesitation in saying, lay them on their side. I would treat the fracture of the neck of the thigh bone as I would treat a fracture in any other part of the bone, and lay them on their side. If a person can be fairly laid on the side, and a splint put on the bone, so that the weight is supported by its own gravitation, then that will do; the rule is, that every longitudinal inch should press equally on the splint, so that you should be able to take up the limb, and carry it about on the splint as if upon a tray. Well, you have to put a counter splint. In the fracture of the neck of the thigh bone, where there is a counter splint, why the pressure of the pelvis on the head of the thigh bone keeps the bone steady, and causes it to press against the part which is broken. But all half measures are bad. I do assure you, I tell you no lie when I tell you that I have attended many cases where there have been fracture of the neck of the thigh bone, and where people have gone about without the possibility of knowing that ever there had been such a fracture; but all half measures are bad. You must therefore turn them fairly upon the side. And how are they able to go to sleep without moving? Why, by lying fairly on their side, the gravitation fixes them in that position; attend to the points of the pelvis, and I am sure they will never move. For my own part, I have no objection to people lying on a soft feather bed. All the trouble I have with patients is for the first dozen hours, in watching them that they do not move; and if they are laid on a feather bed, they get sunk and fixed in that feather bed in such a way, as that out of it they cannot move afterwards. Well, that is all I wish you to attend to upon that point.

I am attending a child; I put the child in this position; the child lies there for three weeks and never moves,—it may be longer,—and after that time the child gets to the other side of the bed; you cannot confine it any longer; and, indeed, when the bone is knit, there is no necessity for longer confinement. And why does the child, or why do patients, lie for so long a time without moving? Say the case was mistaken, and that it was not a fracture, is any position so comfortable as lying on the side, with the knee half bent? Is there any position in which, in the case of a sprain, for instance, the parts could be kept so still, and the persons be so comfortable, as lying on the side? I believe not. And if you put them on the side, you put a drawn sheet under them, which may be removed at any time, for the purpose of putting clean sheets, without disturbing them. That is the position I should put patients in, and it has the advantages which I tell you.

As to fractures not uniting when people are laid on their backs, why, I don't wonder at it, for unless you have beds for the purpose, there is a necessity for keeping a bed-pan under them, and then the motion of the pelvis causes the parts to move. I do not wonder, therefore, that there is no case of the fracture within the articular ligament which has united, because, till of late, they have not had beds, by which the bones can be kept still. It is not particularly with respect to the thigh bone, but there is no bone in the body that would knit if there was a little motion.

But they say the bone cannot unite if the fracture is within the articular ligament, and for this reason, that there is no *periosteum* covering it, nothing but a shadow; and that no blood can be received but through the ligamentum teres, and the synovial membrane. Now, I do say, and will maintain, that this reasoning is not according to the principles of sound physiology. Let whoever reason it that will, I will say, and even though it were in opposition to the fact, I would still say, the same thing; because, granted that this part of the bone has but little power of life, much powers of life are not necessary for union, if there be life in the other parts. It requires but very little powers of life indeed, to unite with other parts that have life; for instance, you put the testicles of a cock into the body of a hen, and yet they live there; and again, you put the spurs of a cock into his comb, and they grow there. Well then, here are all the vessels necessary to nourish the parts, and why should they not be adequately supplied. Now it certainly is a case of rare occurrence, and no positive proof has as yet been offered to us, of any such union taking place; I hope, however, such proofs will arise in the after part of surgery, for the honour of the profession, and I now say, if I were to look for them at any time, it should be in putting the patient into that situation in which his body will never move, and in which the weight of his pelvis will make a steady pressure against the top of the bone from which it has been broken. When I say a little pressure, of course I mean so that a very little motion cannot disturb it.

As to your feeling fractures with your fingers, at all times, and making them grate and so on, it is out of the question; I myself have examined cases, and could not tell them, but the patients have done it, and then I have seen that they were fractures. There was a very old man who slipped down and broke the trochanter of his thigh bone; I was sent for, and I put it in; but he was a very old man, and not of sound bodily health, and the poor fellow, though he had no pain, sunk away, from confinement or something, I don't know how it was, but he died. We fed him as well as he could be fed, and we gave him medicine for his bodily health, but he died. When he was dead, I begged permission of the family to look at him, which they granted me, and I found that it was broken.

I remember a case in this hospital, where a man had fractured the neck of his thigh bone, and had got his head knocked all to pieces. We were attending to the fractured skull, but seeing the man uncovered, I said—Ah! poor soul, he's broke the neck of his thigh bone into the bargain. Well, he died, and we were examining the brain, in the dissecting room, in the dead house; and one of the pupils, who had been examining that thigh bone with a freedom which is done when a man is insensible of pain, said to me, I remember your saying he had broke the neck of his thigh bone, but it was not so. Well, then, said I, he was a cripple before. I had occasion, however, to go out for a little time, and just at that time the youth went and cut down into the thigh bone, and sure enough he found that the neck of it was broken.

Diseases.—Diseases here are so deeply seated, that you cannot have that assistance by sight and touch, which you have in other joints; but it is my firm persuasion, that there is no difference in the diseases of hip-joints, and the diseases of joints in general. What did I say about diseases of joints in general? I said, that sometimes the diseases began in the joints, and were eventually communicated to the bone, whilst, in other cases, they began in the bone, and, eventually, got into the joint. Then, again, in some diseases of the bones, there was a kind of inflammatory matter found, which really did considerable mischief; which caused the absorption of cartilage, the growth of fungus, and so on. And that there were other diseases of joints, more of a constitutional nature. The question, then, is, have you any such diseases in the hip? And the answer is, yea, very clearly there are. Now I will tell you first of all, common inflammation will happen in this joint. The case I mention for this purpose, was the case of a boy whose parents thought they would consult Mr. Abernethy upon a *lumbar* abcess. Now you know, in diseases of this kind, it is usual to have a collection of fluid at the joint; and there was a considerable quantity of fluid here, which they had taken for a lumbar abscess. But the gait of the boy immediately disclosed the nature of the disease,—it was that of a limp. Now, here I would say, it would be well for surgeons to study the gait of a person, as a horse jockey does the gait of a horse. A horse jockey puts the horse to move, in order to see his gait; and if a person has a diseased hip, the limb is only used as a crutch to help him forward, and, therefore, the disease cannot be mistaken. But if any further evidence is wanted, I will tell you how to get it,—just press upon the acetabulum. In this manner I have detected a number of those cases. Well, but as to my case: I told the patient he ought to go to bed; we put leeches on the part, washed him, ordered him doses of calomel to keep his bowels regular, and so on; and then, when there was no more pain or pressure on the acetabulum, I put on a blister; and this was just about the time when a new cerate came out, and I told the surgeon to dress it with this cerate; it was, certainly, a new mode of dressing it, but one dressing sufficed, for whether he put too much on or not, I don't know, but there was a slough came away, and a large ulceration, and that was, perhaps, fortunate enough, because it kept the boy quiet until the leg became quite well, and he walked about. I urged upon them the necessity of being very careful to keep him quiet, and the boy was taken down into the country, and sent to school. Two years afterwards, that boy came up to London, and was put into a merchant's counting-house, where he had to go up and down Cheapside every day with bills, and, in short, had as much going backward and forward as a two-penny post-man. His thigh got bad again, and it happened that he lodged in a house in Smithfield, in which one of the students also lodged. I again went to see the boy, and I then told the father,—you ought to be aware of the serious nature of this malady in the hip; the hip may get well enough to bear a moderate exercise, but it won't bear the exercise the boy has now to take; you must take him away from this situation, and, in the meantime, nothing is to be done, but what was done on the former occasion. Well, all this was done, and I then said to the father, now if any thing goes wrong again, if you see the boy limp in the least degree, you must let me know immediately, for it is a most important case, and you should certainly not let him go into his situation any more. I saw no more of him for about three months; I then observed the father going up Chancery Lane, and the boy limping after him. Now I was rather rough with the father, and I said,—Pray, Sir, how is this; did I not tell you, the instant you observed your son limping, to let me know? I hope he is not still in the same situation? Yes, indeed, Sir, he is, he replied. Well, then, Sir, said I, I shall have no hesitation, whatever, if this boy dies, to declare that you are his murderer; and that was the case sure enough. Matter formed; dislocation took place; the father got the boy into this very Hospital, and here the child died. The ligaments got destroyed, the action of the muscles dislocated the bone; and there is no mistaking a case of this kind.

I remember a case where the bone was diseased, and it had gone on till it had got into a very bad state. I said to the patient he ought to use some swathe about him, to keep his socket still, or, egad, it will be thrown out. The man said, "Lord bless you, Sir, I am obliged to be awake all night, and watch it, or I am sure the bone would be thrown out of the socket."

Now this is a common disease; well, but is there not disease of a constitutional nature? Unquestionably; and I will just bring those cases before you, and then I shall have done for to-day. And how am I to tell you the number I remember of them? I am in the habit always of selecting those cases which are best calculated to impress the anatomical facts on your memories; and I have no better case than that of a young lady, who was known to one of the students here, and he requested me to go and see her. She had a limp, but she had the most agitated state of breathing possible; her pulse exceedingly frequent; and how did this lameness happen? Some of her relations had been in a naval action, and she was uncertain of their fate. There had been a very severe fight somewhere, in which some of her relations had been, and she had not heard whether they were dead or living; this disturbed her very much: she got excessively wrong in the state of her health, and her hip became painful. I said, I could not suggest either leeches or any thing else, but that you must foment your hip, keep it quiet, and attend to your diet, and the regulation of your bowels. I left her, and saw no more of her for about a month, when she was brought to town in order to see some other medical gentleman; I also was desired to be at that meeting. She then stood supported on each side, without being able to move. We agreed that it was a case in which leeches would not do good. After a time, that girl went to the sea side, and she eventually recovered. Sir Charles Blick (for it was he and I that met) had a villa at the place to which she went, and he was always looking out for patients where he was; he attended her, and he afterwards told me it was all very well, and that she had recovered. If you set to work manfully with your leeches and blisters on irritable subjects, you will only make bad worse, that I am certain of, in any of these cases of constitutional disease. And this I will endeavour to show you by mentioning another case. There was a lady who had consulted surgeons of great eminence, and who had an ulceration which broke out into a tremendously large sore; she lived about a dozen of miles from London. When I saw her, I said to the surgeon who had attended her, It is evident that this leeching and blistering has done no good; I should foment it; but it is her health that is necessary to be attended to. It luckily happened, that as the wound was healing, she had an attack of disease in her knee, and that so occupied the attention of the surgeon, that he never again looked at the wound until it got healed; then she got better, and went about on crutches. Now that is what I should recommend, that they should be allowed to exercise on crutches, never bearing weight on the joint. She went round awhile on crutches, afterwards got well, was able to walk perfectly in less than a year, and is now a perfectly straight woman, and walks as uprightly as if she had never been lame. Now I mention this case, on account of this other curiosity which is attached to it:—a brother of hers got ill in the same way, and I do verily believe, that if he had been laid in bed, and treated with leeches and blisters, and so on, his hip would have got into precisely the same situation; but by not doing this, and only guarding against any motion that might aggravate the disease, and by putting his bowels right, egad, the boy did very well. Now, then, in these particulars, I see no difference in the diseases of the joint of the hip, to what I see in the joint of any other part of the body: and I have nothing more to add at present.

LECTURES

ON THE

Diseases of the Nervous System,

BY

DR. CLUTTERBUCK.

Lecture III.

Gentlemen,

At the conclusion of the last Lecture, I said I would endeavour to explain to you the nature of *intoxication*, as produced by the excessive use of strong drinks. Now as this state is referrible to disordered vascular action in the brain itself, and not to the general circulation, I must again call your attention to the peculiarities of the brain in regard to its circulation, without which it will be difficult to understand the different and even opposite conditions produced in the state of the *sensorial functions*, by merely different degrees of the same cause. For, while a small quantity of wine, or other fermented liquor, produces an increased activity in all the functions, but primarily and essentially in those termed *sensorial*, a larger quantity of the same stimulus soon renders the organ altogether incapable of performing its office, inducing, at length, that suspension or annihilation of the cerebral functions that we call *intoxication*, and which in reality is but a variety of apoplexy.

It is easy to conceive a general increase of action to take place in the arterial system of the brain, though it is not easy to say what *causes* would produce so general an effect, and that equally with regard to every part of the organ. Among the causes of pretty general excitement to the arterial action of the brain, may be mentioned, *external heat*, *muscular exertion*, *certain emotions of mind*, and *wine* in moderate quantities. Now that these do actually increase the arterial action or the brain, is almost a matter of demonstration. The increase of size, and of pulsation, perceived in all the external arteries of the head, as well as those of the neck,—and the flushing of the face and eyes,—are sufficient proofs of this, as far, at least, as regards the external carotid and its ramifications; while the increased heat of the whole head, the throbbing head-ache that attends or follows, and which is often referred by the patient to the centre of the brain; these, together with the excited state of functions, leave no room to doubt that the *internal*, no less than the *external* vessels, are in a state of inordinate action. Still, as there is some difference of effect observable in the state of the functions, in these different cases, it is probable that the excitement is not absolutely *equal* throughout the whole arterial system of the brain; but rather, that the vessels of different parts of this organ, are unequally affected, and their functions also, as a natural consequence of this inequality.

All these causes then, *moderately* applied, produce an increase of action in the arteries of the brain, though still not with perfect equality. This increased arterial action will produce a more rapid flow of blood through the organ; and this, as in other cases, will be accompanied with a more energetic performance of functions; not merely those that are proper to the brain, but, *secondarily*, those of the general system likewise. Thus, from a moderate quantity of wine, *sensation* is observed to be quickened;—there is an evident increase of the *voluntary power*;—and the *mind* is excited in an equal degree. These may be termed the *primary* effects, as regards the proper *sensorial* functions. But excitement soon follows in the action of the heart and whole vascular system, and soon becomes universal. But if the wine be taken in excess, the action of the vessels will not only be increased, but disordered at the same time; and *disturbance of functions* will be the necessary consequence, or that delirious state we term *intoxication*, in which neither *mind* nor *body* is capable of performing its office in a proper manner. And if the quantity should be still further increased, *stupor* follows, in which the *sensorial functions* are suspended altogether; *sensation*, *voluntary motion*, and the *powers of mind* being all for a time obliterated. The person is then said to be "dead drunk."

Now to understand this variety of effect, as produced from the same cause, you must call to mind what occurs when arteries are excited by any stimulus. Their muscular activity being increased, the blood is carried forwards with increased force and rapidity, and the functions are performed in consequence with more energy. This increase of action is soon followed by enlargement of the *arteries*, which thus will occupy, in consequence, greater space within the skull. But this additional space can only be obtained by compression of the *veins*, and consequent squeezing of the blood out of them: for the blood-vessels are the only compressible parts here; and, of these, the *veins*, being the weakest, yield most readily to pressure. The necessary effect of this is, impeded if not interrupted circulation, with a proportionate interruption and disturbance of the different functions, up to the degree of absolute stupor or apoplexy; which, however, is for the most part temporary, lasting for a few hours only.

You perceive, then, that the same exciting cause is capable of either increasing the activity of an organ, (situated as the brain is, in an unyielding case of bone,) or, on the other hand, of interrupting its functions altogether, according to the change induced in the dimensions of the *arteries*, and the consequent compression of the *veins*. These effects are in a great measure peculiar to the brain; other organs being capable of expansion altogether, so as to allow of both arteries and veins being distended at the same time; by which the circulation is still carried on, and the functions continued, though, it may be, in a disordered manner.

The termination of a fit of *intoxication* is easily understood, upon the principles here laid down. The excited state of the arteries being a forced one, is necessarily temporary in its duration. After a time, commonly a few hours, the arterial action languishes, the *arteries* slowly resume their natural size, and room is thereby given for the *veins* to expand, and receive the arterial blood; the circulation is restored, and the functions are renewed. One may understand, also, what art is capable of doing, towards accelerating recovery in these cases. As long as the increase of action in the arteries of the brain continues, means may be employed that are calculated to diminish increased action; such as *bloodletting*, local or general, together with *counter-irritation*, by purging or other means. The application of *cold* to the head, is another probable means of accomplishing the purpose; this operates, both by lessening the *propulsive* action of the arteries, and also by increasing their *tonic* contraction; the effect being communicated by sympathy, from the external to the internal vessels of the head. It is only in extreme cases, however, that any thing of this kind appears to be necessary; for experience shows that ordinary cases of *intoxication* do well if left to themselves, so as not to require, in general, the use of any remedies.

Other narcotic substances, such as *opium*, may, without difficulty, be supposed to act in a similar way with strong drinks, in impeding the functions of the brain; namely, by increasing its vascular action, with the subsequent changes I have just pointed out. It can hardly be doubted, I think, that the cause is equal to the effect: but when we attribute the effect of opium, as is often done, to its "narcotic principle destroying the nervous energy," we are using language to which no distinct meaning is attached; it is only asserting a fact, not explaining it.

Now if opium produces its narcotic effect in the manner I have supposed, that is, through the medium of increased vascular action in the brain, (and that it does so is probable, from the fact that *opium*, as well as strong drinks, has a tendency to induce and to aggravate inflammation in the brain,) it is not easy to understand how the subjecting persons, when under the influence of opium, to all sorts of irritation, medical and mechanical, as commonly recommended, should be useful. On the contrary, such a practice appears to me more likely to prove hurtful than beneficial; by exciting and keeping up the vascular action of the brain, instead of allowing it to subside, as it soon will do spontaneously. No appeal, in this case, can be satisfactorily made to experience; both from the want of sufficient opportunities, and from the infinite diversity of cases; no two being exactly parallel, so as to allow of a conclusion being drawn from one to another. At all events, there seems to be an inconsistency in doing that in cases of poisoning from opium, which no one thinks of doing in cases of excessive intoxication. For where the phenomena are so similar, it is reasonable to suppose that the state of organs is not very unlike in the two cases; and if so, the same mode of procedure would appear to be proper.

The explanation I have now given of *intoxication,* and which perhaps applies to *narcotics* in general, will enable you to understand the state of stupor, or obliteration of functions, that occurs in apoplexy, as proceeding from various causes; and also in the last stage of inflammation of the brain, and in certain forms and stages of fever; subjects, which I shall soon direct your attention to, in a more particular way.

But suppose the arteries of a *part only* of the brain, to be in the state of preternatural excitement and distention I have mentioned, and which, no doubt, may take place from causes less general in their action than strong drinks; the parts so excited will be rendered more active in the performance of their functions; but a necessary consequence of this will be, that the turgid state of vessels in the excited part, will make pressure on the surrounding parts of the brain, so as to impede the circulation in them, and thereby impair their energy. This is quite consonant with experience, and serves to explain, upon mechanical principles, the well-known physiological fact, that the frequent exercise and consequent development of one part of the brain, while they tend to the perfection of an individual faculty, tend, at the same time, to impair others. And hence it is, that one of the *sensorial* powers is only to be improved, or carried to a high pitch of excellence, at the expense of the rest.

Such are the effects likely to result from an excited state of arterial action, whether general or partial, in the brain: and they will enable us to understand the various effects of inflammation on this organ; a subject I shall now proceed to treat in detail.

The diseases to which the brain is liable, though infinitely various in regard to their symptoms or external characters, are, in their nature, sufficiently simple. According to systematic writers on nosology, there are a hundred or more different diseases of the brain, to each of which a specific denomination has been given; implying, of course, a difference in nature. By far the greater part of these, however, are merely symptoms; the number and variety of which are easily accounted for, when we advert to the varied structure of the brain, and the diversity of its functions, together with the great and paramount influence it exerts over the whole body.

The brain not being a muscular structure, is of course not liable to the diseases of muscular parts. It is to disordered *vascular* action, and the consequences of this, that all the diseases of the brain are attributable.

The effects of a simple increase of vascular action in the brain, have been already pointed out, when speaking of *intoxication.* Whether any form of disease in the brain is to be ascribed to *diminished vascular action* in this part, is, I believe, unknown. I am not acquainted with any circumstances that decidedly support such an opinion; while most brain affections may be clearly traced to inflammation, as their primary cause, and of which they are merely consequences or effects.

Of Inflammation of the Brain in general.

Inflammation of the brain has been called by different names, as *phrenitis, phrenismus, sphacelismus, cephalitis,* and others. The term *encephalitis* seems more appropriate, as being the most comprehensive, and capable of including all the varieties of this affection; while the term *phrenitis* applies to a few cases only, and those by no means the most important. The varieties of inflammation of the brain, you will soon find to be far more numerous than is generally supposed; including a great number of diseases, both acute and chronic, that are usually attributed to a different source. According to the general opinions on the subject, there is but one form of inflammation of the brain, to which the name of *phrenitis* has been given, and which is characterised chiefly by active or even furious delirium, as the definition states. This, however, we shall find, is by far the least frequent form of inflammation in the brain; a much greater number existing, in which no delirium takes place from first to last. I shall first speak of the disease in a general way, and afterwards of its *varieties.*

Signs.—Inflammation of the brain is known to exist by the same general characters that denote the presence of inflammation in other organs: namely, 1, by pain, or other uneasy sensation in the part affected; 2, by disturbance of its functions; and 3dly, by the effects it produces on the general system. These must be spoken of in detail.

1. *Pain in the head,* accompanies a great number of inflammations of the brain, and is variously seated; sometimes in the forehead; sometimes at the back part; and, occasionally, over the whole head; or, it may be, in some particular spot. The pain is often of a throbbing kind, and is generally attended with increase of heat; sometimes with flushing of the face, and redness and suffusion of the eyes. Owing, however, to the natural insensibility of this part, *pain* in the head is not always complained of, and seldom in a degree corresponding with the degree of disease present. The mind, also, is apt to become confused in these cases, so that the patient is hardly conscious of his sensations, and, of course, is unable to de-

scribe them accurately. Hence it is, that, although pain in the head is generally complained of at the outset of the disease, it often ceases as the disease advances; so that, as the danger increases, the pain is less and less noticed.

2. *Disturbance of functions.* This is a character much more to be relied upon, as indicating inflammation of the brain, than any other. To understand this, you must call to mind the various functions exercised by the brain, as well as its influence over other parts; for we have to attend to all of these, in order to form our judgment.

The peculiar functions exercised by the brain are, as I have before told you, three; *sensation*, *volition*, and *intellect*: to these, therefore, we principally look, in order to discover the condition of the brain; and in every case of disease in this organ, a corresponding disturbance, or imperfection in the state of one or more of these functions, may be expected to be found,

Thus, with respect to *sensation*: *vision*, or *hearing*, may be too acute, producing intolerance of light or sound: sometimes those senses are perverted, imaginary objects being seen or heard; leading, of course, to an erroneous judgment; while, in some cases, the immediate effect of the inflammation, when partial, is to induce absolute blindness or deafness; as when an inflammatory tumour presses upon the nerves devoted to those senses, any where in their course. In like manner, the senses of *tasting* and *smelling* are liable to be disturbed or lost; fancied tastes and smells being often complained of, in cases of inflamed brain. The sense of *touch* is equally liable with the others to be disordered. Thus, unusual tenderness may exist in the skin, the weight of the body in bed producing great uneasiness, as is observed in many cases of fever; while, at other times, universal pains are felt in the limbs, or down the back. These pains are liable to be confounded with rheumatism; from which, however, they may generally be distinguished, by the absence of the other signs of this disease, as well as by being accompanied with other marks of brain-affection.

The *voluntary power* is, in the same way, likely to be disturbed from inflammation of the brain, and that variously; depending, doubtless, upon the particular seat the disease occupies, its degree, and extent. Sometimes, as in the *phrenitis* of authors, the muscular power is wonderfully increased for a time, so as to enable even a weak man to overcome the efforts of three or four strong ones to restrain him: at other times, in the same form of disease, *phrenitis*, the muscles act feebly and tremulously; as is seen especially in the delirium of habitual drunkards (*delirium tremens*, as it has been called). In other forms of cerebral inflammation, the *voluntary power* is depressed in the highest degree, although the action of the heart and arteries often is in excess. This is observed in *fevers* of a *malignant* kind, from the first; and in the advanced stage of those even that commence mildly.

The *mental functions* are as variously disturbed as *sensation* and *voluntary motion*. Sometimes the faculties are exercised with extreme quickness, sometimes the contrary. At the outset of *phrenitis*, the approach of the disease is often marked merely by unusual hilarity, or else by depression of spirits, not to be accounted for from circumstances; or by some extravagance of conduct, not usual with the party. I mention this the more particularly, as deserving your immediate attention in practice. Because the adoption of active measures of treatment at this period, is far more likely to prove curative, than if deferred till the symptoms are more developed. And I may caution you here also, against estimating the degree of disease in the brain, by the degree of delirium present. The slightest degree of inflammation in the brain, may be attended with the most furious delirium; and, on the other hand, the greatest danger may exist, where the mental functions are but slightly disturbed. Your judgment is to be formed, and your indications of cure drawn, from corporeal signs, and not from the mental disturbance; for this will often contiune long after the inflammation has subsided, and when it is no longer an object of medical treatment.

I have now pointed out the various ways in which the *sensorial functions* are liable to be disturbed, when the brain is suffering inflammation. But you are not to suppose that all the symptoms mentioned, or even the major part of them, are present in any individual case. They all serve equally to denote the existence of disease in the brain; while the diversity arises from the particular seat of the disease.

Sleep and *watching*, being affections of the *sensorial* functions, and consequently referring themselves to the brain, it is natural to suppose that when this organ is labouring under disease, it will be attended with some irregularity in those states. In almost all cases of inflammation in the brain, this will be found to happen. On some occasions, the patient does not sleep for many successive days; as is observed both in *phrenitis*, and in *idiopathic fever*; and that, although no pain exists, or is complained of, to account for the watchfulness. Or if the patient sleeps at all, it is in a disturbed and imperfect way, being tormented with frightful dreams. Sometimes, on the contrary, there is *stupor*. But in all cases, the sleep is preternatural. There is in general nothing so much to be desired as a return to natural sleep, in all cases of cerebral inflammation. But you must not imagine that sleep can in general be artificially induced by *narcotics*, with any advantage. On the contrary, attempts of this kind often aggravate the inflammation in the brain; they may induce *stupor*, but not natural or healthy *sleep*. Your efforts should be directed to the removal of the disease, the inflammation; and if you succeed in this, sleep will spontaneously return, in proportion as the organ resumes its healthy functions.

There are still other signs of inflammation of the brain, which betray themselves to an observant and experienced practitioner, and which it is right you should be acquainted with; for they sometimes furnish us with our principal guide in discovering the disease. Such are the heat of head, the throbbing of arteries about the head and neck, the red and suffused state of the *tunica conjunctiva*, and the expression of countenance altogether. The first look of a patient labouring under cerebral inflammation is often sufficient to characterise the disease. The degree of contraction of the pupils is changed from the natural state. Sometimes the pupil is contracted, giving an unusual quickness of expression to the eyes, and, in correspondence with this, the muscles of the face are at the same time contracted, rendering the features sharp and expressive. This is observed in *phrenitis* in many instances, especially in the beginning; while, in ordinary *idiopathic fever*, the reverse is seen; the pupils are rather large, and the muscles of the face relaxed; giving a remarkable dulness or want of expression to the countenance, by which the disease is in general easily detected. Sometimes, again, the pupils are widely dilated, till hardly a trace of the iris is to be seen: and often the muscles of the eye are unequally contracted, producing irregularity in the direction of the two eyes, or what is called *squinting*. These latter appearances are most frequently observed in that form of cerebral inflammation that is attended with preternatural accumulation of fluid in the ventricles, the *hydrocephalus*, as it is thence denominated.

3dly. Such then, and so various, are the *primary* or *local* symptoms of inflammation of the brain, and upon which the *diagnosis* is principally founded. But this, like other inflammations, often produces general disorder of system, and that in a higher degree than others, on account of the great influence which the brain exerts over all other parts. This *general* disorder so soon follows the *local* in many cases, that an interval between them is scarcely to be perceived; and then the disease has been considered in the light of an universal one; though, as in other cases, really secondary or symptomatic. This I shall hereafter endeavour to prove to you, is the case in *idiopathic fever* of all kinds, whether *continued*, *intermittent*, or *specific* in its form. The affection is a compound one, consisting of a primary *local* disease, the seat of which is the brain; and that *general* febrile state of system, to which the name of *pyrexia*, or *symptomatic fever*, has been given, and which is always the result of inflammation; which therefore it serves to show the existence of.

But inflammation, when slight and of small extent, may exist in the brain, as in other parts, without producing *pyrexia*, or a febrile state of system. It is then to be known only by the *local* symptoms, already detailed. And when *pyrexia* does occur in cases of inflamed brain, it is of various character, and often does not correspond with the degree or danger of the local disease. The inflammation may be so situated as to influence in different degrees the action of the heart, which, like other organs, is more or less immediately governed by the brain. Accordingly, in some cases of *phrenitis*, the pulse is uncommonly rapid, in others the reverse; while in some it is scarcely varied from the natural state. Precisely the same variety is observed in regard to the pulse in *idiopathic fever;* in some of the worst cases of which, the pulse retains, for a considerable time, its natural force and frequency. This fact, you will find noticed by various writers; and I have often myself observed it.

The *alimentary canal* is variously affected by inflammation existing in the brain. Its irritability may be increased, giving rise to a more frequent expulsion of its contents; or, which is more commonly the case, it may be rendered torpid, and costiveness ensue. And the same may occur with respect to the *secretory* and *excretory* organs in general. But no part seems so immediately under the influence of the brain, (with the exception perhaps of the *organs of sense*) as the *stomach*, the functions of which are almost immediately disturbed by a morbid state of the brain. Hence it is, that when inflammation arises in the brain, it is often attended with *vomiting* at the commencement; as in most fevers, and in the hydrocephalus of infants. In the latter case, indeed, it is one of the most prominent symptoms, and merits your particular attention.

Thus, Gentlemen, I have given you a general description of inflammation of the brain, without adverting to its numerous *varieties*. These will form the subject of a future Lecture. I shall next point out the appearances induced on the brain by inflammation, as discoverable by dissection, and which we shall find to be nearly similar in all the forms of the disease.

PHARMACOPŒIA

NOSOCOMII REGALIS

SANCTI BARTHOLOMEI.

Quod ad Pondera, Mensuras, atque itidem nisi in paucis Materiam Medicam, hic libellus Pharmacopœiam Collegii Regalis Medicorum Londinensis ducem sequitur.

ACIDUM HYDROCYANICUM DILUTUM.

℞ Cœrulei prussici libras duas,
Hydrargyri oxydi rubri libram,
Acidi muriatici libram,
Aquæ destillatæ octarios duodecim;

Cœruleum prussicum coque cum hydrargyri oxydo rubro in aquæ destillatæ octariis sex, spathâ assiduè movens, donec coloris cœrulei expers sit; tum cola, et liquorem paulatim consume ut fiant crystalli. Horum crystallorum libram, cum pari pondere acidi muriatici et aquæ destillatæ octariis quinque cum semisse in retortâ vitreâ misce; aquæ octarium infunde in receptaculum ad gradum 32um frigefactum. Denique, retortâ aptatâ, destillent acidi Hydrocyanici diluti octarii sex.

ACIDUM PHOSPHORICUM.

℞ Phosphori unciam dimidiam,
Acidi nitrici fluiduncias quinque;

Acido nitrico prius calefacto, phosphorum gradatim adde, tum coque donec vapores acidi nitrici oriri cessaverint.

Acidi phosphorici pondus specificum, aquâ destillatâ adjiciendâ si opus sit, esse debet ad pondus specificum aquæ destillatæ ut 1.400 ad 1.000.

AQUA PIMENTÆ.

℞ Aquæ octarios decem,
Olei pimentæ fluidrachmas duas
Destillet congius.

AQUA PIMENTÆ DILUTA.

℞ Aquæ pimentæ fluiduncias sex,
Aquæ fluiduncias decem;
Misce.

CATAPLASMA CEREVISIÆ VETERIS.

℞ Farinæ avenæ libram,
Cerevisiæ veteris, quod satis sit;
Misce.

CATAPLASMA CONII.

℞ Extracti conii unciam dimidiam,
Aquæ octarium;
Misce, et adde
Farinæ lini, quod satis sit.

CATAPLASMA DAUCI.

℞ Dauci radicis recentis libram;
Radantur radices ut in pulpam abeant.

CATAPLASMA LINI.

℞ Lini farinæ libram dimidiam,
Aquæ ferventis octarium cum semisse;
Misce.

CERATUM MELLIS.

℞ Mellis,
Olivæ olei, singulorum libram,
Ceræ flavæ,
Emplastri plumbi singulorum libram dimidiam;
Misce.

CONFECTIO ALUMINIS.

℞ Aluminis contriti scrupulos quatuor,
Confectionis rosæ gallicæ, quod satis sit;
Misce.
Dosis, drachma ter die.

CONFECTIO CINCHONÆ COMPOSITA.

℞ Cinchonæ contritæ unciam,
Potassæ subcarbonatis drachmam,
Syrupi, quod satis sit.
Dosis, drachma.

CONFECTIO FERRI SUBCARBONATIS.

℞ Ferri subcarbonatis unciam dimidiam,
Theriacæ quod satis sit.
Misce.
Dosis, drachma dimidia ter die.

CONFECTIO FERRI TARTARIZATI.

℞ Potassæ supertartratis drachmas sex,
Ferri tartarizati scrupulos duos,
Zingiberis contriti grana decem,
Syrupi quod satis sit;
Misce.
Dosis, drachmæ duæ ter die.

CONFECTIO JALAPÆ COMPOSITA.

℞ Jalapæ radicis contritæ drachmas tres,
Potassæ supertartratis uncias duas cum semisse,
Zingiberis drachmam,
Confectionis rosæ caninæ unciam dimidiam,
Syrupi zingiberis quod satis sit;
Misce.
Dosis, drachma ter die.

CONFECTIO POTASSÆ NITRATIS.

℞ Potassæ nitratis drachmam,
Confectionis rosæ gallicæ unciam;
Misce.
Dosis, drachma ter die.

CONFECTIO SENNÆ COMPOSITA.

℞ Confectionis sennæ uncias duas,
Jalapæ radicis contritæ drachmam,
Potassæ supertartratis drachmas duas,
Zingiberis radicis contritæ drachmam dimidiam,
Syrupi quod satis sit;
Misce.
Dosis, drachma.

CONFECTIO SPONGIÆ USTÆ.

℞ Spongiæ ustæ unciam,
Syrupi aurantii quod satis sit;
Misce.
Dosis, drachma ter die.

CONFECTIO STANNI.

℞ Stanni unciam,
Confectionis rosæ caninæ uncias duas;
Misce.
Dosis, uncia dimidia omni mane.

CONFECTIO SULPHURIS COMPOSITA.

℞ Sulphuris præcipitati unciam dimidiam,
Potassæ supertartratis drachmam,
Mellis despumati unciam;
Misce.
Dosis, drachma ter die.

DECOCTUM HORDEI CUM ACACIA.

℞ Decocti hordei fluiduncias octodecim,
Acaciæ gummi unciam dimidiam;
Misce.

DECOCTUM JUNIPERI COMPOSITUM.

℞ Juniperi baccarum contusarum uncias duas,
Potassæ supertartratis drachmas tres,
Aquæ octarios quatuor;
Decoque ad octarios duos et cola, et liquori adde
Spiritus juniperi compositi fluiduncias duas.
Dosis, octarius quotidiè.

DECOCTUM MEZEREI.

℞ Mezerei corticis unciam,
Aquæ congium cum semisse;
Decoque ad congium, sub finem coctionis addens
Glycyrrhizæ radiciis recentis unciam;
Cola.
Dosis, octarius quotidiè.

ENEMA.

℞ Decocti hordei octarium,
Sodæ muriatis unciam;
Misce.

ENEMA ALOES.

℞ Extracti aloës purificati, scrupulos duos,
Potassæ subcarbonatis grana decem,
Vitelli ovi quod satis sit,
Lactis vaccini octarium dimidium;
Misce.

ENEMA ASSAFŒTIDÆ.

℞ Assafœtidæ drachmas duas,
Vitelli ovi quod satis sit,
Decocti hordei octarium dimidium;
Misce.

ENEMA COLOCYNTHIDIS.

℞ Colocynthidis pulpæ concisæ drachmam,
Aquæ fluiduncias duodecim;
Decoque ad fluiduncias octo, et cola.

ENEMA OPII.

℞ Mucilaginis amyli,
Aquæ, singulorum fluiduncias tres,
Tincturæ opii minima viginti;
Misce.

ENEMA SAPONIS MOLLIS.

℞ Saponis mollis drachmas sex,
Aquæ ferventis octarium;
Misce.

ENEMA TEREBINTHINÆ.

℞ Terebinthinæ vulgaris unciam dimidiam,
Ovi quod satis sit,
Decocti hordei fluiduncias decem;
Misce.

GARGARISMA.

℞ Decocti hordei fluiduncias duodecim,
Acidi acetici fluidunciam cum semisse,
Mellis drachmas sex;
Misce.

GARGARISMA CAPSICI COMPOSITUM.

℞ Capsici baccarum contritarum drachmas tres,
Sodæ Muriatis unciam,
Aquæ ferventis octarium;

Macera per horas duodecim, cola, et adde
Acidi acetici diluti octarium.

GARGARISMA MURIATICUM.

℞ Rosæ gallicæ petalorum exsiccatorum drachmas duas,
Aquæ ferventis octarium;
Infunde per horam dimidiam, dein cola et adde
Acidi muriatici fluidrachmam cum semisse;
Misce.

HAUSTUS AROMATICUS CUM RHEO.

℞ Infusi rhei,
Aquæ cinnamomi singulorum fluidrachmas sex,
Confectionis aromaticæ scrupulum;
Misce.
Ter die sumendus.

HAUSTUS BALSAMI PERUVIANI.

℞ Balsami peruviani drachmam dimidiam,
Mucilaginis acaciæ unciam dimidiam,
Aquæ pimentæ dilutæ fluidunciam;
Tere balsamum cum mucilagine, et adde aquam.

Ter quotidie sumendus.

Eodem modo cum dosi præscriptâ singulorum fit,

Haustus copaibæ,
Olei terebinthinæ,
Olei succini.
Olibani.

HAUSTUS CAMPHORÆ.

℞ Camphoræ grana decem,
Spiritus rectificati minima triginta,
Mucilaginis acaciæ fluidrachmam,
Aquæ destillatæ fluidunciam cum semisse;
Misce.

Ter quotidie sumendus.

HAUSTUS IPECACUANHÆ OPIATUS.

℞ Ipecacuanhæ radicis contritæ grana duo,
Confectionis opii scrupulum,
Aquæ pimentæ dilutæ fluidunciam cum semisse;
Misce.

Omni nocte sumendus.

HAUSTUS IPECACUANHÆ CUM SCILLA.

℞ Vini ipecacuanhæ,
Oxymellis scillæ,
Aquæ pimentæ dilutæ singulorum fluidunciam dimidiam;
Misce.

HAUSTUS MAGNESIÆ SULPHATIS.

℞ Magnesiæ sulphatis drachmas sex,
Mannæ unciam dimidiam,
Aquæ menthæ viridis fluiduncias duas;
Misce.

HAUSTUS OPII.

℞ Tincturæ opii minima duodecim,
Aquæ pimentæ dilutæ fluidrachmas undecim,
Syrupi rhœados fluidrachmam;
Misce.

Omni nocte sumendus.

HAUSTUS OPII CUM ANTIMONIO.

℞ Tincturæ opii minima duodecim,
Vini antimonii tartarizati minima viginti,
Aquæ pimentæ dilutæ fluidunciam cum semisse;
Misce.

Omni nocte sumendus.

HAUSTUS POTASSÆ ACETATIS.

℞ Potassæ subcarbonatis scrupulum,
Acidi acetici diluti, quod satis sit ad potassam saturandam,
Aquæ pimentæ dilutæ unciam cum semisse;
Misce.

Sextis horis sumendus.

HAUSTUS POTASSÆ CITRATIS.

℞ Potassæ carbonatis scrupulum,
Aquæ destillatæ fluidunciam cum semisse,
Acidi citrici contriti grana septemdecim;

Cæteris priùs commixtis, addatur acidum citricum, ut sumatur dum bullulæ excitantur.

INFUSUM CINCHONÆ COMPOSITUM.

℞ Cinchonæ contritæ unciam,
Aurantii corticis drachmas duas,
Rosæ gallicæ petalorum exsiccatorum drachmas tres,
Aquæ ferventis octarium,

Macera per horas duas in vase levitèr clauso, cola, et adde

Acidi sulphurici diluti fluidrachmam cum semisse.

Dosis, fluiduncia cum semisse sextis horis.

INFUSUM CINCHONÆ IN LIQUORE CALCIS.

℞ Cinchonæ contritæ unciam dimidiam,
Liquoris calcis octarium dimidium;

Macera per horas quatuor et viginti in vase clauso, et effunde liquorem.

Dosis, fluiduncia cum semisse.

INFUSUM GLYCYRRHIZÆ.

℞ Glycyrrhizæ recentis unciam,
Aquæ ferventis octarium;
Macera per horas duas et cola.

INJECTIO HYDRARGYRI SUBMURIATIS.

℞ Hydrargyri submuriatis drachmas duas,
Mucilaginis acaciæ fluidunciam cum semisse,
Aquæ octarium;
Misce.

INJECTIO TEREBINTHINÆ.

℞ Terebinthinæ olei fluidunciam cum semisse,
Olivæ olei fluiduncias duodecim;
Misce.

LINCTUS.

℞ Confectionis rosæ caninæ uncias duas,
Tragacanthæ contritæ drachmam dimidiam,
Syrupi papaveris fluidunciam,
Aquæ fluidunciam cum semisse,
Acidi sulphurici diluti fluidrachmam dimidiam,
Aceti scillæ fluidrachmas duas;
Misce.

LINIMENTUM CALCIS.

℞ Liquoris calcis,
Olivæ olei, singulorum fluiduncias octo,
Spiritûs rectificati fluidunciam;
Misce.

LINIMENTUM OPII.

℞ Linimenti saponis compositi fluiduncias sex,
Tincturæ opii fluiduncias duas;
Misce.

LIQUOR ACIDI CITRICI.

℞ Acidi citrici crystallorum drachmas decem,
Aquæ octarium;
Misce.

LIQUOR ARGENTI NITRATIS.

℞ Argenti nitratis grana octo,
Aquæ rosæ fluidunciam;
Misce et cola.

LIQUOR PICIS.

℞ Picis liquidæ libram,
Aquæ octarios quatuor;
Misce et agita bacillo ligneo, et post biduum effunde liquorem.

Dosis, octarius quotidie.

LOTIO ALUMINIS.

℞ Aluminis unciam dimidiam,
Aquæ octarium;
Cola.

LOTIO AMMONIÆ MURIATIS.

Ammoniæ muriatis unciam dimidiam,
Spiritus rectificati,
Acidi acetici diluti singulorum octarium;
Misce.

LOTIO GALLÆ.

℞ Gallarum contusarum drachmas duas,
Aquæ ferventis octarium;
Macera per horam, et cola.

LOTIO HYDRARGYRI AMYGDALINA.

℞ Amygdalarum amararum unciam,
Aquæ destillatæ octarium,
Hydrargyri oxymuriatis grana decem;
Tere amygdalas cum aquâ gradatim affusâ, dein cola, et adde hydrargyri oxymuriatem.

LOTIO HYDRARGYRI OXYMURIATIS.

℞ Hydrargyri oxymuriatis grana duo cum semisse.
Acaciæ gummi unciam dimidiam,
Aquæ destillatæ octarium;
Misce.

LOTIO OPII.

℞ Opii drachmam cum semisse,
Aquæ octarium;
Misce.

LOTIO POTASSÆ SULPHURETI.

℞ Potassæ sulphureti drachmas duas,
Aquæ octarium;
Misce.

LOTIO ZINCI SULPHATIS.

℞ Zinci sulphatis drachmam,
Aquæ ferventis octarium;
Misce et per chartam cola.

MISTURA AMMONIÆ ACETATIS.

℞ Liquoris ammoniæ acetatis fluiduncias duas,
Aquæ fluiduncias sex;
Misce.

Dosis, fluidunciæ duæ sextis horis.

MISTURA AMMONIACI FŒTIDA.

℞ Misturæ ammoniaci fluiduncias octo,
Spiritus ammoniæ fœtidi fluidrachmas duas;
Misce.

Dosis, fluiduncia.

MISTURA AMMONIÆ OLEOSA.

℞ Misturæ ammoniæ subcarbonatis fluiduncias sex,
Olivæ olei fluiduncias duas;
Misce.

Dosis, fluiduncia cum semisse sextis horis.

MISTURA AMMONIÆ SUBCARBONATIS.

℞ Ammoniæ subcarbonatis scrupulos duos,
Aquæ pimentæ dilutæ octarium dimidium;
Misce.

Dosis, fluidunciæ duæ sextis horis.

MISTURA AROMATICA.

℞ Confectionis aromaticæ drachmas duas cum semisse,
Aquæ pimentæ dilutæ fluiduncias octo;
Misce.

Dosis, fluiduncia cum semisse.

MISTURA CALUMBIÆ ALKALINA.

℞ Infusi calumbæ fluiduncias septem cum semisse,
Sodæ carbonatis drachmam,
Tincturæ aurantii fluidunciam dimidiam;
Misce.

Dosis, fluiduncia cum semisse ter die.

MISTURA CAMPHORÆ CUM MYRRHA.

℞ Camphoræ,
Myrrhæ, singularum drachmam dimidiam,
Tere simul et adde gradatim
Aquæ octarium dimidium;
Misce.

Dosis, fluiduncia cum semisse sextis horis.

MISTURA CASCARILLÆ COMPOSITA.

℞ Infusi cascarillæ octarium dimidium,
Aceti scillæ fluidrachmas duas cum semisse;
Misce.

Dosis, fluiduncia cum semisse sextis horis.

MISTURA CASCARILLÆ OPIATA.

℞ Infusi cascarillæ fluiduncias septem,
Aceti scillæ fluidrachmas duas cum semisse,
Tincturæ camphoræ compositæ fluidrachmas sex;
Misce.
Dosis, fluiduncia cum semisse ter die.

MISTURA CRETÆ COMPOSITA.

℞ Pulveris cretæ compositi cum opio drachmas duas,
Aquæ pimentæ dilutæ octarium dimidium,
Misce.
Dosis, fluiduncia cum semisse sextis horis.

MISTURA GENTIANÆ CUM SENNA.

℞ Infusi gentianæ compositi fluiduncias decem,
Infusi sennæ compositi fluiduncias quinque,
Tincturæ cardamomi fluidunciam;
Misce.
Dosis, fluiduncîæ duæ bis die.

MISTURA HÆMATOXYLI.

℞ Extracti hæmatoxyli drachmas tres,
Aquæ ferventis fluiduncias septem;

Misce, et liquori colato adde
Tincturæ cinnamomi fluidrachmas sex,
Tincturæ catechu fluidrachmas duas;
Misce,
Dosis, fluiduncia sextis horis.

MISTURA MENTHÆ SULPHURICA.

℞ Aquæ menthæ viridis,
Aquæ destillatæ singularum fluiduncias septem cum semisse,
Acidi sulphurici diluti fluidrachmas duas,
Syrupi rhœados fluidunciam;
Misce.
Dosis, fluiduncia cum semisse sextis horis.

MISTURA OLEI.

℞ Olei amygdalarum,
Mucilaginis acaciæ, singulorum fluidunciam cum semisse,
Aquæ fluiduncias quinque;
Misce.
Dosis, fluiduncia cum semisse ter die.

MISTURA OLEI CUM MANNA.

℞ Misturæ olei fluiduncias octo,
Mannæ unciam cum semisse;
Misce.
Dosis, fluiduncia cum semisse ter quotidie.

MISTURA OLEI LINI COMPOSITA.

℞ Olei lini,
Mucilaginis acaciæ,
Tincturæ rhei compositæ, singulorum fluidrachmas sex,
Aquæ pimentæ dilutæ fluiduncias sex;
Misce.
Dosis, fluiduncia cum semisse ter die.

MISTURA SCILLÆ COMPOSITA.

℞ Aceti scillæ fluidrachmas duas,
Liquoris ammoniæ acetatis,
Spiritûs armoraciæ compositi, singulorum fluidunciam cum semisse,
Aquæ pimentæ dilutæ fluiduncias quatuor cum semisse;
Misce.
Dosis, fluiduncîæ duæ ter die.

MISTURA SENNÆ COMPOSITA.

℞ Infusi sennæ compositi fluiduncias septem cum semisse,
Tincturæ sennæ fluidunciam dimidiam,
Magnesiæ sulphatis unciam cum semisse;
Misce.
Dosis, fluiduncia cum semisse.

MISTURA SPIRITUS VINI GALLICI.

℞ Spiritûs vini gallici,
Aquæ cinnamomi, singulorum fluiduncias quatuor,
Ovorum duorum vitellos,
Sacchari purificati unciam dimidiam,
Olei cinnamomi minima duo;
Misce.
Dosis, fluiduncia dimidia.

MISTURA VALERIANÆ.

℞ Valerianæ radicis contusæ drachmas duas,
Aquæ ferventis octarium dimidium,
Macera per horam, cola, et adde
Valerianæ recèns contritæ unciam dimidiam;
Misce.
Dosis, fluiduncia cum semisse sextis horis.

MUCILAGO TRAGACANTHÆ.

℞ Tragacanthæ unciam dimidiam,
Aquæ fluiduncias decem;
Misce.

PILULÆ ALOES CUM SAPONE.

℞ Extracti aloës purificati,
Saponis duri, singulorum grana quatuor et viginti;
Misce, fiant pilulæ duodecim.
Dosis, duæ.

PILULÆ ANTIMONII TARTARIZATI COMPOSITÆ.

℞ Antimonii tartarizati granum,
Guaiaci,
Pilulæ aloës cum myrrhâ, singulorum drachmam dimidiam,
Theriacæ quod satis sit;
Misce, fiant pilulæ sexdecim.
Dosis, duæ omni nocte.

PILULÆ ARGENTI NITRATIS.

℞ Argenti nitratis contritæ grana duodecim,
Glycyrrhizæ radicis contritæ grana quatuor et viginti,
Theriacæ quod satis sit;
Misce, fiant pilulæ duodecim.
Dosis, una ter die.

PILULÆ CANTHARIDIS.

℞ Cantharidis grana sex,
Extracti gentianæ scrupulos duos;
Misce, fiant pilulæ duodecim.
Dosis, una ter die.

PILULÆ CAPSICI.

℞ Capsici baccarum contritarum grana quatuor et viginti,
Extracti gentianæ grana sexdecim;
Misce, fiant pilulæ duodecim.
Dosis, una ter die.

PILULÆ COLOCYNTHIDIS COMPOSITÆ.

℞ Extracti colocynthidis compositi drachmam,
Hydrargyri submuriatis grana duodecim,
Theriacæ quod satis sit;
Misce, fiant pilulæ duodecim.
Dosis, duæ.

PILULÆ COLOCYNTHIDIS CUM SCAMMONEA.

℞ Colocynthidis pulpæ,
Scammoneæ, singularum grana decem,
Confectionis rosæ caninæ quod satis sit;
Misce, fiant pilulæ duodecim.
Dosis, duæ.

PILULÆ FERRI FŒTIDÆ.

℞ Ferri subcarbonatis grana quindecim,
Pilularum galbani compositarum, drachmam dimidiam;
Theriacæ quod satis sit;
Misce, fiant pilulæ duodecim.
Dosis, tres ter die.

PILULÆ FERRI SULPHATIS.

℞ Ferri sulphatis,
Zingiberis radicis contritæ, singulorum grana duodecim,
Extracti gentianæ drachmam dimidiam;
Misce, fiant pilulæ duodecim.
Dosis, duæ bis quotidie.

PILULÆ GUAIACI.

℞ Guaiaci drachmam,
Theriacæ quod satis sit;
Misce, fiant pilulæ octodecim.
Dosis, tres ter die.

PILULÆ GUAIACI COMPOSITÆ.

℞ Guaiaci scrupulum dimidium,
Ipecacuanhæ radicis contritæ,
Opii contriti, singulorum granum,
Theriacæ, quod satis sit;
Misce, fiant pilulæ quatuor,
Omni nocte sumendæ.

PILULÆ HYDRARGYRI COMPOSITÆ.

℞ Hydrargyri submuriatis,
Antimonii sulphureti præcipitati,
Saponis duri, singulorum grana duodecim,
Guaiaci grana viginti quatuor.
Misce, fiant pilulæ duodecim;
Dosis, una omni nocte.

PILULÆ HYDRARGYRI CUM SCILLA.

℞ Pilularum hydrargyri grana quindecim,
Scillæ exsiccatæ grana tria;
Misce, fiant pilulæ tres.
Omni nocte sumendæ.

PILULÆ HYDRARGYRI SUBMURIATIS CUM CONIO.

℞ Extracti conii drachmam,
Hydrargyri submuriatis grana sex;
Misce, fiant pilulæ duodecim.
Dosis, una ter quotidie.

PILULÆ HYDRARGYRI SUBMURIATIS CUM OPIO.

℞ Hydrargyri submuriatis drachmam,
Opii contriti grana duodecim,
Confectionis rosæ caninæ quod satis sit;
Misce, fiant pilulæ duodecim.
Dosis, una omni nocte.

PILULÆ IPECACUANHÆ CUM CONIO.

℞ Extracti conii drachmam,
Ipecacuanhæ radicis contritæ grana duodecim;
Misce, fiant pilulæ duodecim.
Dosis, una sextis horis.

PILULÆ PLUMBI ACETATIS CUM OPIO.

℞ Plumbi acetatis grana duodecim,
Opii contriti grana sex,
Glycyrrhizæ radicis contritæ grana viginti quatuor,
Confectionis rosæ caninæ quod satis sit;
Misce, fiant pilulæ duodecim.
Dosis, una ter quotidie.

PILULÆ RHEI COMPOSITÆ.

℞ Rhei radicis contritæ drachmam dimidiam,
Scammoneæ contritæ,
Pulveris antimonialis, singulorum grana octo,
Syrupi zingiberis quod satis sit;
Misce, fiant pilulæ duodecim.
Dosis, tres.

PILULÆ RHEI CUM OPIO.

℞ Rhei radicis contritæ grana novem,
Opii contriti granum,
Aquæ destillatæ quantum satis sit;
Misce, fiant pilulæ duæ omni nocte sumendæ.

PILULÆ SAGAPENI CUM ALOE.

℞ Sagapeni scrupulum,
Extracti aloës purificati granum,
Syrupi, quod satis sit;
Misce, fiant pilulæ quatuor.
Bis quotidie sumendæ.

PILULÆ SCAMMONEÆ COMPOSITÆ.

℞ Scammoneæ grana viginti quatuor,
Extracti aloës purificati,
Cambogiæ, singulorum grana duodecim,
Zingiberis scrupulum,
Theriacæ quod satis sit;
Misce, fiant pilulæ duodecim.
Dosis, duæ.

PILULÆ SCILLÆ CUM AMMONIACO.

℞ Scillæ recèns exsiccatæ grana duodecim,
Ammoniaci contriti grana quadraginta octo,
Aquæ destillatæ quod satis sit;
Misce, fiant pilulæ duodecim.
Dosis, duæ ter die.

PILULÆ SCILLÆ CUM OPIO.

℞ Scillæ recèns exsiccatæ,
Opii purificati,
Glycyrrhizæ radicis contritæ, singulorum grana duodecim,
Confectionis rosæ caninæ quod satis sit;
Misce, fiant pilulæ duodecim.
Dosis, una omni nocte.

PILULÆ SODÆ CARBONATIS.

℞ Sodæ carbonatis drachmam,
Mucilaginis tragacanthæ quod satis sit;
Misce, fiant pilulæ duodecim.
Dosis, tres ter diê.

POTASSÆ HYDRIODAS.

℞ Iodinæ unciam,
Zinci ramentorum drachmas duas cum semisse,
Potassæ carbonatis drachmas sex cum semisse,
Aquæ destillatæ fluiduncias duodecim;

Iodinam et zinci ramenta in aquæ destillatæ fluidunciis octo digere donec liquor penitùs coloris expers sit; cola, et liquori colato potassæ carbonatem priùs aquæ destillatæ fluidunciis quatuor liquatam adde ut zinci carbonas demittatur. Tum liquorem effunde, et aquam consume, ut prodeant crystalli.

PULVIS CALAMINÆ CUM MYRRHA.

℞ Calaminæ præparatæ,
Myrrhæ contritæ, singularum unciam dimidiam;
Misce.

PULVIS RHEI CUM MAGNESIA.

℞ Rhei radicis contritæ grana decem,
Magnesiæ grana quinque;
Misce, fiat pulvis.

PULVIS RHEI COMPOSITUS.

℞ Rhei radicis contritæ grana decem,
Potassæ sulphatis drachmam dimidiam;
Misce.

PULVIS RHEI OPIATUS.

℞ Rhei radicis contritæ grana quindecim,
Pulveris cretæ compositi cum opio grana decem,
Misce, fiat pulvis.

PULVIS SABINÆ CUM ÆRUGINE.

℞ Sabinæ foliorum contritorum,
Æruginis singulorum unciam;
Misce.

PULVIS SCAMMONEÆ CUM HYDRARGYRI SUBMURIATE.

℞ Scammoneæ contritæ,
Hydrargyri submuriatis,
Sacchari purificati, singulorum drachmas duas;
Misce.
Dosis, grana quindecim.

PULVIS ZINCI SULPHATIS COMPOSITUS.

℞ Zinci sulphatis,
Cupri sulphatis,
Aluminis exsiccati, singulorum unciam dimidiam,
Camphoræ drachmam cum semisse;
Misce.

QUININÆ SULPHAS.

℞ Cinchonæ cordifoliæ contusæ uncias octo,
Acidi sulphurici pondere unciam,
Spiritûs rectificati octarium,
Calcis recentis drachmas septem,
Aquæ destillatæ congium ;

Acidum cum aquâ priùs misce, deinde cinchonam contusam adjice, coque per horam et cola. Liquori colato calcem adde. Pulverem ita demissum exsicca et in spiritu rectificato macera per dies duos, donec omnis quinina soluta sit. Spiritum destilla, et residuo acidum sulphuricum dilutum ad plenam saturationem adde, calefac et aquam consume ut in crystallos prodeat.

Dosis, grana duo ter die.

SUPPOSITORIUM ELATERII.

℞ Elaterii extracti grana duo,
Saponis duri grana decem ;
Misce.

SUPPOSITORIUM OPII

℞ Opii grana duo,
Saponis duri grana decem ;
Misce.

TINCTURA IODINÆ.

℞ Iodinæ drachmas sex cum semisse,
Spiritûs rectificati octarium ;
Misce, ut liquetur iodina.

Dosis, minima viginti ter die.

UNGUENTUM ANTIMONII TARTARIZATI.

℞ Antimonii tartarizati unciam dimidiam,
Adipis præparatæ uncias duas.
Misce.

UNGUENTUM GALLÆ.

℞ Gallarum subtilissimè contritarum drachmam,
Adipis præparatæ unciam ;
Misce.

UNGUENTUM GALLÆ COMPOSITUM.

℞ Gallarum contritarum drachmas duas,
Adipis præparatæ uncias duas,
Opii duri contriti drachmam dimidiam ;
Misce.

UNGUENTUM PICIS COMPOSITUM.

℞ Unguenti picis liquidæ,
Cerati plumbi acetatis, singulorum libram dimidiam ;
Misce.

UNGUENTUM POTASSÆ HYDRIODATIS.

℞ Potassæ hydriodatis drachmam,
Adipis præparatæ unciam ;
Misce.

Diet Scale of St. Bartholomew's Hospital.

	Meat Diet.	Broth Diet.	Milk Diet.	Thin Diet.
Sunday....	Milk Porridge 12 oz. Bread 6 oz. Mutton 1 pint Broth, with Potatoes, Turnips 2 pints Beer (Men) 1 pint do. (Women)	Milk porridge 12 oz. Bread 2 pints Broth 1 pint Beer 1 oz. Butter Same every day	Milk Porridge 12 oz. Bread 2 pts. milk, with tapioca, arrow root, sago or rice, as may be prescribed. Barley water	Milk Porridge 6 oz. Bread 1 pint milk, with tapioca, arrow root, sago, or rice, as may be prescribed. Barley Water
Monday....	The same		Same every day	Same every day
Tuesday....	Milk Porridge 12 oz. Bread 6 oz. Beef Soup 1 oz. Butter 2 pints Beer (Men) 1 pint do. (Women)			
Wednesday	The same as Sunday			
Thursday..	The same			
Friday	The same as Tuesday			
Saturday	The same as Sunday			

FOREIGN DEPARTMENT.

PATHOLOGY.

Tubercles.

The manner in which the tubercles are formed which are found in the great majority of cases of pulmonary phthisis, is as yet far from being determined. Bayle and Laennec were decidedly of opinion, that they were distinct morbid tissues. Broussais regards them as the production of bronchitis, and M. Andral as a morbid secretion. Mr. Quain, in his note to the translation of Martinet's Manual of Pathology, (page 209) has made the following remarks on tubercles:—

"Dupuy, professor at the Veterinary School at Alfort, after having investigated the production of tubercles in several of the ruminant animals, has come to the conclusion, that the matter of tubercles is in the first instance *secreted* in a semifluid state, which, after a while, becomes indurated. In several cases in which hydatids were developed in the lungs of animals, he found a pale liquid deposited between the external surface of the hydatid, and the cellular membranes which invested it. In some cases the hydatid is destroyed, and the cavity which it occupied became filled with *tubercular matter secreted by the cyst*. These observations are confirmed by Andral. He found, in the liver of a rabbit, a mixture of tubercles and hydatids, the latter being in a great variety of conditions. Some were entire, and separated from the substance of the liver by a thin layer of condensed cellular membrane; others, also entire, were surrounded by matters not unlike a mixture of chalk and water; finally, a third set were broken down, so that only a few portions of their gelatinous structure could be recognized, the place which they occupied being nearly filled up by the matter just described. These facts are important in many points of view, and particularly as they throw some light on the opinions of Dr. Baron on the nature of tubercles. He considers that a transparent vesicle, which he calls an hydatid, constitutes the first stage of tubercle; but though this opinion is inculcated in a very decided, I had almost said dogmatic tone, it is by no means so tenable as the Doctor seems to think. Tubercle and hydatid are constantly found together in the same part, and under every variety of form and size, and, as we have just seen, the one is often supplanted, as it were, by the other; but this is quite a different process from the conversion of the one into the other. If hydatids be living organized beings, according to the opinions of all those naturalists who have examined the entozoa, it is very difficult to conceive how they can be considered as identical with tubercle, which all agree in regarding merely as an accidental production or texture developed in the substance of organs."

"M. Andral, in his late work contends, that the tubercle is the product of a morbid secretion, and that this process is preceded by an active congestion in the part, similar to that which occurs in every case while secretion is going on, whether healthy or unhealthy. Meckel has long since advanced the same doctrine. He is made to say, in the French translation of his Human Anatomy, Vol. I. p. 531, 'Accidental formations are sometimes produced by a peculiar fluid, effused expressly in order to give them origin. This is the way in which all accidental textures are formed, whether they have or have not any resemblance with parts already existing in the economy.' Mr. Wardrop seems to have come to the same conclusion, at least with regard to one of the productions of this class. When treating of fungus melanodes, he observes, that "it has no smell, and seems more to resemble a secretion than a decomposition." M. Andral, as has been observed, asserts the same of tubercle, whilst Meckel extends the position to them all. This is a remarkable coincidence of opinion between inquirers of such deserved celebrity."

M. Cruveillier, in a late Number of the *Nouvelle Bibliotheque*, has given a new theory respecting the formation of these bodies, founded on some experiments, which we will now present to our readers. This anatomist, after injecting mercury into the femoral artery of a dog, perceived, on dissecting the thigh of the animal, that the soft parts were filled with miliary tubercles, perfectly regular, formed by a caseous matter, in the centre of which was an extremely small globule of mercury. He made the same injection into the trachea of several other dogs; the first died two days after injection; the second was killed twelve days afterwards; the third died, in the manner of an animal affected with phthisis, at the end of one month. In all, M. Cruveillier observed the tubercular concretions; in the last especially, the lungs were studded with a great number of tubercles, of which some were isolated, others agglomerated: they had all the physical characters of miliary tubercles, and contained each a globule of mercury in their centre. M. Cruveillier thinks that the production of the tubercle is the result of inflammation limited to the internal surface of the air cells of the lungs, whilst pneumonia is increased action of the bloodvessels ramifying on the surface of the air cells. The inflammation, when external, is pneumonia, when internal, tubercular.

This theory, which is merely an extension of the one advanced by Broussais, applies merely to the formation of tubercles in one part of the body only, and is evidently founded on two narrow a basis to be received as an explanation of the formation of these bodies. M. Cruveillier has refined a little too much, and, for consistency sake, he should have said, that whilst an increased action of the pulmonary arteries produces pneumomia, the same state in the bronchial arteries produces tubercles.

THE VETERINARY COLLEGE.

The farther we proceed in the investigation of the state of this Institution, the more glaring do the errors of its administration become; and the indifference with which its misgovernment has been, until lately, regarded, can only be attributed to the non-existence of some rival establishment, with the exertions of which it might be contrasted, and by such comparison be exposed.

We have already shown how completely it has failed to accomplish the ends for which it was founded, and we have shown the principal causes of failure.

That high expectations of its utility were entertained by its founders, may be gathered from the munificent patronage it received; not merely from noblemen and gentlemen, lovers of the turf, but from the most enlightened naturalists, and comparative anatomists of the day.

The Duke of Northumberland *gave* 500 guineas; and among the *subscribers to the original loan,* by which the College was erected, we find the names of Sir Joseph Banks, John Hunter, and Dr. Crawford, with many others, with sums of one or two hundred guineas. This loan, we believe, has never been repaid; indeed, the profuse plan of expenditure pursued by the Committee, involved the infant establishment in such difficulties, that for some time its very existence seemed threatened, and these gentlemen found it a measure of necessity to carry on the concern, and appoint a second Professor, whether qualified or not, to shield themselves from a process of law which would otherwise have been instituted against them, by those who had bills against the College. In the mean time, death had silenced the claims of many of the loan contributers, and probably the College will only cancel its debts by outliving its creditors. Nor is it desirable perhaps, (were the ends of its establishment fully answered,) that these debts of honour should be scrupulously exacted, but it were quite as well for its future credit, that the descendants of its benefactors should be repaid, as that Mr. Secretary Sewell should receive 300*l.* for reviving and recommending the absurd operation of cutting *out* the nerves of horses' legs, when the poor animals are suffering from contraction, a practice which encourages the present evils of common shoeing, by pretending to remove them. An evasion, and not a cure, which can only be necessary to those who are anxious to conceal and obscure the consequences of their ignorant and erroneous measures.

Mr. Coleman has again commenced his course of lectures; and again a crowd of inexperienced young men is collected around this sole preceptor of all the veterinary youth of Great Britain, to listen with respect to his experience, and to treasure up his sayings as wisdom. To these zealous and unprejudiced pupils we would say,—receive with caution the opinions which you hear, and do not suppose, because your master has shown you some new and curious truths, that he is therefore on all subjects infallible; consult other authorities, and judge of them by the standard of truth and reason, not by College rules; remember that those whom your teachers stigmatise as men who would overturn the science, and as enemies of the College, may, nevertheless, be your best friends, (for this distinction has long been necessary,) and make your belief a matter of judgment, not of faith, lest practice should prove its error.

Under these correcting limitations, you may listen with improvement to the general facts detailed in the lectures, but trust your understanding to no man's keeping. The order in which the veterinary authors, Lawrence, Bracey Clark, Goodwin, and in particular Percivall, were jumbled together, in the late introductory discourse, is worth your observing; read them all, with the addition of the Professor's quarto, and then judge of the taste and the motives which dictated this indiscriminate and faint praise of works so different. We shall steadily pursue our account of the present situation of veterinary science, consider the general difficulties under which it labours, and the local causes which oppose its progress; this will necessarily include a compendious review of the chief writers on this subject, and will lead, we sincerely hope, to the adoption of better and more liberal views for its improvement.

Let it not be said of this important and, in itself, honourable profession, that ere it was half a century old, it was sunk in monopoly, and clothed with prejudice; that an original writer was denied a hearing, or a refutation; or that its teachers boast as if they had attained the farthest bounds of veterinary science, when in fact they have scarcely reached its threshold. Yet, such is unfortunately the fact; and at the threshold of the science they must, we fear, remain, if not conducted by some other hand than that of Professor Coleman.

MR. FROST, AND THE MUSTARD SEED.

In the Quarterly Journal of Science, Mr. John Frost has taken some trouble to reconcile the apparently paradoxical statement mentioned in the New Testament, that a *grain* of *mustard seed* should become a Tree. He has endeavoured to show that the mustard-tree of Palestine is identical with a species of the *phytolacca*,* which has the smallest seed of any tree, and which is indigenous in that country. Moreover, he considers that he has found an additional support for this supposition in the circumstance that, in America, the natives are in the habit of using the sliced root for the same purpose, medicinally, as we use mustard-seed; viz. that of *cataplasm*! The Americans call this shrub phytolacca decandra. Now, to be sure, Mr. Frost acknowledges that he is not *quite positive* respecting the identity; indeed, we do not see that he has made an approach to it. He might as well say, at once, that it was the sinapis arrensis, or any other thing, whether fit to make cataplasms or not. Mr. Frost should join Mr. Pearson, and discover some of the Mediterranean whales, or some beings sufficiently analogons, with stomachs of sufficient capacity for another Jonah.

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* Phytolacca, derived from φυτον, a plant, and lacca, or lac, a gum resin. The petioles of every species of phytolacca, have a reddish colour.

THE LANCET.

London, Saturday, November 25, 1826.

An account of the termination of the War at St. Bartholomew's, will be found in another part of this day's Lancet. It appears that our two or three remarks on the *serpentine course* of a "straight forward man" required an explanation, and Mr. Stanley has supplied it with a vengeance; his *confessions* during his cross-examination by the young medical Broughams and Scarletts, are unique and admirable specimens of the shuffling tactics of the "Hole and Corner Surgeons" of this metropolis. We defy the records of tergiversation to supply a paralle to the following:—

Thursday, Nov. 9.

Pupil. Why did you consent to publish such an advertisement?

Mr. Stanley. I was NOT FREE TO ACT, and was *obliged to accede to Mr. Abernethy's* PEREMPTORY *resolution.*

Friday, Nov. 10.

Mr. Stanley. A series of accusations has been presented against me by the Class, some of which impugn my honour; and most, I may say nearly all, relate to points on which Mr. Abernethy *can clear me*, and *I now publicly call upon him* to do so. (Great Applause.) The first accusation is a breach of faith with the Class, relative to the *advertisements* and *demonstrations.*

Mr. Abernethy. (With much consternation.) Do you mean that I am to speak? or, what is it you mean?

Mr. Stanley. I mean that you are to refute that, Sir.

Mr. Abernethy. That I am to refute it!

Mr. Stanley. Yes; I say that the RESPONSIBILITY OF THE ADVERTISEMENTS ENTIRELY RESTED WITH YOU, AND THAT I WAS NOT FREE TO ACT. (Immense applause.)

Mr. Stanley. * * * And further, with regard to the advertisements, I went to him (Mr. Abernethy) again, *and the best arrangement I could possibly make with him, was that which appeared. I again, therefore, do say,* I WAS NOT FREE TO ACT.

Mr. Abernethy. Now, Mr. Stanley, (turning round to him,) you think that your *honourable conduct* is, in some degree, impugned, &c.

Mr. Stanley. * * * I did not put in the advertisements *in obedience to my own feelings, as to* WHAT WAS RIGHT.

Monday, Nov. 20.

Pupil. (Addressing Mr. Stanley.) Then, Sir, it was not entirely under the influence of Mr. Abernethy, that the advertisements were put in, in the way in which they appeared; it was *partly from your own* wish that Mr. Skey and Mr. Wormald should not be advertised.

Mr. Stanley. Certainly.

Pupil. Then, now I understand, it was *not entirely* owing to Mr. Abernethy?

Mr. Stanley. Mr. Abernethy said, let Mr. Skey and Mr. Wormald come forward; then he said, let it be Mr. Wormald alone, and let Mr. Skey try afterwards. I said, No, that won't do. I was left to think it over, until the next Friday; and I then said, that I THOUGHT the best thing to be done, WOULD BE TO ADVERTISE MYSELF.

Pupil. Mr. Abernethy, then, would have had no objection to Mr. Skey's and Mr. Wormald's names appearing in the advertisements?

Mr. Stanley. No.

Pupil. But YOU thought it would be BETTER THAT YOUR NAME SHOULD APPEAR?

Mr. Stanley. Certainly.

Mr. Moore. (Addressing Mr. Stanley.) If Mr. Abernethy wished you to demonstrate, then, he did not wish Mr. Skey's name to appear; but Mr. Skey was not aware of that; he thought that Mr. Abernethy was his friend.

Mr. Stanley. Mr. Abernethy wished that Mr. Skey's name should be put in, and the reason *I objected* to it was, that which I tell you,—that there was a very formidable opposition at our doors, and I really did look, with some suspicion, at the arrangement of having two new demonstrators. It was then arranged that MY NAME SHOULD APPEAR, but that THEY SHOULD DEMONSTRATE!!!

What contemptible and degrading quibbling! We have not yet done with this business.

The addition of a sheet to our present Number, has been forced upon us by the pressure of much interesting matter, which, notwithstanding the increased size of our pages, and our diminutive type, continues to accumulate. But we do not anticipate that we shall have to resort to this expedient more than three or four times in the year.

We would direct the attention of all those who are interested in medical education, to the liberal manner in which the study of anatomy is supported by the French Government, as described by our Paris correspondent.

As the Pharmacopœia of St. Bartholomew's Hospital cannot be procured by the surgical pupils, although printed at the expense of the Governors; we have thought fit to publish it for their convenience, and for the benefit of practitioners, as it contains many valuable formulæ.

GIBSON *v.* THE SECRET OPERATOR.

To the Editor of The Lancet.

Sir,—Till the publication of your last Number, I was not aware of the unhandsome and unfair attack which had been made by Dr. Farre, upon the veracity and character of my late friend, Mr. Benjamin Gibson, who, assuredly, was one of the most dexterous operators, and most scientific surgeons, ever the world produced; one of the most intelligent, most trust-worthy, and most amiable of men; and one of the brightest ornaments of society. Luckily, I have preserved one of Mr. Gibson's letters,* the greater part of which I request you will be so good as publish, that the world may be enabled to repel, with just indignation, the shameful aspersions, and unwarrantable insinuations contained in the preface to the second edition of Saunders's work on the Eye.

Manchester, Portland Place,
Jan. 13, 1811.

"Dear Lyall,—* * * * * * * * * * *

My design (principally) in writing this scrawl, is to inquire of you, what you recollect of the two blind children who were operated upon in the sack-like dresses,* along with Louisa Johnson, for congenital cataracts. The points I wish to ascertain are, what improvement in sight resulted from the operation, and whether one of them could not faintly discern some objects, such as a doll, a key, or a pair of scissors, before the operation, almost as well as after. One of the two sisters, you will recollect, could see little else than light, either before or after the operation; it is the state of vision in the other, (the younger of the two,) to which I allude. The general impression upon our minds (viz. Ransome's, Ainsworth's, and my pupils') is, that neither of them was much improved. *I have had several operations upon infants of various ages, in which I have succeeded in destroying the cataract with a small needle, curved like Scarpa's.* But we may soon expect the *sagacious Mr. Saunders's*† work upon some points. In my opinion, with respect to his long-proclaimed operation on infants, we may apply the well-known line from Horace:—

> "Parturiunt montes, nascitur ridiculus mus."

I confess I expect nothing new. *It is a secret which I have not been able to penetrate*; but, in my opinion, it has only been kept, because it professed little or no original merit or novelty.

You will soon see a small work of *mine* announced, on the *Artificial Pupil, Extraction of Soft and Membranous Cataracts.* It is practical, entirely; and I hope you will recognise in it a tolerably accurate description of the facts and operations you here witnessed.‡

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* This letter may be seen by Dr. Farre; and, indeed, by any individual interested in the affair, who will take the trouble to call upon me.

* When Mr. Gibson operated upon the eyes of young children, they were really put into a sack that had an eyelet, with a cord through it, which was fastened around the neck; and by this means, the youngsters were much more easily controlled by the assistants.—L.

† These words are underlined in the original.

‡ This small volume (price 5*s.*) was published in 1811, and I will venture to say that there is scarcely a work on record, of the same size, which contains so much really practical, accurate, valuable, and novel information.

* * * * * * * * * *, and wish you may enjoy all the good things of this world, as heartily as your friend,

B. Gibson."

Before drawing any conclusions, I must premise that I was House-Surgeon to the Manchester Infirmary in 1808-9, into which the twin infant patients were received,—that I enjoyed Mr. Gibson's confidence during my residence in that excellent institution; and that I left it about the end of September 1809. No histories of cases were kept in the hospital books, but Mr. Gibson well knew that I entered all those deemed important in my private journal; he therefore naturally wrote to me respecting the operations on the twins, when, perhaps, he had determined on the publication of a paper respecting congenital cataract.

The twin sisters were operated upon *in the summer* of 1809, and were it of importance to fix exactly the month and the day, this could be done by examining the hospital books of Mr. Gibson. My friends Messrs. Thorpe, sen., Ransome, and Ainsworth, besides a number of pupils, and myself, were present at the operations.

From the various statements already made in The Lancet, and in the above letters and remarks, it appears clear as daylight,

1. That the operation for congenital cataract on infants, reported to be "an operation distinct in its principle from extraction and couching," and "one of the most splendid discoveries of modern surgery,"—in fact, was not all a discovery, as was candidly avowed by Gibson.

2. That the assertion of Dr. Farre, that, "Mr. Gibson adhered to the principle of couching," is, to use the gentlest language, a complete mistake; since Mr. Gibson employed the couching needle of Hey and of Scarpa, merely to rupture the capsule of the lens, so that if the cataract were milky it might escape, be mixed with the aqueous humour, and afterwards be absorbed; or, if it were soft, to rupture the capsule, break down the opaque lens, and thus, having admitted the aqueous humour to it, to accomplish its solution.*

3. That Mr. Gibson performed operations at the Manchester Infirmary, of the same kind as Mr. Saunders's *vaunted new operations* at the London Ophthalmic Institution, without claiming any discovery; but, on the contrary, modestly admitting that they only tended to revive, to modify, and to render more perfect and general, an operation which had been performed by Scarpa, Hey, and Pott; while, at the same time, like every liberal-minded man, he expressed his sincere disapprobation of a regular surgeon's proclaiming *a new operation* to the world, while it was kept a secret from the profession.

4. Admitting that *Saunders's operation* was a *discovery*, Mr. Gibson had also discovered it; since he performed such an operation long before the divulgement of Mr. Saunders's secret; a secret which was carefully kept from the world, and even from Mr. Gibson, who had specially written to Mr. Travers on the business.

5. That Mr. Gibson published his comprehensive and masterly account of operations for congenital cataracts in infants, *before* the appearance of Mr. Saunders's posthumous volume, and therefore would be entitled to the merit of the said *discovery*, had it deserved the appellation.

6. That Mr. Gibson never attached so much importance to the operation in question, as Mr. Saunders and his friends; that he never deemed his efforts to bring an *old operation* more extensively into use, "one of the most valuable and splendid discoveries of modern surgery."

7. That there are living witnesses of Mr. Gibson's operations (including Mr. Thorpe, sen., Mr. Ransome, Mr. Ainsworth* and myself, besides some practitioners who were then pupils of the Manchester Infirmary) for congenital cataract in infants, which were performed *long before* the Mountain brought forth the Mouse, or rather before the false conception of the London Ophthalmic Institution.

I rejoice to have this opportunity of rendering homage to the memory of so gifted and so distinguished a friend and patron as the late Benjamin Gibson.

I am, Sir,
Your very obedient servant,
R. Lyall.

45, Haymarket, Nov. 20, 1825.

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* It is most unfortunate for Dr. Farre's statement, that Mr. Gibson had used the very word *solution* in his paper. How could the Doctor possibly then talk of the "third operation by solution" as a novelty?

* Before Dr. Farre ventures to say any thing further of "circumstantial evidence," or of the "most eminent men in Manchester," he had better consult the above-named gentlemen, who will be equally glad with myself to render justice to their late worthy friend.

LONDON PHRENOLOGICAL SOCIETY.

Second Meeting of the Third Session,
Nov. 16, 1826.

Charles Augustus Tulk, Esq. President, in the Chair.

J. Hayes, Esq. Surgeon, was elected Treasurer of the Society, in the room of Emerson Dowson, Esq. deceased.

The following gentlemen were elected Corresponding Members: John Barlow, M. D. of Bath; James Kendrick, M. D. and F.L.S. of Warrington; John P. Porter, M.D. of Portsea; and Henry Lyford, Esq. Surgeon, of Winchester.

Dr. Elliotson presented a skull of a Burmese warrior, found in a camp near the Cacher forest, sent by Dr. Patterson of Calcutta; also a cast from the head of an idiot, obtained by Dr. Formby, Prof. of Anat., Royal Institution, Liverpool. The particulars relating to the idiot, from whom the cast was taken, were as follows. He was a native of Ireland, and aged 18 years at the time of his death; it would be almost impossible to conceive a greater degree of corporeal or mental imbecility that this wretched being presented; he was humpbacked, had two large curves in the spine, and the muscles both of the upper and lower extremities were reduced to the size of strings; he was deprived of locomotion, unable to stand, to feed himself, or to turn himself when lying on his back, the only position in which he could be placed; he could not even grasp objects but with his arms, which were always bent. He had small genitals, but little hair on the pubes, a little downy beard, and no fat. His indications of perception and feeling were confined to knowing his mother, turning his eyes towards persons who were speaking, smiling when his face was tickled, or when children were near him, and crying when he was hungry; he had no idea of feeding himself, and except crying, uttered no other sound than a grunt. His mother carried him about on her back for the purpose of exhibition, and was taken up by the parish officers, who committed her as a vagrant, and obtained his admission into the fever hospital at Liverpool, where he died in about a month, of diarrhœa. Upon dissection, the mesenteric glands were found enlarged, and the large intestines crammed with hardened fœces; the hemispheres of the brain were united as far back as the vertex, and there the falx, which was about two inches in length, began; about 5 oz. of water were found in the ventricles, and the surface of the corpora striata was rough. The cerebrum weighed 1 lb. 7½ oz. the cerebellum, 4 oz.; for comparison, the brain of a perfect adult lying in the dead house was weighed, the cerebrum was 3 lb. 2 oz. the cerebellum 6 oz. The circumference of the cast, round the most prominent part of the occiput and forehead, was 16 inches, and the distance from the root of the nose to the occiput, was 8¾ inches. The head was not larger than that of a child a year old. According to Dr. Gall, a brain is unfit for its functions, when its circumference is only from 13 to 17 inches.

The Secretary presented six copies of An Apology for Phrenology, from Dr. Barlow, of Bath.

Dr. Wright presented eight casts from national skulls, consisting of five flat-headed Indians, inhabitants of the banks of the Columbia river, North America, two Mozambique Negroes, and one Sandwich Islander. A discussion arose, whether the flattened forehead of the Indians resulted from natural organization or artificial compression; Dr. Moore advocated the former opinion, but stated that the accounts of travellers are too inconclusive to determine the question.

The Secretary read an account of the recent pathological researches of Dr. Boillaud on the cerebral seat of the organ of language, extracted from his "Traité clinique et physiologique de l'Encephalite." Numerous observations made by Dr. B. himself, and others collected by him from the works of Lallemand and Rostan, were related, which tend to prove that the loss or imperfections of speech or verbal memory invariably coincides with the injury or disorganisation of the anterior part of the hemispheres of the brain, and that when other parts of the brain are affected, leaving that in question untouched, in no case is the faculty of language disordered. In the first case cited of loss of verbal memory, the cerebral part corresponding to the organ of language was completely disorganised; in the subsequent cases referred to, the parts affected were not specified with sufficient accuracy; for as, according to the phrenological doctrines, a number of distinct faculties contribute to the perfection of language, besides that of the memory of articulate sounds, it follows that injuries in different parts of the anterior lobes of the cerebrum would injure speech in different ways, and that some parts may be affected without occasioning any diseased manifestation with regard to language; when, however, an extended disorganisation or alteration of the anterior lobes of the brain takes place, it is certain that some or all of the special faculties which contribute to language must be injured; and they are general cases of this description which Dr. B. brings forward.

The Secretary concluded the report by a statement of the views of Desmoulins and Magendie, who admit, with Drs. Gall and Spurzheim, and Dr. Boillaud, not only the existence of a special faculty of language, but also that its seat is in the anterior part of the cerebral hemispnere.

Dr. Elliotson noticed the case of a lady who had been under his medical care; she had entirely forgotten the names of persons and things, and indicated a pain in her head at the precise seat of the organ of language.

The meeting then adjourned to Dec. 7.

WAR AT ST. BARTHOLOMEW'S HOSPITAL.

On Monday last, some time before the hour of lecturing, Mr. Abernethy was in attendance at the Museum, waiting the arrival of Mr. Stanley. On the arrival of that Gentleman, he and Mr. Abernethy walked out in front of the Theatre, and were for a considerable time in close conversation together, Mr. Abernethy's countenance not indicating any very pleasing or enviable feelings. At the appointed time for delivering the Lecture, namely, at half-past two,

Mr. Stanley entered the Theatre with a most dejected mien, and, after a pause of some minutes, thus began:—Well, now, Gentlemen, most reluctantly, most painfully indeed, I am compelled to address you again on the subject of our late grievances. I was not aware that I should have had to execute this most painful task, until a few minutes before the time at which I appear before you. Mr. Abernethy meets me here, saying, that some of the gentlemen of the class have stated to him, and further, that it is also stated in print,—and I may mention, of course, in The Lancet,—that there still remains an imputation on him of a breach of faith—if not a breach of faith, I don't know how it is to be expressed; but at any rate that which is to be blamed by the Class, with reference to the construction of the advertisements. Now with regard to any breach of faith being intended, either by Mr. Abernethy or myself, you must accept of my assurance, if you will have the kindness to do so, that nothing of the kind was intended.

Let me occupy your time for a few moments, in explaining to you the way of introducing a new lecturer. Let me mention to you, that for two years I gave part of the Anatomical Lectures here, not having been advertised to do so; and I believe this arrangement exists throughout London, that when a new lecturer is put in, he is put there to go through a sort of ordeal—a trial of his fitness. The class had entered, we will say, to Mr. Abernethy's lectures, yet they found Mr. Stanley giving part of them; if Mr. Stanley—of course I merely make use of my own name for the sake of example, whether it 's A or B it makes no difference,—if Mr. Stanley cannot give the lectures in a sufficiently satisfactory manner to the Class, when put there although he had not been advertised, unquestionably he is considered not fit for the appointment. I merely put that case, in order to explain to you what is the ordinary process of arrangement respecting the appointment of a new lecturer, a process to which I myself submitted,—a process to which I believe every individual has submitted; I know, at least, that a parallel case occurred in the Borough, for there, when a new lecturer or demonstrator was wanted, such new lecturer or demonstrator did lecture or demonstrate without being advertised; and of course it was considered, that if he was not found sufficient by the class for the situation, he could not continue. I trust, therefore, that I have made this point satisfactory.

Now, before the middle of September, or thereabouts, it was considered how the advertisements were to be framed, and I confess that my feelings and wishes were, to give the demonstrations myself. It was, as you know, Mr. Abernethy's wish, that Mr. Skey and Mr. Wormald should have a trial. The advertisements were framed, I can assure you honestly from my heart, with this understanding; and I am sure it was the same in Mr. Abernethy's mind as in my own, that when "*Anatomical Demonstrations by Mr. Stanley*" was printed, it was in the mind of Mr. Abernethy as well as myself, I say, that Mr. Skey and Mr. Wormald should be introduced, and that if they did not give entire satisfaction, I should be ready to give the demonstrations. You will observe, what I now state corresponds correctly with what Mr. Abernethy stated in the Introductory Lecture. And I beg leave to fix your attention again to this, that this arrangement was exactly what has been made in other schools; it being considered, that if Mr. Skey and Mr. Wormald could not stand the ordeal of the class, without being advertised, that they were not fit to be appointed. I trust, therefore, that this point I have made satisfactory to your minds; and the great point I am anxious to impress, is, that no breach of faith could possibly have been intended, because, as Mr. Abernethy told you at the beginning, these Gentlemen are to be introduced, and if they should not be found qualified, Mr. Stanley is in the background ready to take upon himself the duty. Now I have endeavoured to make the thing clear; if I have not done so, how to do it I cannot tell; but I should be glad to answer any questions any gentleman may think proper to put to me. Any gentleman who wishes further explanation, either respecting Mr. Abernethy or myself—and of course, believe me, I owe Mr. Abernethy sufficient, to be more anxious to remove any imputation from him than myself,—if there are gentlemen who wish to have any thing further stated, they will oblige me exceedingly, by putting any questions to me they please.

(Mr. Stanley *paused* for a considerable time, but no one spoke; he then resumed.)

I again beg to state that what has led me now again to address you, is the circumstance of gentlemen having mentioned to Mr. Abernethy, and it having been reported, that a sort of imputation lay on him with respect to the advertisements. The advertisements were drawn up by, of course, *our mutual concurrence.*

A Pupil. Is there any imputation at all on Mr. Abernethy?

Mr. Stanley. He seems to feel, that in consequence of what has appeared in print, and also in consequence of what some gentlemen have mentioned to him, that it is supposed some imputation lies on him, at which he feels hurt, and has said, that either I or he must address you again on the subject.

Mr. Moore (a Pupil). Mr. Abernethy asked me, this morning, what was the opinion of the Class; and I said, that from what appeared in The Lancet, with respect to the advertisements, that his character was not as it should be.

Mr. Stanley. I am much obliged to you for speaking out. As to Mr. Abernethy's character, however, we need not go into that; but what is the particular point on which you want information?

Mr. Moore. Nothing, but about the advertisements. I was at Mr. Abernethy's house this morning, and he asked me about the opinion of the class.

Mr. Stanley, But what is the point? Has that been promised to the Class, that he has not performed?

Mr. Hart Why were the pupils not given to understand, when they entered, that the arrangement which has since taken place, was to be the arrangement? Many of them had never heard of the name of Skey, until very lately.

Mr. Stanley. Perhaps you may think you are correct in that: my justification of it is, that it was an arrangement according to what many other schools had made; and that many of the Gentlemen had previously asked me, what were to be the arrangements, who, I am sure, will bear me out in that; and I told them, when they asked if I would give the demonstrations,—Yes, if no other demonstrator be found to their satisfaction.

Another Pupil. That remark was made to me.

Another. And to me.

Another. And to me.

Another. May I ask what was the conversation that took place between you and Mr. Abernethy, respecting the advertisements?

Mr. Stanley. Yes, certainly; I will tell you what it was with very great pleasure: I went to Mr. Abernethy's to have the arrangements made respecting the advertisements; Mr. Abernethy thought Mr. Skey and Mr. Wormald should be advertised; that, *I* thought a bad arrangement, and I will tell you the reason why: we need not say anything about Mr. Skey; but you will recollect, that at the beginning of the season, we had a very formidable opposition at our doors; and it was very natural for us to make those arrangements we thought best to secure ourselves against that opposition. I therefore wished to give the demonstrations myself, but Mr. Abernethy wished Mr. Skey and Mr. Wormald to be brought forward.

Same Pupil. Then, Sir, it was not entirely under the influence of Mr. Abernethy, that the advertisements were put in, in the way in which they appeared; it was partly from your own wish, that Mr. Skey and Mr. Wormald should not be advertised?

Mr. Stanley. Certainly.

Same Pupil. Then, now I understand, it was not entirely owing to Mr. Abernethy?

Mr. Stanley. I fairly state to you, that it was my desire to make those arrangements that would secure the interests of the Class. Even supposing these two Gentlemen had not been known, I thought that I myself had the opinion of the Class, and I thought proper to take that way of securing the interests of it. Mr. Abernethy said, let Mr. Skey and Mr. Wormald come forward; then he said, let it be Mr. Wormald alone, and let Mr. Skey try afterwards. I said, no, that won't do,—that would be putting Mr. Skey entirely out; and the result was, that I was to think over what would be the best arrangement. It was then left till the next Friday; and I then said, that I thought the best thing to be done, would be to advertise myself.

Same Pupil. Then, Sir, I think Mr. Abernethy is certainly not to be considered answerable for the appearance of your name in the advertisements. Was it, in point of fact, directly under his influence or not, that your name appeared?

Mr. Stanley. I want to know, in what way there is a breach of faith with the Class? If it's a faulty arrangement, I am sure it's an error committed without any intention; and we are so far justified, that it is an arrangement that has been adopted elsewhere.

Same Pupil. I am perfectly satisfied myself.

Mr. Stanley. You are perfectly satisfied?

Same Pupil. Yes.

Mr. Stanley. Do you wish for any explanation on any other point?

Same Pupil. No.

Mr. Stanley. Is there any other gentleman who wishes to ask any question?

Another Pupil. Mr. Skey has not only been introduced, but appointed.

Mr. Stanley. That's a subsequent thing; that was within the last fortnight,

Another Pupil. Mr. Abernethy, then, would have had no objection to Mr. Skey's and Mr. Wormald's names appearing in the advertisements?

Mr. Stanley. No.

Same Pupil. But *you* thought it would be better that your name should appear, you being willing to take the duty off their hands?

Mr. Stanley. Certainly.

Same Pupil. Mr. Skey's introduction, therefore, could not be considered an an appointment?

Mr. Stanley. I really am ready to do whatever the Class requires of me. I state, that if the Class concurs in the appointment of Mr. Skey, I shall certainly concur in it, and sincerely hope that more benefit will be derived from it than I could have expected.

Another Pupil. It is not an appointment.

Another. It is an appointment, because Mr. Abernethy has requested those to withdraw from the Class who were not satisfied.

Mr. Stanley. Of course there were many things to be mentioned about Mr. Skey, that it might be difficult to obtain the unanimous opinion of the whole of a large Class upon; I take any 50 of the students, for instance, 45 of them might approve of a proposal, but the other five might disapprove of it; and that's the difficulty. Of course, I now see that it would have been better to have made no such arrangement as that which has been made; but it has been made, and all I ask is, both for Mr. Abernethy and myself, an acquittal of promising that which has not been, or that which will not be performed; for as regards myself, I am ready to work to any extent the Class may require of me; and I am ready to support the work of those to the utmost, whom the Class may wish to have to work. (*Great applause.*)

Another Pupil. May I ask, why the opinion of the Class has not been taken?

Another Pupil. It was considered that it would be better not to take it, in the way at first proposed.

Mr. Stanley. Will the Class permit me just to state, that which I am sure many of the Class will bear me out in. Numerous gentlemen came to me and said—what are we to do? Many said, we wish to have you to demonstrate, or our money back. I said, no; do not insist upon that. It is my particular request that you will listen to Mr. Skey, and if you wish afterwards to have your money back, or me to demonstrate, then that shall be complied with. (*Cries of Yes, yes.*)

Another Pupil. Mr. Skey was so far appointed, that he had three or four in his favour, to one who was against him; so far the appointment was good.

Another Pupil. That never was decided.

Last Pupil but one. It was so far decided, that those who chose to have their money back, were told that they might have it.

Mr. Searle. But, Sir, how could it have been expected, that gentlemen could retire from their studies here, after they had begun them in this Class.

Mr. Stanley. Of course, for Mr. Abernethy in the first place, and for myself in the next, I am anxious to obtain, and it is impossible for me to lecture without I obtain, from the Class a complete acquittal of any thing approximating to a breach of faith—any thing that can carry with it the appearance of a breach of faith. I am sure our feelings were, not to be guilty of it. I do not say the arrangement was politically made, but it was made without any intention to act unfairly toward the Class.

Mr. Moore. If Mr. Abernethy wished you to demonstrate, then he did not wish Mr. Skey's name to appear; but Mr. Skey was not aware of that; he thought that Mr. Abernethy was his friend.

Mr. Stanley. Mr. Abernethy wished that Mr. Skey's name should be put in, and the reason I objected to it was, that which I tell you—that there was a very formidable opposition at our doors, and really I did look with some suspicion at the arrangement of having too new demonstrators. It was then arranged that my name should appear, but that they should demonstrate, and that I should be ready to come forward if they did not give satisfaction.

Now if there is any gentleman who has heard any thing from report, or who has felt any thing on which he wishes to have further explanation, I pray that he may now mention it, because I am certainly supported by the feelings of my own heart, in saying that we meant nothing wrong.

A Pupil. The better way will be to let the thing drop, and take no notice of what The Lancet says.

Mr. Stanley. Indeed I think so; but some gentlemen mentioned to Mr. Abernethy that they thought there was still imputation on him; but let me now endeavour to remove that impression.

Another Pupil. I don't know why it should go to The Lancet at all.

Another Pupil. It's from a personal pique against Mr. Abernethy.

Mr. Stanley. Is there any particular point, Mr. Moore, on which you wish any further explanation?

Mr. Moore. No, Sir.

Mr. Stanley. I address you personally, because I really should be very glad to satisfy you if it were in my power, knowing that you have been a very active *Skeyite*, if I may say so, and that you are a gentleman for whom I have a very great regard. And with regard to your friend at your right hand, another Mr. Moore, when a friend of mine went to him to ask him to have the goodness to come to me at my house, I was very anxious to see him; he did not come, but my wish to see him was respecting a letter I was stated to have received on behalf of Mr. Skey, and which I did not show to Mr. Abernethy. Now just let me explain that: I wished Mr. Moore to come to my house, that I might give him the explanation, and the explanation I now offer to him and to the whole of the Class, upon that point, is this,—the letter came to my house in the evening; you will see how that accords with the time of putting it into the post office; when did you put it into the post office?

Mr. Moore. In the evening, Sir, before

Mr. Stanley. Then it came with the eight o'clock post. I had given Mr. Abernethy the three letters I had previously received, in the morning of that day; so that I had not that letter to give to Mr. Abernethy at the time I gave him the others. The letter came in the evening; the servant took it in; he gave it to Mrs. Stanley; Mrs. Stanley read it; and I won't say there was any expression in it of a taunting nature, or intended to wound my feelings, but she thought there was, and she told the man—the man will be down in a few minutes with the carriage, and, if you wish it, you can ask him precisely what the words were that Mrs. Stanley said to him—she told him not to tell me that the letter had been received; and she burned it.

Mr. Moore. I don't think there was any thing of a taunting nature in it.

Mr. Stanley. No, I don't say there was, but she thought so; I am quite sure there was not, but that was her construction of it. I hope, therefore, I stand acquitted as to that.

Mr. Moore. I am satisfied I did not mean any thing of the kind; and I did not come to your house, because the thing was mentioned here, and I did not think you explained it.

Mr. Stanley. I forgot it; for God knows I was sufficiently agitated at the moment; but I shall be glad to give you every assistance, and to show you every feeling that I would show to any other gentleman.

The other Mr. Moore. I must say it was not from any feeling I entertained against you, that I gave my support to Mr. Skey.

Mr. Stanley. No, no, I am quite satisfied as to that, otherwise you may depend upon it I should not have spoken to you as I have done. And now I only trust that the Class will satisfy me. Indeed I cannot begin the Lecture till the Class do satisfy me, that I may say to Mr. Abernethy they do acquit me of any thing like a breach of faith; for if there was wrong, I am ready to take the blame upon myself.

A Pupil. I think sufficient explanation has been given.

Mr. Stanley. Then may I carry that statement to Mr. Abernethy?

Several Pupils answered, *Yes*.

Mr. Stanley. Now, I trust, it is done with for ever.

Mr. Stanley was now applauded; and, though very considerably agitated, began his Lecture.

SKETCHES *of the* MEDICAL SCHOOLS OF SCOTLAND.

No. I.

LETTER INTRODUCTORY.

Edinburgh, Nov. 10, 1826.

> "Quicquid erit vitæ color, scribam." Hor.

Mr. Editor,

You may possibly recollect, though the occurrence is somewhat of an old date, that the last time we had the pleasure of meeting in London, amongst many other topics talked over, a conversation took place on the professional affairs of the North. If my memory has not been since deranged by the multifarious objects on which our pursuits necessarily engage us, you seemed to think then, that while most persons spoke of the "*Domina rerum*" of medicine in these countries, but few were intimately acquainted with the laws of her temples, and the characters of the priesthood who at present officiate at her hundred altars. Pursuing the metaphor, I presume you further observed, that, like false religions, scientific institutions had their saints, under whose tutelage they dazzled the eyes of mankind by a borrowed splendour, and thus prolonged for awhile the empire of error; but that reason and the public good now imperiously demanded a reformation in this as well as in every similar establishment. I am not so vain as to suppose that these remarks were made in order to induce me to share the toils of a task which, you must have perceived at the time, I deemed of more than doubtful propriety; for you will do me the justice to admit here, that to your opinions I opposed such arguments as my knowledge of the subject supplied, so that, whatever my views may turn out to be on this question, you are aware of my former prepossessions in favour of the University of Edinburgh. How, indeed; could I be otherwise affected? for, as I stated, (while you listened with a smile of patient incredulity curling on your lips, amused, no doubt, by the weakness of my positions,) I had been so long accustomed to hear and read of its celebrity, that a belief in the production of great men being as natural to the soil of Scotland as the growth of the thistle, formed a portion of my earliest stock of ideas.—Even at this distant period I can collect, as from the confused impressions of a dream, the dialogues of papa and mamma on the matter; the former of whom was for transmitting me to Edinburgh, as the only place under heaven where I could be taught the art of healing in a proper manner. In support of this allegation, he adduced the successful practice of one Dr. Salts, an eminent physician of our village, who had but a little before rescued me from the grave, by the exercise of that skill, as it was said, which he had acquired under the auspices of the great Munro. My illness and future destination having led to an intimacy with the doctor, my respect for his "alma mater" was still heightened by the flattering accounts of its superiority, with which he beguiled me into potations of chamomile tea in the morning, and of course gave me a due sense of his foreign acquirements. As my education, however, proceeded, the prejudices of my youth were further strengthened by a daily communion with the names of authors and of books, most of which I traced to a Caledonian origin, every elementary work put into my hands being either composed, revised, or compiled by some luminary of the North, while the magical letters of Edinburgh, emblazoned at the bottom of each title page, inspired me with a veneration even for its types.

Contracting in my progress, what many wiseacres would be pleased to call an idle habit of looking into reviews, journals, and medical biography, the intellectual feats of Scottish Crichtons recorded in these pages struck my imagination with the force of a scientific romance. Here I ever found the appellation of "nurse of science," "the modern Athens," the "cradle of philosophers," ready at the point of some patriotic pen, to do homage to this land of learning. It was consequently the "Mecca," the "Delphic Oracle," the "Vale of Egeria," to which all studious pilgrims should resort to drink of the pure springs of knowledge; in short, the idol brightened as I gazed, until, purged of all earthly traces of imperfection by the intensity of my admiration, it shone forth at length the true divinity of my worship. All this I conscientiously believed, and could I help it? I was told it, read it, heard it in every possible shape and form, and could I be less than Pyrrho himself, to doubt the truth of my convictions? My faith, to be sure, was essentially Christian in its nature, being based on a series of mysteries which I could not comprehend; but enough of the inheritance of Eve fell to my lot to desire to eat of the "forbidden tree," to examine with my own eyes what other causes besides cool breezes and elevated scenery could have contributed to adorn the halls of Edina with so many trophies of genius, and whether, in a practical point of view, the student's opportunities of acquiring information were proportionate to the fame which the presence of many illustrious individuals had conferred on her institutions.

Such were the feelings whence my opposition to your opinions originated, when your patience giving way, and your eye sparkling with indignation, you abruptly replied, that the days of Dr. Salts and the village *alumni* of the Scottish Universities were passing away; that their former celebrity was no compensation for their present defects, and that a new and a better order of things was in progress of development. Universities having abused their privileges, should be deprived of the power of conferring degrees, the usage being no longer applicable to the exigencies and circumstances of a profession which had grown sufficiently numerous and important to constitute an independent body for the management of its own affairs, the improvement of its art, and the education of its members. Instead of the three or four Corporations which at present preside over the destinies of Medicine in England, Scotland, and Ireland, each of which Corporations, while they all arrogate an infallibility in their councils, legislate in direct opposition to each other, one college would suffice in each of these countries, in the government of which all its licentiates should equally participate. In conformity with this plan the instruction of every practitioner should be the same, as it was most fully ascertained that the splitting of medicine into physic and surgery made divisions but no distinctions. For the more easy and economical attainment of this object, four professorships,—one for natural history, another for chemistry, a third for anatomy, and a fourth for medicine,—would answer the purpose. Under these four heads was comprehended the whole range of medical science, and for the poor young gentleman's trouble, he was to be dignified with but one title,—having examined him on natural history in a museum, on chemistry in a laboratory, and on anatomy and medicine in a dissecting room and a hospital. By the adoption of these principles in the founding of colleges, and the conducting the education of their numbers, the monopolies, contradictions, and jealousies of selfish societies were to be removed; the absurdity of the public being compelled to maintain two sets of practitioners for the treatment of one disease would cease; and the inconsistency of Army Boards requiring no less than three or four grades of doctors be prevented, as if the life of a grenadier was not of equal value to himself and his "Majesty" as that of a marine—in 1820 as in 1825. Proceeding in the same line of revolutionary exposition, you launched into an eulogium on the excellence of your design, and the doors of hospitals seemed to fly open at the sound of your voice—libraries and museums to deliver up their *dead*—the frauds committed under the guise of apprenticeships to disappear—the thousand other inconveniences and expenses by which the student is embarrassed to vanish, and the profession of medicine assumed, for the moment, in your mind, that consistency of character, equality of rank amongst its members, tendency to progressive improvement, and susceptibility of adaptation to all the wants and wishes of society, which ought to belong to the most necessary of all the arts cultivated by man.

The complacent elevation of the eyes with which a "builder of castles in the air" may be supposed to contemplate the fabrics of his own fancy, may serve to give some idea of my appearance on hearing this announcement. For, notwithstanding the animated and eloquent manner in which you delivered your scheme of regeneration, I could not help suspecting at the instant that it partook as much of fiction as of fact, and was but another effusion of that unusual benevolence of which you had given so many proofs in your incursions on the "Juggernaut" of medical corruption. Yet, on reflection, the simplicity of your arrangement, contrasted with the intricacies of that which it was intended to supersede, filled my mind with that pleasure which one is apt to feel on beholding a Grecian structure, after being bewildered in the endless grainings and tracings of Gothic architecture. I almost became an Utopian convert at the prospect of so many advantages being secured, and so many ills avoided, by such facile means, more particularly when I applied this new scale of economy to the University of Edinburgh, which you were pleased to select as a model of the old school. Considering its pretensions, and dismissing for the time all prejudices, I began to think that the mapping out of medicine into ten territories, the exact number cultivated in my favourite University, savoured very strongly of a *reductio ad absurdum* of Adam Smith's division of labour. Could a student of ever such extensive capacity imbibe in four years the flood of knowledge poured into him by these ten great reservoirs? was a question which an acquaintance with many pupils who appeared to have been drowned in the experiment, naturally suggested. The unerring certainty, too, with which many of my earlier companions returned, labelled like an apothecary's empty phial, with certain hieroglyphics attached to their names, rushed on my recollection, and excited some strange doubts about the mode of analysing a candidate's qualifications for such sacred credentials. The obligation of residing one year, at least, at "head quarters," looked very like the payment of tithes to the "Levi" of the temple, while the generosity of permitting the itinerant supplicant of a degree to acquire all the other necessaries for its attainment at home, threw some light on the regulation. The influx of strangers which this device, so ingeniously constructed to elude the restrictions of other colleges, produced, turned my attention to the Hospital department, and I asked myself, Could so many pupils see, hear, touch, exercise the senses in acquiring a familiarity with disease, in one comparatively small establishment of this kind? Again, only one year's attendance, under such circumstances, being required for a diploma, forced me to inquire, Could a lad of ever such smart parts take a dying fellow-creature by the hand, and, with such scanty preparation, say, "Sir, I will prescribe for you?" The scarcity of anatomical material next gave a new direction to my soliloquizing, and the interrogation followed, Could demonstrations and plates be substitutes for dead bodies, of which the bailies of Edinburgh seemed so extremely parsimonious?

Having thus reasoned on some of the more prominent features of the picture which you had drawn with so bold a hand, I thought it possible that the representation might, in many respects, be correct; but still I could not go the whole length of your condemnation. Justice demanded an examination of the data with which you had so liberally supplied me, before I came to draw any fixed conclusions. Besides, I argued, on the other side, that the division of medicine into so many branches, tended to have each more profitably cultivated both by the pupil and professor; that travelling from one country to another improved the manners and enlarged the ideas of the wanderer, besides being sanctioned by the example of the ancient philosophers, who, as every one knows, were all, more or less, of the peripatetic sect; that hereditary professorships did not necessarily imply incompetent appointments, as a son might be worthy of his sire, though the case of Marcus, and many others, clashed with the supposition; that, in short, ingenuity in the system of communicating instruction might obviate many impediments which Edinburgh presented to the study of the healing art. But the shrug of indifference with which you received all my charitable constructions, left no other alternative than to examine the real state of affairs at the fountain head; and the more I considered the subject, the more important the aspect it assumed. In the final adjudication of the question which then casually arose between us, much useful information must necessarily be promulged; and however ungrateful the task may be to individuals, the public will be eventually served. To point out the means by which one establishment maintained for so many years an ascendancy in the didactic departments of the profession in these islands,—to explain the influence which this monopoly exercised on the state of medicine, and the respectability of its practitioners,—to compare the merits and defects of different institutions, that each may profit by the examples of its competitors, and to demonstrate in what they all err, form a series of propositions more of interest than of curiosity, and which, owing to the manner of conducting the medical press of Great Britain, previous to the publication of your Journal, were never thoroughly investigated. With many, indeed, it has been a matter of some surprise, that while your pages teemed with intelligence from every other capital, there was no spare corner for Edinburgh, the *caput mundi* of British medicine. Now, although my future labours shall be principally directed to accomplish this *desideratum*, as the critics say, and to throw some light on the subjects glanced at in this paper, I by no means wish to predicate any thing of the manner in which my attempts shall be executed,—promises of that kind, like an "I owe you," being seldom punctually discharged. I may, for instance, to-day, fall into a private school at the awful hour of instruction, where Hygeia, personified by some lecturer learned in all the arts, scatters her precepts amongst a spell-bound audience, catch the expression of his features, or the outlines of his discourse, and returning home, rescue from oblivion the *contour* of the scene, ere it fades away for ever from the faithless mirror of the mind. To-morrow, as it may be, the university, that "peristriphic panorama" of intellect, may attract my attention; and, seated on one of its benches, as upon one of those eternal mounts that tower above our city, there to feast the sight with outstretched palaces, sublime mountains, masses of wood, and the sail dimly seen on the verge of the distant ocean; here to admire the proportions of structures of another kind, starting into being at the magic call of invention; the solidity of facts connected by argument into indissoluble union, the toils of some labourer working his way through the brakes and brambles of knotty demonstration, or, turning round, hail the approach of some navigator launched on the boundless abyss of hypothesis, as he struggles for port with some new doctrine against adverse currents; or, obedient to the summons of the bell at noon, pass over to the Royal Infirmary, to follow the incisions of some dexterous operator through all the evolutions of the scalpel, and watch the less certain advances of the physician to the citadel of disease, and the results of his contentions with the enemy. In short, whenever my fancy is tickled by any ludicrous associations, my judgment instructed by any new accession of knowlege, or my sense of propriety provoked by the commission of error, my pen shall be the faithful registrar of my feelings.

Scotus.

ROYAL INFIRMARY.

CLINICAL MEDICINE, &c.

Edinburgh, Nov. 18, 1826.

The *annus medicus*, as the classical Thebans of our college designate a portion of the year dedicated to port and prelections, commenced here on Tuesday with some novelty of circumstance and innovation on former arrangements. The steam-boats and stage-coaches, from every point of the compass, having deposited the future guardians of the public health in their respective "flats," the University has indeed presented, for some days back, an aspect of unprofitable activity, such as you would suppose might characterise an assemblage of persons employed in the more profane avocations of the world. The strange medley of professional and mercantile speculation which this gathering of the clans of Esculapius brings into our view, exhibits a dappled but rather interesting picture of studious life. On one side the spectator of this busy scene is invited in the seductive phraseology of advertisement, to become master of all the "operations in surgery," for the trifling sum of three pounds, with a drawback on the next course; and solicited, on the other hand, in terms equally tempting, to a bargain of "ready-made shirts," at the lowest cash prices. The portals of our innumerable academies are thus daily besieged by the rival pretensions of science and the arts,—of tailors and teachers contending for the decoration of the person, and the improvement of the mind. If not as a curiosity, at least as a testimony to future ages of the degraded state of tuition in Edinburgh, a collection of these handbills should be preserved in crystal, and deposited amongst the archives of that Institution, through whose policy medicine has been at length thus paraded in the streets, placarded with all the odious emblems of charlatanry. It is really a melancholy spectacle to witness the number of deluded young men whom this system of deception has congregated, in the wards of the Royal Infirmary, forcing their way by mere physical energy, to a distant acquaintance with pathology. Only conceive, from two to three hundred students crowded into one apartment, their eyes staring, and their ears set like those of hunted hares, endeavouring to catch a far-off glimpse of a patient's physiognomy, or to collect the tones of a clerk's voice, drowned in the hum of such a vast multitude. What an illustration does this scramble for a diploma afford, of the existing regulations of our colleges and hospitals in Great Britain and Ireland! While most of our smaller, but not the less instructive establishments for the treatment of disease, are comparatively abandoned; the great mass of medical pupils are concentrated in one institution, which taking advantage of the ridiculous restrictions of other colleges, presents a sort of general asylum for the expatriated students of every country. On this perverse system, a very ingenious but unconscious comment was given on Tuesday last, by Dr. Duncan, jun., in his introductory lecture to the clinical course, who, as every one is aware, has long signalized himself by his panegyrics on the school of Edinburgh, in the "Blue Journal."

To do him justice, his exposition of the new scheme adopted to obviate the objections to this preposterous humbug, was conducted with considerable skill. His first object, as a clinical lecturer, was of course to impress his audience with the necessity and importance of clinical instruction, and he very properly termed this branch of education, the end of all medical science, the application of all professional knowledge. Having established, however, these points, it might be expected that he would inform his class, that Edinburgh was not the place where his admonitions could be carried into execution. Instead of this candid avowal, following as a natural consequence from his propositions on the subject, the concluding part of his oration was devoted to the explanation of a plan contrived by him and his coadjutors, to dole out the sportula of pathology in the Royal Infirmary, so that each pupil might come in for a share. Formerly, said the "cunning little Isaac," there were but two clinical lectures delivered each week; we were allowed but a certain number of cases for illustration, and all the pupils crowded into the wards at once along with the physicians; so that little advantage could be derived from visits under such circumstances. We have therefore applied to the patrons of the hospital for a more liberal supply of cases; the students will divide themselves into two equal parts, between the two physicians; instead of two lectures, there will be four in the week, and thus many of the disadvantages which were felt under the old plan, will be entirely removed! This is what has been called in vulgar language, "letting the cat out of the bag" with a vengeance; but the Doctor was not probably aware of the deep wound which he was inflicting on his beloved "alma mater." His audience, however, quite pleased with the ingenuity of the proposal, rewarded him with a cheer, and closing their note-books, departed for the demolition (it being then five o'clock) of their beef-steaks and hodge-podge.

Scotus.

THE FRENCH SCHOOLS.

Paris.—No. 2.

Dans l'art d'interesser consiste l'art d'ecrire.
Delille.

In my former Letter I observed that there was much to censure, but at the same time somewhat to praise, in the conduct of the French government respecting the arrangements made for medical education; and every unbiassed man must admit that the free access furnished to the student to the different Museums of the capital, and the permission given to all foreigners to attend the lectures of the professors free of expense, are privileges to be found in no other country. The manner in which the elections of the principal teachers are conducted is equally worthy of eulogy, as it secures success to industrious and well-deserving men.

It may be a useful piece of information to those students who intend to visit Paris, to know the mode of procedure necessary in order to obtain permission to attend the different lectures; and I may first observe that the students may be divided into two classes; those who attend solely for information being already provided with degrees or intending to take them elsewhere, and those who purpose to graduate in the Faculty of Paris. Foreigners, for example, compose the greater part of the first class, and it is only necessary to apply to the Secretary, M. Fouchy, whose office is on the right side of the Ecole de Medicine, to show him any document, such as a certificate from a Lecturer, or a diploma, which is still better, to prove that you belong to the Medical profession; and a ticket is immediately given, after having inscribed your name and place of residence in the Secretary's book. With this ticket you may attend any of the lectures delivered in the Ecole; and by showing this card at the Sorbonne, the College of France, or the Jardin des Plantes, and writing your name and address, permission is granted to attend the courses at either of these places. At the end of the season, certificates may be obtained of having attended such courses, without the least expense. It is unnecessary for me to mention the routine followed by the French Students in their studies, the number of inscriptions required, or the expenses; as I see that these points, as well as the manner in which the examinations for a degree are managed, have been already accurately described by Mr. Bennett, in No. 135 of The Lancet.

A foreigner is not only permitted to attend the lectures free, but other privileges are accorded him. For example, if he wish to inscribe himself for the purpose of taking a degree, he is not required to produce a diploma of bachelor in letters, as necessary for the natives, as it is politely presumed that he has acquired a due knowledge of Latin, Greek, and Rhetoric in his own country; but if he can show that he has been engaged six years in the acquisition of medical knowledge, no matter where, he is admitted to an examination immediately, without the delay of making inscriptions. He must undergo the same examinations, and pay eleven hundred francs, the total of all expenses which he would have incurred if he had been regularly inscribed. This liberality has the effect of attracting students from almost every country in Europe, and very many from America, an influx duly appreciated by the inhabitants of the quarter of St. Jacques, and probably productive of some political advantages.

The importance of anatomy, as a branch of study, seems to have been fully appreciated by those who arranged the plan of the French Medical School; hence we find that no means were omitted that could increase the facilities of practising dissections. To the knowledge of those diseases termed surgical, anatomy is obviously indispensable; and when it is considered that parts, whether external or internal, of the same whole, must be subject to the same laws, every dispassionate inquirer will admit that anatomy must be equally necessary to the proper consideration of internal or medical complaints. Some persons, however, hold a different opinion, and seem to think that a knowledge of anatomy sufficient for the purposes of a physician can be acquired by attending a few courses of lectures; but, happily for the advancement of rational medicine, the number of these is fast diminishing. Whatever difference of opinion may exist on the value of descriptive anatomy, there certainly can be none on that of pathology, as it alone constitutes the true basis upon which our prognosis of disease can be founded, and unaided by *it* the practice of medicine degenerates into mere empiricism.

For the study of pathology, Paris affords greater facilities than any other school in Europe.* A far greater proportion of the population go into hospitals in France, than in England; and for the purpose of giving the greatest possible extent to pathological inquiries, the right of opening every body that dies in hospitals is secured by law, to the attendant physician or surgeon.

The name and place of residence of each patient are registered on admission into an hospital, and should he die, a notice is immediately transmitted to his friends, who are at liberty to remove the body, and bury it, upon the payment of a small sum proportionate to the time of treatment; but should they not apply within twenty-four hours, the body is then consigned to the dissecting room. Some idea of the number of subjects which are thus disposed of, may be formed, when it is considered, that not one-fourth of those who die in the hospitals of Paris, are claimed by their friends. Such as are not, become the property of the "Administration des Hopitaux," and are disposed of by that body, for the benefit of the general hospital establishment; and thus the painful necessity of prosecuting anatomy, at the risk of daily exposure, is effectually prevented.

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* In one year, 7089 patients died in the civil hospitals of Paris.

Prior to the arrangement of the French school, upon its present foundation, the dissections were practised at the great hospitals; at present, the "Autopsies," or examination of bodies after death, are alone permitted in them, except at La Charité, where there are two small dissecting rooms for the use of the pupils of the hospital.

At present there are two great dissecting "Amphitheatres" in Paris,—that of *La Pitié*, and that of the *Ecole Pratique.* La Pitié adjoins the hospital of the same name, and consists of three large dissecting rooms, each containing about thirty tables, several "cabinets" or private dissecting rooms, a small theatre for lectures, and a museum. The entire establishment is under the control and management of the "Administration des Hopitaux," and placed under the immediate superintendence of a "Chef des Travaux Anatomiques," which office is filled by M. Serres.

All the unclaimed bodies, excepting a proportion required by the school of medicine, are forwarded from the several hospitals to the Amphitheatre of La Pitié, where they are distributed to the students at the trifling cost of six francs (five shillings) each. The number of subjects received at La Pitié, may be estimated, on the lowest average, at 200 per month, a quantity amply sufficient to give constant occupation to 600 students; but owing to the slovenly manner in which the French dissect, and the abuses in the distribution of the bodies, 300 students can rarely be accommodated; and foreigners sometimes experience, in the midst of this plenty, difficulties amounting to absolute exclusion.

The subjects are ordered to be distributed according to a list kept by the porter, upon which such as desire to dissect are invited to inscribe their names; but this mode, apparently so just, is rendered perfectly futile and useless, in consequence of the Elèves, or pupils of the hospitals, having the privilege of not only taking precedence of ordinary students, at the daily distribution, but also of being allowed to take subjects as often as they feel inclined. The result is, that not only the Elèves consume an undue proportion, but their friends also, who are thereby constantly engaged in dissecting, while the majority of students, but particularly foreigners, find it difficult to obtain subjects until towards the close of the season, when the others relax in their demands. Again, a considerable quantity of subjects is utterly lost to the anatomist, in consequence of M. Lisfranc being allowed to consume them in a course of what the French term "medicine operatoire," or the art of performing operations.

Foreigners, but particularly the English, were in the habit of hiring the cabinets or private dissecting rooms, (of which there are 3 or 4, each containing as many tables,) from the prosecteurs, who engaged to furnish each table with 7 subjects during the season, for 200 francs. At the commencement of the season 1824—5, the cabinets were taken exclusively by the English, who paid the money in advance, and had written documents to insure the contract. Before two months had elapsed, the annual complaint of want of subjects was urged by the French medical students, who, as usual, ascribed it to the quantity consumed in the cabinets. This outcry, which was accompanied by anonymous letters breathing very hostile sentiments to the English, were addressed to the administration, which had the effect ultimately of compelling all the English students to leave the place. There was at one time quite a colony of English students settled about La Pitié, compelled by the absurd restrictions of their government to learn anatomy on a foreign soil. However the termination of the disturbance between the English and French students of that time, is to be regretted; it is a matter of more serious regret that the same difficulties are allowed still to remain in the path of the English anatomist through the supineness of the magistracy and the prejudices of the people.

Owing to the introduction of the nomenclature of Chaussier during the revolution, it became very difficult for foreigners to understand the phraseology of the French anatomists, and this circumstance, with some others, induced Mr. Bennett to deliver a course of lectures on anatomy, to his countrymen, in the session of 1822—3. Mr. King and Dr. Halliday, commenced in the following year; but as you are already in possession of the principal facts connected with the destruction of that establishment, I shall say no more on that subject, especially since I fear that I have already extended my letter to too great a length.

SKETCHES OF THE SURGICAL PROFESSION IN IRELAND.

No. XIV.

Letters from Eminent Characters, with Comments, &c.

Lord Byron very justly observed, that no man could speak long and agreeably of himself. It is a theme of which an audience soon tires, and with which readers soon become disgusted. We are generally too poor in merit to bear with placidity the recollection of our own littleness, evoked from the quiet recesses of our self-love, by the crowing of some egotistical chanticleer. The praise even of a Shakspeare, if sung by himself, might for this reason be as offensive as the melancholy vapouring of James Copland, when, slipping off the harness of criticism, he (James Copland) appeals to us in the royal plurality of a we, about his hectic repository. Yet it must be admitted that occasions may arise, when a recapitulation of services may not necessarily imply the guilt of vanity, and men may state the effects of their exertions on the public mind, without infringing on the nicest distinctions of propriety. But fear not, gentle reader; it is not intended by this condemnation of a vice, to conclude in the usual manner by its commission, for no such thing has been contemplated as to throw dust in thy eyes of "sparkling blue," which are now watching with the intensity of a basilisk's vision for the turn which this perhaps suspicious exordium may take. On the contrary, my impartiality compels me to publish at a great sacrifice of personal feeling, the following communications, containing, as you shall presently see, any other sentiments than those of respect for my labours; but I must first let you into the secret of the reception of this packet of abuse.

Walking a few days back into the alphabet department of the General Post Office, Dublin, to inquire after some letters expected through that channel, I observed a large parcel on one of the shelves, superscribed with that word which gives me an ephemeral existence in the minds of my countrymen, and looking like a poor soul in limbo, waiting the happy hour of deliverance. Without appearing to have taken any notice, I demanded if there were any commands addressed "Erinensis," when the man of letters replied in rather a tone of surprise, "Why, sir, yes, some dozen or so." "Post-paid, I presume?" having some misgivings as to the prudence of encountering the expense of such a consignment of paper at the present rates of postage; "To a letter, sir," said the minister of Mercury, handing out the precious bundle, with which I hastened to my shadowy dwelling. Smash went wax and wafers; but, Lord, how shall I describe the contents! A very Pandora's box, without a hope in the bottom! From this collection of complimentary favours, I shall take a few specimens at random; and now for the lottery! Spirit of Bish, guide my hand, and give righteousness to my operations! Ah! Aby, I knew thou wert ever a lucky fellow, and thou hast won the start!

Stephen's Green, Oct. 10, 1826.

Sir,—Though I heartily despise any anonymous attacks on my character, I cannot omit this opportunity of informing you, that I consider you a disgrace to human nature and your country. Your talents are as mean as your malignity is intense; and had not disappointment whetted the obtuseness of your intellect, the world would never have been troubled by the writhings of your desperation. If my merits had been less prominent, they had probably escaped your censure; but the public will appreciate the justice of remarks, provoked solely by my envied prosperity. While my fellow citizens are content with my abilities, and their fees enable me to ride in my coach, I may well afford to smile at the sarcasms of jealous scribblers who go on foot. Instead of proving my practice erroneous, you assail my person; and, without showing cause, condemn my College politics in the aggregate. All sensible men will agree with me, that the purity of academic elections must ever be in proportion to the paucity of votes, and that efficient professors can be secured by that excellent system of franchise, the boroughs, which makes England the "envy of surrounding nations." The demand of a library for the students was but another example of your ignorance of medical education, as every person must be aware, that a multiplicity of books distracts, instead of enriching the youthful mind, unprepared for their perusal, as a multitude of viands impair digestion, instead of giving strength to the system. To your complaints about the Museum, I would oppose much the same arguments, and leave it to common sense to decide between you and me, whether a mere tyro could possibly unravel the mysteries of a collection of morbid anatomy, unassisted by an explanatory catalogue in print, which would be a wanton expenditure of the funds of the College. In your flimsy account of my hospital, in which you have shown a better acquaintance with rhetoric than surgery, you taunt me with a taxation of knowledge, and support your impertinent objections by a parable with the French charities; whereas, in one of my lectures I shall demonstrate that the inferiority of French to English surgery may be traced entirely to the gratuitous opportunities of instruction afforded by these institutions. Had Baron Larry, for instance, the sagacity to charge pupils twenty guineas a-year for the use of a hospital, think you he would have been such a goose as not to know a cancer, or the treatment of aneurism at his late visit to Stevens'! In maintaining these opinions, Sir, I but express the sentiments of that respectable portion of my College, who prefer rising to eminence by years, rather than by any foolish pretensions to merit; and though you have succeeded in raising a clamour amongst a few radicals and disaffected persons, I rely on the fidelity of Auchinleck, Porter, and my other fast friends, who only wait the word of command to obey, to support my ascendancy in the corporation. I must in conclusion tell you, as I have lately in the "Committees," and those opposed to my designs, that unless they accede to my wishes, and elect Mr. Harrison on the next occasion, I shall leave the College without one who can be called a professor in the hour of its distress.

Yours, in contempt,
A. Colles.

As I hope for heaven, Abraham, thou art a clever fellow, fit to write up a page in Blackwood, or John Bull, any day! No! not for worlds would I have suppressed thy irresistible specimen of the cut-and-thrust point of a draper, united to the reasoning powers of a filmer. How I regret that arguments so convincing, and wit so pungent, can be fully estimated in the precincts of York Street only, and that I have not time to explain their operation on the minds of those creatures, (don't blush, Mr. Auchinleck,) who crouched like so many spaniels at thy beck, in the late Committees of the College, while hastening to draw another prize. Cusack! thou man of many apprentices! right welcome thou art to thy successful haul—so here you go:—

Stevens' Hospital, Oct. 6.

Sir,—Being but a plain sort of man, and neither having a taste for fashionable accomplishments, nor the formation of my physiognomy at my own disposal, I think it peculiarly hard that my graceless movements, and the expression of my features, should be made a matter of serious accusation. I promise you, if I should ever take a posture-master to reform my gesture, or happen to have my countenance remodelled, I shall consult your judgment in a choice of artists; but as this is a matter of some difficulty, even in the present improved state of personal decoration, "to put a new head on old shoulders," I am of opinion, that for our mutual peace of mind, it would be just as well to let me wear the old one, without any future molestation. To your criticisms on my manner of operating, I have but one reply: that I study safety rather than effect; and never having dissected before a looking-glass like my friend the Surgeon-General, my management of the scalpel will, of course, bear no comparison with the elegant incisions of that Hortensius of surgery. Though I am quite unable to comprehend the means by which you obtain your information, I am free to confess that I have expended some pound-notes occasionally, on supplying the theatre with cases for exhibition; at the same time that I think one less censorious than you, in drawing an estimate of my character, might have given my professional cunning the credit of an act of charity. As you also seem inclined to include me amongst the opponents to innovation, and as I am on the subject of explanation, I may as well admit, that, like many others, I always vote with the majority; first, because it saves one the trouble of thinking; and, in the next place, serves my interest, to keep things as they are; for if that plan of education, with which you and The Lancet have been threatening us, were once to come into fashion, farewell to any more pupils, and a thousand a year; to loose which, between ourselves, would be no joke. And now with respect to issuing tickets on "state days," to exclude strangers: my only object was, I assure you, to secure a facility of observation for those who had purchased a claim to the advantages of the hospital. I never, believe me, intended to shut out "Erinensis" by this device; and to prove the contrary, I hereby invite you to attend, *propria persona*, at the next operation, and to partake, after the business is over, of a *snack*, of which I beg leave to assure you, a "cold shoulder" will constitute no part.

Sincerely yours,
H. Cusack.

Thank you! Domine; a plenary indulgence of three months violation of the graces, and as many more of voting with the majority, shall reward thy good humoured epistle. Better always acknowledge the truth, than defend errors by depraved sophistication. But, mind me, don't deal more in that inhospitable usage of "invitation cards;" not that I have any interest myself in the suppression of the practice, for I am at your "shoulder" every morning in the year; but there are a great many clever young fellows, who can as little afford twenty pounds, as yourself could some time ago, and who wish to be present on these occasions. There are, besides, a good many strangers, North and South Britons, amongst us just at present, and to hand them over to the mercy of a porter, is, to say the best of it, perfectly un-Irish. "Pray you avoid it"—you know I could talk to you in a very different tone, but that your civility demands a return, so—"*cave ne titubes, mandata que frangas.*"

"*Bella, horrida bella!*" What's this, sealed with a diagram of the "Battle of the Boyne?" Mr. Porter must surely be at the bottom of this—*alter et idem.*

Kildare Place, Oct. 15.

Sir,—While you imagine you are injuring me by your scurrility, I feel great pleasure in informing you that you have been rendering me an essential service. Since you had the good fortune to point out my political principles to public notice, I've had the honour of paring my Lord Manners' corns twice, and of prescribing physic three times for my Lady Mary Saurin's lap-dog. In addition to the attainment of the patronage of such distinguished personages, I have also been retained at a handsome salary as water-closet inspector to the "Beef-steak Club." For these favours I thank you, and invite your future hostility as the most useful tribute which your hatred can pay to my loyal principles. The better to secure your profitable enmity, I beg leave to assure you that I must persist in believing the good old system of a few staunch protestants (Mr. Porter, I presume, means Orangemen) putting in their pockets the rights and emoluments of a whole profession, is the only form of government under which a corporation can flourish, and that the affairs of our College can never prosper, until a "perpetual dictator" is appointed; every trace of damned republicanism be eradicated from its constitution; and every cut-throat papist be excluded from its walls. ("Bite, viper, bite.")

H. Porter.

Bravo! Porter and king William for ever! I am, indeed, most happy to learn, that I have been the unconscious means of doing you some service, knowing how much it was wanted; and I anticipate, from the insertion of your present favour, your immediate preferment to the attendance of the bipeds and quadrupeds of the household of my Lord Archbishop Magus. But, hark ye! should you attend any other loyal poodles, pray be so good as to send me an account of their cases, and I promise to commence with them a series of essays on canine pathology. Your arguments I of course consider quite unanswerable, and advise you by all means to adhere to them, as the surest means of rising to eminence in Ireland. Good bye! I'm just now in a hurry for another revolution of the wheel.

Bless me! a *billet doux* on embossed paper, soft and white as new fallen snow on Maria's own bosom, which doubtless was meant to be emblematically transfixed by this arrow, seemingly transferred so perfect from Cupid's quiver to this wax, rosy as her lips; and oh! the perfume! "all Arabia," or—the angel's breath. Mungo, (my dusky valet,) a scissars—it were a profanation to destroy so beautiful a specimen of the "Art of Love"—I shall cut it out and place it amongst my choicest intaglios—'tis done; but can it be that any one has taken me for a "Venus," or a "Madame Vestris?" impossible—and yet, why these *insignia* of the "tender passion?"—Innostre—as I live, 'tis Crampton's! and I shall read it out:

Merion Square, Oct. 16.

Madam,—Allow me to assure you that I consider it one of the happiest events of my life, to have been the humble instrument of restoring you to convalescence, as I am informed by your grateful favour of this morning. To administer health to any suffering fellow creature, is one of the most agreeable reflections to which the practice of our art can give rise; but how much this pleasure is enhanced, when so amiable a being as youself is the object, it is not for one so poor in words as I am to expresss. In the course of the day I shall send a mixture, made up with my own hands, which, if the sincerest desire for your happiness could avail, would possess all the virtues ascribed to the "immortalizing elixir" of Paracelsus. That it may charm away every lingering trace of disease, and communicate a portion of that esteem which I feel for your person, is the first wish of,

Madam,

Your devoted and ardent admirer,

P. Crampton.

Heighho! hands off, Mr. Crampton, if you please; "Erinensis" is neither a lady, sick, nor in love, but stands more in need, at present, of an Œdipus, than a sentimental doctor, to help him to a solution of your enigmatical mixture of affection and physic. *Eureka*, I have guessed it; the mistake of a superscription explains the mystery, and the letter intended for me,—oh! cruel chance,—has by this time reached poor Maria. How I pity her feelings during the perusal of, perhaps, a challenge to single combat, instead of gratulations on her recovery; but there 's no help for spilt milk, as we say in Ireland, and the wound inflicted is surely in good hands;—so to business.

"Angels and ministers of grace defend me!" what have we here? black seal, cross bones, hour glass, a scythe, and the Bible, all the emblems of sorrow and sanctity! Mungo, have any of our friends died or turned saints lately? We shall see farther—Eh! noun-substantives of six syllables, and epithets of ten, rivetted together by words of one, the whole forming a concatenation of "longs and shorts," like an iambic verse, or one of the chains of Menai bridge!—one of Mr. Kirby's lectures on anthropology, for a ducat? 'tis but a letter:—

Harcourt Street, Oct. 20.

Sir,—I have been informed (for I would not condescend to peruse the virulent vehicle of your lucubrations) through an authentic source, that you have been endeavouring to obscurate the resplendency of my professional renown, by the caliginous emanations of your spleen. But, Sir, *exegi monumentum*, which, *ære perennius*, as my Lord well observes in his immortal work on architecture, not all the power of your inflated declamations, shall be ever able to overturn. Who, Sir, (and I rejoice in these interrogations,) first elevated the metropolis of Juverna, as Ireland was called by Bede in his antiquities published at Amsterdam in the tenth century, to be the first anatomical school in the world? Who discovered, explained the operation, and brought into notoriety, the virtues of the datura stramonium, that plant of the monogynia order of vegetables, according to the natural system of Linnæus and of Joussen, which has bestowed such multitudinous blessings on the human race? Who, Sir, composed that mighty manual of anatomy, whose approach has been annually announced by myriads of placards at the vestibule of that celebrated temple of dissection in Peter-street, and which, owing to its vast magnitude and importance, will take many more years to commit it to the press? But, Sir, of the greatness of this world, and its evanescent glories, I have had enough; and, like Solomon in his wisdom, having buried in forgetfulness the object of all my sublunary affections, I have taken unto me a new spouse, to be the comfort of my old age, and the angel's name is—Truth. I therefore turn to warn thee, young man, of thy evil ways, for thou art sitting in the shadow of death, and knowest not the hour nor the minute when the Almighty, in the whirlwind of his tempestuous wrath, may * * * * *

Oh, no, not yet Mr. Kirby, if you please; "sufficient for the day is the evil thereof," and I have no fancy to be reminded of disagreeable journeys in this world or the next. If chanting psalms after dinner has supplanted the social feelings once excited by Moore's melodies and champagne, visit not me, I beseech thee, with the gloomy inspirations of water and sacred song. Of the accuracy of your classical quotations, history, botany, &c. &c., I was pretty well aware; but pardon me if I were not prepared to hail thee, the bridegroom of Bethesda. But man is frail, and we should be indulgent to each other's foibles. Amen.

Only five read yet, and but half a page remaining! I must merely take a review of my remaining correspondents. Palmer, bad spelling—Auchinleck, threat of assassination—Harrison, remonstrance on the loss of the professorship—Sir Peter Courteney, something about roasting Erinensis on a gridiron—a Rejected Candidate! a hard case, no doubt, but it may be worth inspecting what the criminal has to say, why sentence of death should not have been pronounced against him:

Circular Road, Nov. 3, 1826.

Sir,—I make no secret of my rejection, because in my case I do not consider it disreputable, from the manner in which examinations are at present conducted by the Court of the Royal College of Surgeons in Ireland. The number of pupils lately rejected there, has excited a general suspicion that matters are not all right in that quarter, and masters have publicly declared that their apprentices have been denied "letters testimonial," through prejudices entertained against themselves. Now, as you are present on these occasions, and must be intimately acquainted with the manner of examining candidates, the profession, and more particularly the pupils, expect your opinion on this very important subject.

Yours, &c.

A REJECTED CANDIDATE.

In compliance with this request, I beg leave to announce, while "on my legs," that the Court of Examiners of the Royal College of Surgeons shall form the subject of the next Sketch.

ERINENSIS.

CASE OF GANGRÆNA SENILIS,

with Spontaneous Amputation of the Leg.

THE following interesting case has been sent to us by Mr. RICHARD WILLIAMS of Aberystwith; such a fortunate termination rarely occurs.

On the 12th of March, 1825, I was requested to visit John Jenkins, a farmer, 71 years of age, residing about eight miles from this place; ten weeks before, he had been attacked by a fever, and was relieved by bleeding, and other measures; but in a fortnight afterwards, being still confined to his bed, he one night complained of a sudden coldness in his right leg. In a few days more, the skin became perfectly white, and was accompanied with violent and excruciating pain in the limb; after some time, the pain ceased, and the leg became dry and hard, having very much the appearance of tanned leather. A line of separation now began below the knee, at the point where the first incision is usually made for amputation; when the demarcation was completed, the appetite improved, and the patient gradually recovered strength.

I found the patient in bed, lying upon his back, with the right knee and leg turned inwards, precisely in the situation as for dislocation of the os femoris backwards into the ischiatic notch. The leg was of a dark black colour, dried, and shrivelled; the muscles were completely divided to the bones, about two inches above the part where the line of separation had commenced, so that the skin formed a neat flap, and was closely folded in over the surface of the stump, leaving the tibia and fibula quite bare and denuded of their periosteum, as the only connecting medium between the dead and living parts. At this period the pulse at the wrist was 100, small and feeble; it could be distinctly felt in the anterior tibial artery, on the left instep; in the right iliac artery, the pulsations were very strong, but they could scarcely be distinguished in the femoral artery; and on a careful examination of the arteries with the fingers, it was easily ascertained that they were more or less ossified. The thigh was enlarged to some distance above the knee.

I declined the amputation of the thigh, to which I was strongly urged, for obvious reasons, and removed the leg by sawing through the bones, which were in a rotting state.

A most intolerable stench issued from the putrid cancelli. I directed the use of bark, with a generous diet, and the nitric acid lotion to be applied to the part.

I saw nothing of the patient for a considerable time after; but find, upon inquiry, that he is now living, and able to wear a wooden leg.

Aberystwith, Nov. 4, 1826.

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

CASE OF UNUNITED FRACTURE OF THE HUMERUS, IN WHICH A SETON WAS INTRODUCED BETWEEN THE ENDS OF THE BONE.

A. M., æt. 23, about ten months ago received a fracture of the bones of his left leg, as well as of the humerus of his right arm, in consequence of falling from a height. The bones of the leg united; but about six weeks after the accident, he states, that on the pillow which was lying underneath his arm being suddenly withdrawn, he felt as if the bone gave way, previously to which he was able to raise his arm, and the fracture was considered to have united; but ever since, notwithstanding the use of bandages and splints, no ossific union has ever taken place.

On now examining the arm, the seat of the injury is very evident, being about a hand's breadth above the elbow joint; the ends of the bone seem to be united by a soft substance, which permits of a considerable degree of motion between them. The point of the lower portion is rather more elevated than the upper, and overlaps it a little, making the arm half an inch shorter than the sound one, and producing much deformity in its appearance.

Mr. Wardrop conceiving this to be a favourable case for the introduction of the seton, the operation was readily performed, by making an incision sufficiently large to admit of the point of the finger down to the substance between the fractured ends of the bone, when a full-sized seton was passed through it, which produced what was considered a moderate degree of inflammation; on the eighth day it was withdrawn, and the wounds, from which pus had been plentifully discharged, healed in a couple of days. In three weeks, in spite of the restless disposition of this son of the Emerald Isle, which no doubt had prevented the union of the bone on the former occasion, such a degree of union had taken place as to enable him to raise his arm with facility.

In this state, with his arm properly bandaged, and instructions best suited for such a character, he left the hospital.

It is worthy of observation, that in this case, the seton was employed on a principle different to that on which it had been originally used by Dr. Physic, of New York, as also in the case related by Mr. Wardrop in the Med. Chir. Trans. There the seton was kept between the ends of the bones, until ossific union took place, Dr. Physic conceiving that such a long-continued excitement was necessary to complete the process. In the case we have just related, the seton was withdrawn when it was thought that a sufficient degree of inflammation was produced by its presence, equal to that which may be supposed to take place immediately after a fracture. As the inflammatory action attendant on a simple fracture endures (generally) but for a few days, it was concluded that the excitement kept up by the seton for eight days, would fully accomplish the end of uniting the bone.

LARGE FISTULOUS OPENING IN THE CHEEK, CURED BY AN OPERATION.

H. S. ætat. 16, says that nine years ago, after an attack of typhus fever, an abscess formed in his left cheek, which affecting the adjacent alveolar processes of the upper jaw, they became carious, and produced ulceration of the integuments. Four years ago, Mr. Cline removed the diseased portion of bone, but a fistulous opening which remained was then so trifling, and gave so little inconvenience, that the boy would not submit to an operation for its cure; it has since, however, by the action of the muscles, been considerably dilated, and now is fully an inch in length, having smooth and rounded edges. The upper extremity of the opening is situated a little way from the left ala of the nose, and extends across the face obliquely downwards.

Feeling much uneasiness, and sometimes even pain from the exposure of his teeth to the external air, and his voice being somewhat affected, he applied to the Hospital for relief. After his bowels had been well evacuated for some days, the following operation was performed:

A piece of pasteboard being introduced under the cheek, Mr. Wardrop made two elliptical incisions completely through the substance of the cheek, so as to include the callous edges of the opening; the lips of the wound, which were uncommonly firm and tough, so much so, that there was much difficulty in piercing them with the needle, were brought together by two stitches of the interrupted suture, and no adhesive plasters or bandages were used. On the third day, one of the ligatures was removed, and on the fourth day, the second ligature was taken away, there being complete adhesion, and the boy left the Hospital.

He presented himself a fortnight afterwards, when a very great amendment had taken place in his appearance, and he said that he experienced great comfort from the non-admission of the external air through the former wound.

GUY'S HOSPITAL.

CASE IN WHICH A LARGE QUANTITY OF HYDATIDS WAS DISCHARGED FROM A TUMOUR IN THE RIGHT SIDE.

Elizabeth Judge, æt. 20, a delicate looking woman, was admitted into the Physician's Clinical Ward on the 2d of November, under the care of Dr. Cholmeley.

She stated at the time of admission, that she had been subject to attacks of epilepsy for several years, the fits occurring at irregular periods; sometimes being free from an attack for several weeks, whilst, at other times, only a few days intervened between the paroxysms. About two months before admission, she was attacked with a bowel complaint, at the same time suffering with violent pain in the abdomen; in the course of a few days the pain was transferred to the right side, just below the ribs. A blister was applied over the part affected, and as soon as it was removed, she observed a small tumour at the part. The patient further stated, that she had never menstruated.

On examination, Dr. Cholmeley found a tumour of considerable size in the right hypochondriac region, immediately below the cartilages of the ribs; pressure upon the swelling occasioned much pain, and there was an indistinct sense of fluctuation in the part. The constitutional symptoms were by no means urgent; the pulse was small in volume, and somewhat accelerated; the tongue slightly coated with a white fur, and there were occasional rigors. Ordered to take the saline effervescing draught every four hours, and one grain of calomel at night, with a like quantity in the morning.

Nov. 3. The patient was seen by Mr. Key to-day, at the request of Dr. Cholmeley. The tumour was punctured, and about ten ounces of bloody pus, with several hydatids of different sizes, were discharged; a small piece of lint, and over this a strip of adhesive plaster, was applied to the opening. The patient experienced much relief from the evacuation of the contents of the abscess.

4. The constitutional symptoms remain much the same; more sleep was obtained last night than for some time previously.

6. We learn from the sister of the ward that the patient had fits yesterday, but it is not clear, from the description given, that they were of an epileptic kind, but rather appearing to be of an hysterical nature. On examining the side, we find that the opening made in the tumour has closed; but there appears to be a further collection of matter going on. The lower boundaries of the cyst are well defined; it is the opinion of Mr. Key, that the tumour is attached at its upper part to the edge of the right lobe of the liver.

11. The abscess opened spontaneously two days since, when a considerable quantity of matter escaped, but there were no hydatids discoverable. The patient is much improved in appearance; she takes a grain of calomel at bed time, and a poultice is now applied over the side.

17. We find the patient to-day sitting up in bed and eating her dinner. The improvement in her general health is very apparent. She sleeps well, and her appetite is good. The opening in the side has been closed for several days; the poultices were only applied for a short time, and then a strip of adhesive plaster was laid over the orifice. It is evident, on examining the side, that the cyst has contracted, and its cavity is, in consequence, materially lessened.

CHRONIC TUMOUR OF THE BREAST.—OPERATION.

——, ætat. 27, a healthy young woman in appearance, was admitted into Mary's Ward, under the care of Mr. Morgan, on account of disease of the right breast.

On examination, there was found to be a well-defined tumour of about the size of a walnut, on the sternal side of the right mamma, and apparently in the substance of the gland; it had a firm and lobulated feel, and was perfectly moveable. She stated that the disease had existed upwards of two years; she had been for several weeks prior to admission under the care of Mr. Callaway as an out-patient, but the swelling did not yield in the least degree to the treatment employed during this period. At the time of menstruation, she experienced much pain of a darting kind, and at other times also occasionally felt pain of the same description. The disease had progressively become worse during the last month previous to admission. Mr. Morgan, on visiting the patient, and ascertaining the above particulars, remarked, that as the disease had been of long standing, and had resisted those means under which the simple chronic tumour of the breast generally gives way, he thought it desirable to remove it by excision. For although the disease might be, and probably was (taking the age of the patient and other circumstances into consideration) of a simple kind in its origin, yet he feared that it had now become a malignant disease.

The operation of removing the tumour by excision, was performed about ten days after the patient's admission, and, on examining the diseased part, it was found to have the diagnostic marks of cancerous disease, and this was more especially obvious in the central portion of the swelling.

DISEASE OF THE TESTICLE.—OPERATION OF CASTRATION.

On Tuesday, November 14, Mr. Key removed the testicle of a patient who was admitted into the Hospital a few days previously. The man was under the care of Mr. Key in the commencement of the present year, on account of diseased testicle; and on reference to our register of patients admitted, we find the case noted as follows:

Luke's Ward, No. 26.—John Barn, ætat 30, scrofulous diathesis, admitted Jan. 12, on account of disease of the right testicle. The testicle is very firm, and enlarged to about three times its natural size; it has been affected a year and half. At the under and fore part of the testicle is a small fistulous opening through the integuments, at which a considerable quantity of thin matter is discharged. Scrofulous abscess of the testicle?

13. Ordered to apply to the part bread poultices, with a large portion of salt superadded. Hyd. oxym. gr. $\frac{1}{12}$ ex decoct. sarsaparillæ ter die sumend.

30. No relief to the disease of the testicle; wishes to have it removed. Is discovered to have stricture in the urethra about the situation of Cowper's glands; a sound is occasionally passed.

Feb. 20. Disease of the testicle much the same; the stricture in the urethra relieved.

April 10. Patient dismissed from the Hospital. The disease of the testicle unrelieved; the fistulous opening and discharge continue as when admitted. *No further means have been adopted!*

Such is the report made on this case as it stands in our book, and it certainly does not say much for the activity of the treatment employed during the space of three months. On the 3d of November, however, the patient again made application for admission, when it was found that the fistulous opening and enlarged state of testicle were much the same as formerly; but, in addition to these, there was now an accumulation of fluid in the tunica vaginalis. This fluid was subsequently removed by tapping; and as Mr. Key was fully satisfied that the disease of the testicle had gone on so far as completely to destroy its secerning powers, at the earnest desire of the patient, he agreed to undertake its removal.

The operation was performed in the usual manner; a considerable portion of the scrotum was removed with the testicle. *There was no examination made of the diseased part.*

On Tuesday last Mr. Morgan removed a portion of the under lip from a female, in consequence of cancerous disease. The patient was 25 years of age. In the month of April last she received a severe contused wound on the lip, the cicatrix of which was evident on admission. At this part there was a firm hard tumour, which she stated soon succeeded to the healing of the wound in the lip; it was very painful, and was of the size of a nut. A section of the tumour, when removed, showed its true carcinomatous character.

ST. THOMAS'S HOSPITAL.

CARCINOMATOUS DISEASE OF THE BREAST, OCCURRING IN A MAN.

The breasts of men, it is well known, are but rarely affected with cancerous disease; there is, however, at this time, in St. Thomas's Hospital, a well-marked instance of cancer occurring in the breast of an old man.

The patient was admitted into Abraham's ward, on the 14th of September, under the care of Mr. Travers; he is 58 years of age, and states that his general health has always been good; his occupation has been that of a carter to a distillery.

November 10. On examination, we find a flat tumour of about three inches in circumference, occupying the situation of the left breast, with the nipple in the centre of the swelling. The tumour is of a firm hardness, irregular on its surface, circumscribed, but having at its edge divergencies, which, however, cannot be traced far. It is not attached to the parts beneath; the skin immediately around the nipple is adherent to the upper surface of the tumour; it is not tender on pressure. Several of the absorbent glands situated over the sterno-cleido-mastoideus are indurated, also one or two on the side of the sternum, and below the clavicle. On the under edge of the pectoral muscle, where forming the anterior axillary flap, there is an indurated absorbent gland,—and very deep in the axilla, a hard substance is felt; not one or more distinct glands enlarged, but an indurated mass. The absorbent vessels running towards the axilla are thickened.

The patient states that the disease is of four years standing, and that he first discovered a small hard lump in the breast, which increased very slowly to the time of his admission. He has never experienced any pain in the tumour, but has occasional lancinating pain in the enlarged glands. He says that he came into the hospital with a view of obtaining relief from a distressing pain which he has for some time felt in the right hip and thigh; he calls it rheumatism, and says it is aggravated at night.*

He has a constant, dry, or, as it is expressively termed, *husky* cough, which has much increased of late; his respiration is difficult, short and hurried, and he experiences a sense of suffocation on lying down.

With respect to the treatment pursued, there is but little to say: it is evident that the disease is too far advanced to warrant the performance of an operation. A plaster, composed of equal parts of the soap-plaster, and extract of belladonna, has been constantly applied over the tumour; the thigh has been rubbed with anodyne liniment, and five grains of the extract of hemlock taken three times a-day. Of late the attention has been more directed to the relief of the pulmonic symptoms, which, as before stated, have become urgent; and Dr. Williams, at the request of Mr. Travers, has prescribed for the patient. It is, however, to be feared, that the disease in the chest is of that peculiar nature, which so frequently occurs in conjunction with cancerous disease; and that it is, consequently, beyond the reach of medical aid.

The extraction of a cataract by Mr. Travers, is the only operation performed at this Hospital *for several weeks past.*

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* It has been remarked by Sir Astley Cooper, that patients who are affected with cancerous disease are subject to pains of a rheumatic kind in different parts of the body.

BARTHOLOMEW'S HOSPITAL.

CASE OF SYPHILITIC IRITIS, EXHIBITING THE DISEASE BOTH IN THE ACUTE AND CHRONIC STAGES.

A YOUNG man, æt. 19, of pallid complexion, thin, weak, and of strumous habit, was admitted into the Hospital under Mr. Lawrence, affected with syphilitic iritis, acute in the left and chronic in the right eye. Six months ago he had a chancre on the outside of the foreskin, about the size of a sixpence; he had no other syphilitic symptoms. The chancre healed upon the application of the black wash, and taking a few mercurial pills. Ten weeks back he found his eyes becoming very weak, watering a good deal, and was obliged to give up his work, that of a steel polisher. About this time he received a slight blow on the left eye, upon the sclerotica, near the circumference of the cornea. He had completely lost the sight of the left eye for five weeks, and that of the right had been much impaired for the same time. The left eye had suffered serious change of structure from severe internal inflammation, which still continued, and had altered the figure of the globe by causing a bulging of the lower anterior part of the sclerotica; the iris and pupil were in close contact with the cornea, the pupil being contracted but not filled with any opaque substance; at the lower part of the iris, there was a considerable irregular deposition of brownish lymph, seemingly mixed with blood; and on the prominent part of the sclerotica there was seen a round protrusion, equal to a small pea, of a light brownish appearance, covered by conjunctiva; it seemed to be a tubercle of lymph, making its way through the sclerotic coat, leading to a supposition that the distension and bulging of the sclerotica were caused by an internal deposition of lymph, similar to that effused upon the iris. The inflammation had extended to the outer tunics, there being considerable and general external redness, but the vascular trunks were largest and most numerous over the prominent portion of the sclerotica; the degree of accompanying pain bore no proportion to the disorganization, effusion of lymph, and vascular congestion; it had not interrupted his rest, and at the time of his admission was inconsiderable. The eye was absolutely insensible to light. No disorder was observable in the right eye upon a superficial view, but close exmination detected in the iris and pupil effects of languid or indolent inflammation, the characters and consequences of which were strongly contrasted with what had occurred in the other eye. The iris had, in great measure, lost its natural brilliancy and fibrous appearance, its lower half having a slight yellow tint; the pupil was of the ordinary size, and adherent throughout by a series of minute, short, dark filaments, which gave it a dark fibrous appearance; there was some redness around the margin of the cornea which was most conspicuous below, opposite the yellow discolouration of the iris. He could distinguish letters of one-eighth of an inch in length, but not readily, and was unable to see any of a small size. He has had no pain, heat, or uneasiness in this eye, nor any pain whatever in the head or temples.

On the 13th he was cupped on each temple to the extent of ℥xij. and took a dose of calomel and jalap; and on the 15th, calomel, grs. ij.; opium, gr. ¾, every six hours; the extract of belladonna being applied to the eyebrows.

On the 21st the mouth became decidedly affected, so that the calomel and opium were only taken twice a day; the left eye was much improved, the external redness gone from the upper part of the globe, and the quantity of lymph diminished; the appearance of the right eye not much changed; the redness less; and on the 19th, in the sunshine, he could read a small print, but to-day, he made out even the large characters imperfectly and with difficulty, He took the calomel and opium night and morning.

25. The effect on the mouth was considerably diminished; there was little alteration in either eye. Calomel and opium three times a day.

31. The mouth again affected. With a strong light he could distinguish words in small print. The globe of the left felt flaccid and unresisting upon pressure.

January 30. Felt assured his eyes were much improved, and stated, that on rising he placed his hand before his left eye, and could discern something moving.

9. The left eye has shrunk considerably, the lymph being completely removed from the anterior chamber, and the prominent tubercle on the sclerotica gone; the globe was so flaccid that it felt quite soft throughout, the palpebræ offering no resistance to the finger. The diminution of the globe (atrophia bulbi) was obvious externally, the lids being closed. The right eye was quite natural, excepting the pupillary adhesions; vision still imperfect, although he could read a middle sized print with tolerable facility this day. Continue the calomel and opium three times a day.

28. The mouth is kept sore by the calomel and opium. Sight a little improved, but he cannot see by candle-light.

Feb. 8. Continued the use of mercury until the present time, so as to affect the mouth; he could now read the smallest print by day, but not so perfectly by candle-light; the left globe is very considerably diminished. Discharged cured.

CASE OF LARGE SYPHILITIC SORES ON THE RIGHT ARM AND LEG: SYPHILITIC LEPRA ON THE HEAD AND FACE.

———— , æt. 27, admitted June 22. This patient, half a year ago, had a small chancre on the inner skin of the prepuce, by the frenum. He took mercury, which affected his mouth, and applied black wash to the sore, which healed in about two months. About three months since, a small sore, with a thick scab, made its appearance on the right arm, above the elbow. The scab came off the sore, which then spread rapidly. Some time after the sore on the arm appeared, another of a similar character came on the calf of the right leg. Within the last six weeks, eruptions and scabs had formed around the mouth and over the forehead. About a fortnight ago, he found his throat rather sore. Upon examining the throat, it was doubtful whether there was any ulceration of the mucous membrane.

The sore on the arm was irregularly circular, of about four inches in diameter, healing towards the elbow, and spreading by a foul white edge towards the shoulder. It gave him much pain, and had generally an unhealthy appearance. The ulcer of the leg was not quite so large; it had the same characters, but the edges were more elevated, and the surface fouler.

There were thick circular scabs upon the left arm about the size of sixpence. The eruptions on the forehead were an excellent specimen of the genuine copper-coloured syphilitic blotch, (Lepra Syphilitica,) being nearly circular, and of a light brownish red, or copper colour. The skin was a little raised, and irregular, and partially covered by slight scales; the character of the affection was similar around the mouth, except that ulceration had occurred in two or three of the blotches, and the ulcers were covered by their scabs. The case presented a combination of scaly eruption, with phagedenic ulceration. The former was considered as a species of syphilitic affection particularly requiring the use of mercury; the latter of the description much benefited by the local use of oxymuriate of mercury in lime-water. It was determined that no mercury should be exhibited in this case. Decoction of sarsaparilla a pint, with a drachm of the extract, to be taken every day; bread poultice and yellow wash to the sores.

26. Sores appeared much more healthy, particularly that on the arm; they were not so painful: the throat was easy, and the appearance of ulceration gone.

28. The sore on the arm had a healthy granulating surface; that upon the leg was less painful, and the surface clearing by detachment of portions of brownish slough; the scaly eruptions clearing fast. The same applications continued.

July 16. The two large sores healing rapidly under the use of yellow wash. The ulceration round the mouth had cicatrized, the leprous patches of the forehead and face having nearly disappeared; nothing remained of them but a slight red superficial discolouration. The general health and appearance much improved.

26. The sores on the arm and leg had contracted to a fourth of their original extent; the healing process going on rapidly. He continued the decoction and extract of sarsaparilla, and yellow wash to the sores.

Aug. 13. The lotion had been discontinued for the last fortnight, and simple dressing and the roller substituted. The eruptions on the face had disappeared so completely, that their former situation could scarcely be discovered. The sores on the arm and leg presented specimens of ulceration in its healthiest state, being of a particularly clear bright red, and exhibiting a multitude of minute red vessels closely arranged, and as distinctly visible as in an injected preparation. The surface was rather lower than the edges of the cicatrix, and had been generally smooth, that is, without granulations. During the last few days, however, some pointed elevations have been noticed thinly scattered over the sore. The patient is in excellent health, and has become fat.—Discharged cured.

CASE OF COMPOUND FRACTURE OF THE LEG,

In which the Bone was insulated from the soft parts for four or five inches; attended with perfect recovery.

A man, æt. 24, was admitted, March 18, with compound fracture of the right leg. This accident was a very serious one, caused by the wheel of a loaded wagon passing obliquely over the lower and inner part of the leg: it rested sometime on the limb, so as to lacerate and bruise the soft parts extensively; there was a lacerated wound five or six inches long over the lower and inner part of the tibia, reaching to the inner ancle. The tibia was simply broken through, as it seemed, transversely, just above the ancle-joint; and so close to it, that a continuation of the fracture into the joint was strongly suspected, but could not be ascertained; the bone was insulated from the surrounding soft parts for four or five inches, so that the finger could be passed almost completely round. The fibula was broken, but its ends did not penetrate the skin. The muscles were extensively torn, as well as the integuments. Mr. Lawrence advised amputation, considering the inflammation, suppuration, and constitutional disturbance, consequent on an injury so serious and extensive, would be attended with great danger; while, if this danger should be surmounted, and recovery ultimately take place, a useful state of the limb could not be expected, more especially if the ancle-joint was involved in the injury.

The patient positively refused to submit to amputation, and firmly adhered to his determination, when the operation was proposed to him at a subsequent period. The limb was placed on the side, and cold lotion applied: forty drops of laudanum were given at night.

March 19. Calomel grs. ij., with jalap x. grs. every four hours, till the bowels were freely opened.

20. Bread poultice.

21. Calomel and jalap repeated.

22. Twenty drops of laudanum at night.

24. The leg and foot are greatly swelled; the soft parts protruded by the upper end of the bone; considerable fever; fifteen leeches to the leg; a mixture of the acetate of ammonia, with half a drachm of the solution of tartarised antimony, every six hours; the limb was placed straight in the fracture-box, supported by pillows; in this position the projection of the bone was diminished, and the limb easier. At this time, the inner and flat surface of the tibia was completely denuded for four inches. He was bled from the arm, on account of a severe pain in the side. He fainted when eight ounces had been taken, but was completely relieved. From this time he left off all medicines, and the same local treatment was pursued till April 16. The wound went on favourably, granulating and discharging a very healthy matter; no large or deep seated abscesses occurring, probably in consequence of the ready exit of the pus by the ample external wound. There were two or three inconsiderable suppurations under the skin. The granulations, which were very abundant and healthy, gradually advanced over, and covered the tibia; they now appeared too exuberant, and rather flabby; simple dressing, and evaporating lotion, were substituted for the poultice. The wound continued to exhibit a healthy surface; cicatrization commenced; the swelling subsided; the bone became gradually firm, and the limb, in all respects, progressively improved; so that, in May (15,) he was able to raise it without the slightest pain.

The wound was diminished two-thirds in its extent; the exposed surface of bone covered, and every thing appeared going on so favourably, that the fracture-box was removed, and the leg again placed on its side, upon a foot-splint, well padded, and supported by another splint on the opposite side.

May 16. The day subsequent to the change, he was seized with cold shiverings, sickness, loss of appetite, restlessness, and inability to sleep. He, however, did not mention this at the time. The leg looked well, nor did he complain of its being uneasy.

17. Still he did not complain, and the leg looked healthy.

18. He had this morning an increase of the before-mentioned symptoms, with a constant inclination to vomit; but was not able to eject much from his stomach; he was, therefore, ordered to take a scruple of ipecacuanha, and a grain of tartarized antimony; he vomited a considerable quantity of bilious matter. The leg and foot at this time were attacked with severe erysipelatous inflammation, which extended to the absorbents of the thigh. The wound became foul, and the secretion from it was changed from a healthy pus to a thin sanious discharge; the pulse very full and hard; in the evening he was bled to ℥xx, and leeches xviij, applied to the leg; the blood was strongly buffed, and cupped. All the symptoms continued much the same, the inflammation of the leg not much diminished; he was again bled to ℥xvj, the blood presenting the same appearance. An enema of compound infusion of senna, was administered, and small doses of effervescing mixture given. In the evening, the sickness not having abated, he took five drops of laudanum in the effervescing draught, every four or five hours.

20. The inflammation was somewhat subsided; sickness in some degree lessened; the pulse, however, was not sufficiently quiet, and therefore Mr. Lawrence ordered him to be again bled to ℥xvj., the blood partly cupped and buffed.

21. Inflammation greatly lessened; discharge from the wound more healthy; slight sickness remaining, he was ordered colocynth pill, with calomel, every two hours; two table spoonfuls of the following mixture in the intermediate hours. Sulphate of magnesia, one ounce; distilled and peppermint water, of each four ounces.

22. Sickness has left him, and he appears altogether so much better that the medicines are omitted. The limb has regained its former healthy appearance, except that the foot is somewhat œdematous.

28. A slight recurrence of feverish symptoms, for which bleeding was repeated with much advantage.

29. The swelling of the foot has subsided; every thing going on favourably.

July 11. The wound is now perfectly healed; the ancle and foot only exhibiting slight swelling and induration, the motions are limited. There is, on the outer side of the leg, a small opening, with slight fungous excrescence opposite the fracture; and probably exfoliation will here take place. He is able to get about with the assistance of crutches, but cannot bear much weight on his leg. He shortly after left the hospital.

NECROSIS, AND EXFOLIATION OF PORTIONS OF THE FRONTAL AND TWO PARIETAL BONES.

A man, ætat. 39, was admitted into this Hospital June 1, 1826; about five years ago he received a severe blow on the left eye, which stunned him, and caused a great flow of tears, for which he went to the Infirmary in Charterhouse-square; shortly after this, two abscesses formed between the nose and injured eye, which were opened, and healed up. They appeared again in three or four months, broke of themselves, exposing dead bone, and the ulcerations spread gradually up the head. Nitric acid lotion was applied two or three times a-day, until he came to the Hospital, which was about a year from its first application. During the time he made use of this lotion, two sores formed, one at the internal angle of each eye. Fifteen years ago, he had a gonorrhœa, which lasted two or three months, but never had any sores or eruptions, and he took no mercury to affect his mouth.

June 1. There is an ulcer half as large as the palm of the hand about the middle of the forehead, and a smaller one above it; they are both occupied almost entirely by dead bone (frontal and parietal,) and produce copiously a very thick yellow discharge. The irritation of the latter has formed a foul ragged ulcer upon each upper eye-lid, and the ossa nasi. The general health is unimpaired; the whole of the dead bone was loosened by an ulcerative process; it was extracted in ragged fragments of various thickness, under which healthy granulations had already extended themselves, and formed a complete vascular structure under the dead bone, the under surface of which exhibited numerous excavations, so as to form an accurate cast of the granulations.

2. Ordered a bread poultice; two of the aloetic pills, with soap, to be taken every other night, with a pint of the decoction of sarsaparilla, and a drachm of the extract, daily.

7. A small piece of frontal bone was removed, and the wound appeared perfectly healthy.

20. The ulcers of the head are in the healthiest state, and healing rapidly. Those of the eye-lids, although they exhibited on admission a foul aspect, approaching to the phagedenic character, are cicatrized.

July 16. Two or three pieces of the bone have been lately removed; the processes of granulation and cicatrization are going on most favourably.

Aug. 7. Two or three small fragments have been removed. He was discharged; to attend as out patient.

CASE OF PUNCTURED WOUND OF THE LEG,

In which subsequent Hæmorrhage resulted from a Wound of the Posterior Tibial Artery and Vein, requiring Amputation.

William Walby, æt. 18, was admitted into Henry's Ward, Sept. 26, with a punctured wound of the left leg from a blunt piece of iron, which, according to his account, had passed to the extent of two inches, in an oblique direction upwards and backwards, entering about the middle of the calf. Immediately after the receipt of the injury, which was accompanied with considerable hæmorrhage, he was seen by a surgeon, who told him that the principal artery was wounded, and that he would be compelled to submit to the loss of his leg, or of life, and forthwith sent him to the hospital. When he arrived, the leg had swelled to a very considerable size, the swelling of an incompressible hardness, but no bleeding from the wound. The absence of hæmorrhage, and the description which he gave of the direction the missile took—running obliquely upwards — led to the idea of the wound's superficialness; and consequently nothing was done, except the use of antiphlogistic measures, the application of leeches, cold cloths, and the exhibition of purgatives. The leg remained in this state about nineteen days, during which time the patient had an accession of irritative fever, for which he was bled to ℥xij., and took effervescing draughts and saline purgatives. At the end of this period, the leg still retained its incompressible hardness, without any diminution of the swelling; the external wound healed. There had not at any time been any great increase of the natural temperature of the limb, and but very little pain. The posterior tibial artery could not now be felt. We may remark, in conclusion, that the inguinal glands were slightly enlarged.. Numerous applications of leeches had been resorted to, without any sensible diminution in the size of the limb.

Mr. Lawrence was now led to believe that the swelling of the limb arose from some large vessel being wounded; yet he was of opinion, from the described direction of the wound, it could not have been the posterior tibial vessels.

Oct. 16. One part of the swelling, just above the original wound, feeling softer than the rest, and this softness gradually increasing for a few days, he made a puncture with the scalpel, by which a small quantity of blood, mixed with pus, escaped; and the limb being pressed, coagulated blood issued, but seemingly from a very great depth.

On the 19th there was a considerable oozing of venous blood, which continued, more or less, up to the 25th, upon which day Mr. L. introduced a director into the puncture, and found it passed transversely in its whole extent through the limb to the opposite side, downwards in its whole extent towards the heel, and upwards to the same extent in the ham. He enlarged the wound, so as to admit his finger, which, being in, was moveable in every direction, and detected the posterior tibial artery pulsating in its natural position. The removal of the finger was followed by a free discharge of venous blood mixed with pus.

Mr. Lawrence said there were but two modes of proceeding to be adopted; and one of considerable uncertainty. The one was immediate amputation, which he was very unwilling to perform; the other, to make a a free longitudinal incision of six or eight inches through the large mass of muscle forming the calf of the leg, and afterwards a transverse incision through the same; to expose the cavity, turn out the coagulated blood, and take up the wounded vessels. There were many objections to this latter mode of proceeding: first, it was an operation which would require much greater vis vitæ than a simple amputation, and which the present state of the patient actually forbade; secondly, supposing the cavity to be freely exposed, there was the greatest uncertainty of being able to secure the bleeding vessels in a cavity, in a state of suppuration. These cogent reasons would therefore lead him to decide in favour of amputation, in case the bleeding should recur. This took place on the following morning, when arterial blood was pretty freely poured out, and the patient in a very weak exsanguineous state, with an exceedingly feeble pulse, being in a state nearly approaching to syncope when placed on the table for amputation; the pulse rose on port wine being given him. He went through the operation tolerably well, and his case is proceeding favourably. The leg was examined in the theatre by Mr. Lawrence; on reflecting the integuments a little above the ancle on the outer side of the tendo Achilles, he cut into the cyst, and about a pint of blood and matter were discharged; the cyst occupied all that space beneath the solœus and gastrocnemii muscles, these forming its posterior, and the ham its upper boundary; the upper and back part of the fibula was completely exposed, except not being denuded of its periosteum, and the whole of this cavity presented the suppurating surface of an abscess; this cavity was nearly filled with a coagulum, the major part of which turned out very easily, not having the fibrinous coating of less recent coagula, which are seen in layers in aneurismal sacs; the basis of this coagulum was firm and fibrinous, closely adhering to the posterior tibial artery and vein, with a cavity in its centre into which the blood issued from the wounded vessels, viz. posterior tibial artery and vein; about one-third from the commencement of the former, the latter was plugged up with coagulated blood, which accounted for the ceasing of the venous hæmorrhage. When the coagulum was removed, the open orifices of the vessels were plainly seen, without any further dissection. Mr. Lawrence expressed himself highly gratified at having amputated, as in such an inflamed state of parts no other means could have succeeded.

Mr. Lawrence did not see this case for the first four days, being out of town; Mr. Lloyd attending for him.

CASE OF SCIATICA, CURED BY ACUPUNCTURATION.

A woman was admitted many months ago, with sciatica.—At the time of her admission, her digestive organs were much disordered; rhubarb and soda soon restored these to proper action, and the painful affection of the nerve was much diminished for the time; but soon became aggravated. Steel, bark, colchicum, and other general means, with leeches, blistering, and cupping, were resorted to, producing relief, but not of long continuance. Mr. Earle then determined to try acupuncture. Two needles being introduced to the extent of an inch, near the sacrum, were allowed to remain a quarter of an hour, and then withdrawn, with almost (apparent) instantaneous relief. She passed the night free from pain, which for many months had been intolerable: the pain returning slightly two days afterwards, they were again introduced, and with the same success. The patient left the hospital a few days after, free from any inconvenience, beyond the soreness of the punctures.

THE LANCET.

No. 170.] LONDON, SATURDAY, DECEMBER 2. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

On Accidents about the Hip, Knee, and Leg.

YESTERDAY, I said there were many cases where the hip was dislocated backward, in which the dislocated bone had afterwards broken, so that though you attempted reduction, the bone could not remain in the socket. Those are cases which I don't like to speak of much, inasmuch as they might afford a person an excuse for not reducing a dislocation; but I am persuaded that those cases do occur, and it is right that every surgeon should know of the occurrence, because he may be blamed when really no blame is attached to him. I remember the first case I met with of that kind vexed me exceedingly: it was the case of a French emigrant; on coming from Dover on the top of the coach, he was pitched off; he was a large bulky man, and was brought to Lawrence Lane, and put to bed there. I set to work to reduce what I believed to be a dislocation, and I brought the knees so, that they perfectly coincided one with the other; I brought the limb into that situation, in which, if it had been a dislocation, it must have been reduced; but upon taking off the tackle, the leg was withdrawn again, the knee was inverted; and why that should happen I don't know, except that I conclude there is so much of the neck of the thigh-bone upon it, as to prevent its being drawn outward. Well, this was a poor fellow without any friends, and I got him into this hospital, and here he lay for a long time indeed. His limb wasted away, and you could feel the round head of the *os femoris* just like a ball. There are, therefore, cases where either that happens, or where the brim of the *acetabulum* is broken, and where you can bring the limb down to its proper situation, but where it will not stay. And these, I say, are facts which should be known; and yet there is a reason why I don't wish to dwell particularly upon them; for it affords a kind of excuse to a man when he cannot reduce a dislocation, to say there is some fracture that prevents the reduction.

Now, speaking of the *diseases occurring in the hip*, I have now to speak of the disease beginning in the ends of the bone, and ultimately affecting the joint. The whole of these bones are spongy bones, and very obnoxious to scrofula; the acetabulum, itself, is liable to become spongy and scrofulous. In cases mentioned in Mr. Ford's publication, of the hip disease, called the *ischias*, it is a scrofulous affection of the bones. In such a case the bones become light and spongy, and will not sustain the weight that is usually pressed upon them; they ulcerate, the head and neck of the thigh-bone are progressively absorbed, and this is what goes by the name of ischias. In the patients who are affected with this disease, you will observe it beginning, generally, by their halting and limping; and it does appear to me of importance, that you should pay attention to that. But I have to tell you, that I have seen many cases where people have halted as if they had this disease, and yet it was not the disease; they have halted in such a manner, as to impose the belief that there was some disease beginning in the hip of a *chronic* nature, and yet, upon putting their digestive organs right, they have got well. Still, in the scrofulous disease, there is that halt, and people seem to think they will get better from moving about, as a horse that is lame goes best when he is rode a little; and in this way the poor creatures are encouraged to move about. Parents say to their children, "O, you must walk, and walk it off." Now all this is excessively wrong, for the disease begins, as in all cases of scrofula, in an indolent manner; then there is generally an attack of inflammatory action, and suppuration happens round the joint; the abscess breaks; the head and neck of the thigh bone are ulcerated; then it is retracted by the muscles, and eventually it anchyloses to the pelvis; it does not always anchylose indeed; there is at times a ligamentous sort of union formed. Such are the cases of people that you see commonly in the streets of London who have irons to walk upon; and some of them you see going with their limb dangling about considerably retracted. I can say no more than this by way of description; but it is a very horrible malady, and requires the strictest possible attention, or you will have the limb much shortened, much distorted, and the person a very great cripple indeed. Now I'll say, if you know the disease early, and treat it properly, I am convinced you may do a very, very great deal of good. I am convinced that I have seen cases of this disease where absolutely the patient recovered without any evident shortening of the limb, and I'll tell you some of those cases, as an encouragement to you to treat the cases upon common principles of surgery with steadiness:—There was a young man, a young lad, I suppose he was about fifteen years of age, who had this disease, and his father wrote to me begging me to see him, and he said he would bring his son half way to meet me if I would go half way to meet him; he lived about forty miles from London, and I was therefore to go about twenty miles. Well, I went there and saw the chap; and when I saw him, egad, I heartily wished I had never seen him, for he was a flabby, fattish boy, blear-eyed, red haired, and altogether a scrofulous-looking, unhealthy boy. When I examined the boy there seemed to be thickening about the *trochanter*, and every symptom of scrofulous disease in the bone. He was in a place, too, where there had been numerous medical men consulted, and they were all clearly and decidedly of opinion that this was a case of ischias; and I am sure, for my own part, I had not the shadow of a doubt upon it. But the father and I were at an inn where we had some dinner together, and that enabled me to give him a lecture. I told him to put the boy to bed, apply leeches, foment the hip, and to regulate his diet and his bowels. And I said, after a time, when the parts seem to have got knit together so that a little pressure could be borne, you must have an issue, and that issue must be kept open. I said, when it is in that state in which it will bear a little swinging without irritation of the malady, I will allow your son to go about on crutches, with his foot in a sling, not slinging it beyond what is absolutely necessary, and never, never bearing the least weight upon it. I mean, I would allow him to go about the garden to take exercise, a certain number of times, at certain periods of the day, for the good of his health; but attention to his health must be every thing. The father was a lawyer, and an intelligent man, and seemed to understand the surgery of the case, as far as I was able to recommend it to him, and we parted. We had often letters afterwards; he wrote to me telling me how his son was going on, and it was a year before that hip was in that state in which he could go about upon crutches. At the end of the year he did go about on crutches; there was no apparent shortening, and the little exercise seemed to do him good. Then the question was, when he might bear upon the hip, or leave off walking on the crutches, and I said not for three years; for if any one would ask me, according to what I have observed, what would be the average time of the cessation of this disease, I should say not under three years. It is a scrofulous disease, and the history of scrofula is this—it is a local diseased action, which will not endure for ever, but it is very slow in subsiding, and will subside soonest in proportion as the constitution is healthy. The disease ceasing, the healthy action returns, and then there is the anchyloses.

Well, now I will tell you one of those cases. But, in the first place, to show you what sort of a constitution this boy had, I may tell you that the chap, after he arrived at the age of two or three and twenty, felt that nothing would serve him but being a soldier; a military spirit sprung up in him, and the father wrote to me to inquire whether it would be injurious to the hip or not. I replied I did not think it would; but I said, You must be aware that your son has not the constitution of a man born for a soldier; he can neither bear the privation nor the intemperance of a military life, and therefore it is absurd to think of it. However, nothing could alter the boy's mind; and the father came up with him to town, and called upon me; and, as I had nothing to say to him, but that I thought it a most foolish scheme, I wished him success, and he went away. When he got the length of Portsmouth, he was seized with another disease, which at once put an end to his military career; he was brought home again, and I cannot tell you whether he is now dead or alive. You may say, Aye, but you did not see the disease in this instance; I say I did not, but that I remember seeing two cases which were *fac similes* of it. In those two cases abcesses were formed, and I had the management of one of the cases; I sent that one to a place a little distance from London, and treated it as I have told; the other went into the country. The one whose treatment I superintended, got perfectly well; I could refer to him now; by the by, he sent to me to see one of his children lately, and I am sure you could not say there ever had been any disease of the hip;

abcesses formed in both cases, and both had the halt I have mentioned; and the boy that went into the country died of the hip disease. Now I am convinced that a great deal of good may be done, and the good to be done is, in keeping the part quiet, repressing all inflammatory action, instituting counter irritation, and taking care that that counter irritation does not disturb the health of the patient. And if ever there should be a fit of inflammatory action coming on, the patient should immediately be laid in bed, the pease taken out again, or beads, or whatever you may have in causing the irritation; and nothing but soothing treatment encouraged. You must not produce irritable action, while the internal disease is inflammatory.

To suppose that all cases will do well, is to suppose an absurdity; to suppose that those cases will do well in an hospital, is to suppose an absurdity; for the air will not admit of it, with regard to the patient's general health. But many of such cases will do well.

Now if there is absorption of the head and neck of the thigh bone, and retraction of the limb, and abcesses formed, and abcesses broken, there 's a most important thing to be done, which is to get the limb into its right situation, that is, to get it into a situation descending perpendicularly from the pelvis, with the toe, neither turning in or out, so that when healthy action returns, and anchylosis takes place, let the anchylosis take place in a way in which the weight of the body will have a proper bearing on the limb; for of what use is a limb to a man, if the limb anchylose to the pelvis at a right angle. If it is properly done, and should afterwards be shorter, then you have only to supply the shortness with a cork shoe. Now this I conceive to be very important, and it is the concluding part of the surgical attention requisite in this case.

Accidents occurring about the Knee.

I shall first speak of dislocations about this joint. The *tibia* may be twisted outward and inward, and it may be thrown forward and backward; and what of all that? You are to put it right again. And I say, this is one of the joints where any one may see what is wrong, for they may compare one knee with the other; and it is one of those joints in which I never saw any great difficulty in pulling what was wrong to rights—by pulling it straight, and making it in the same line with the other knee. Then when you have reduced the dislocation, you keep down inflammation by washing it, by continually sponging it, and always keep the limb straight; for if any stiffness were to occur in the joint, and the limb was straight afterwards, still you would be able to walk well; the leg and thigh would appear as if in one piece; but you would not walk so well if the knee was bent. As in the knee, so in the elbow joint; the great object is to keep them straight. In either of these joints, where the motion is likely to be imperfect after the injury heals, it is most important to keep the limb extended.

Well, I say, I do not see difficulty in reducing those dislocations; and I have seen some bad cases. I remember a great big man, when I was quite young in the profession, who was riding in Leadenhall Street, when his horse fell, pitched him off the horse, and he came against a projecting stone upon his *tibia*. He was a heavy man, as I have told you, therefore the fall dislocated the joint, and drove the tibia back into the ham. He was taken home to his house, in St. Mary Axe, not a hundred yards from where the accident happened. He sent to me, and I went. Upon looking at him, a most curious spectacle presented itself indeed; the knee-pan, and the ligament of *patella* all drawn tightly together; and a large knob raised like a second knee-pan. The man was in bed; I made fast his knee, and soon brought it to its situation. I won't say it was very gentle pulling, but it was steady pulling, and by using that exertion, we did put it right. Very great deal of inflammation, and so on, was the consequence, but after about three months, the man walked as well as ever, and had but very little tumefaction about the joint, after that time. Here there are oblique fractures, as there are in the elbow joint—oblique fractures in the *condyles*, and these are very vexatious cases; for sometimes the *condyle* is so twisted that it gets out, and you find it very difficult to get it in its situation, and when you have got it in, to keep it there; but this is the object, and you must try to accomplish it. The leg must be extended along the thigh, kept still, and the inflammation kept down. I have known a case of this kind go on pretty quietly and right for a certain time, and then the patient becoming fidgetty, some starting and motion have taken place, which have renewed the inflammation in the joint; ulceration has happened, and an opening been made into the joint, then a horrible fever has come on. So that I would always watch those cases very vigilantly. Now, as to the dislocations or fractures of the leg, I have always been in the habit of speaking of them when the muscles were demonstrated.

[Mr. Abernethy then briefly described them, and continued.]

You will know when you have set the patient's leg right, by attending to the *spine* of the tibia and the *shin*; for granting it was wrong, if it was laid in a horizontal situation, you would ascertain that by tracing the spine; if in a contrary direction, by tracing the shin. Now, you may laugh at all this, and it would be a most unimportant remark indeed, if it did not happen that a bandy-legged man broke his leg. If he broke his leg, and you were to put it straight, you would just put it wrong. I remember a bandy-legged man once in that situation, notwithstanding all the pain the surgeon was putting him to, he smiled and said—Sir, I think you are putting my leg straight, and if you are, that's what I never remember its being before.

It's a question—where would you amputate below the knee? And the answer used to be, a hand's breadth below the knee. But, not to say that hands are of different breadths, I would say, where shall the measure be taken from, because a hand's breadth below the knee, when bent, would not clear the muscles of the patella; had you not therefore better say, four inches below the knee? The scientific reply would be—I would amputate below the insertion of the inner ham string—four inches below the knee. This is the only part where you have to consider where you are to amputate, because in all other parts you are to leave as much of the patient's limb or body, as possible; but here you are to amputate with a regard to a person's convenience in walking afterwards.

Fracture of the Leg.

There is very little to be said with respect to fractures of the leg. It appears to me, those generally do best that are treated in the manner I have described. By having the knee half bent, you relax the muscles of the calf of the leg; and I told you what I considered to be the rule of practice—that which gives steadiness to broken bones. If you lay them upon a splint—upon a plane—a horizontal plane, then every longitudinal inch of the limb presses equally upon it, and you carry the limb as if upon a tray. Then you have an opposing splint. The half bent position is certainly the most comfortable; but in saying this, don't understand me as advocating that as the best position, because there are many oblique fractures where the bones will not lie so steadily, as if put on the back. Mr. Pott, who is considered as a great authority in surgery, strongly advocated this position of the limb; and Mr. Hunter as strongly advocated the other. Now, it seems to me, if surgeons were to adhere to the one or the other method of putting up broken limbs, to the exclusion of the opposite method, they would be doing wrong. Each method is to be adopted in particular cases, as it may seem to answer best, according to the way in which you break your leg.

LECTURES
ON THE
Diseases of the Nervous System.
BY
DR. CLUTTERBUCK.

Lecture IV.

Of the appearances observed in the Brain on Dissection.

Gentlemen,

The mode of attack, progress, and termination of inflammation of the brain, are as various as those of other organs. It may attack suddenly and violently, when its duration will be necessarily short, from its disturbing functions that are essential to life. Or it may come on slowly, and almost imperceptibly, and may then be protracted to a long period. But it may also be mild, and yet terminate quickly; in which it resembles other inflammations. Such is the case in many of what are termed *feverish colds*, where pain in the head, with slight febrile symptoms, arise and go off again in a few hours.

Inflammation of the brain produces various changes in the state of the parts affected, as discovered after death, and which I shall presently enumerate. I must premise, however, that none of these are constantly found, and of course are not essential to the disease; for inflammation consists at first in disordered *action* merely; *change of structure* is an effect more or less remote, requiring a certain time to produce it. But this inflammation may prove fatal by interrupting functions that are essential to life, before time is given for such a change. Accordingly, the most violent cases often leave the fewest and faintest traces behind them, and that for a reason you will readily understand. Not even is the usual effect of inflammation, *redness of the part affected*, constantly or even generally seen, upon examination after death: *in the first place*, because these structures do not always admit red blood, even under inflammation; which is the case with the *arachnoid* membrane, and also with the most efficient part of the organ, the *medullary substance:* (one example I have before mentioned to you, of the *medullary substance* having been injected, and which is to be seen in the highly valuable collection of Mr. Langstaffe; and it is moreover worth observing, that this occurred in the case of a patient who died of what is called *typhus fever*:) and, *secondly*, because the blood is differently disturbed during life, and after death; so that parts which may have been actually red from inflammation during life, may nevertheless lose this appearance, when inspected after death; as is seen to be the case in *ophthalmia*, and many other inflammations. In the greater number of cases, however, of inflammation of the brain, both *acute* and *chronic*, there are certain changes observed in the appearance, and often in the structure of the organ, which it will be useful to be acquainted with, and which therefore I shall proceed to lay before you.

Now there can be no increase of bulk altogether, no swelling of the whole organ from inflammation, as may happen in other parts; the confinement of the brain in an unyielding case of bone, effectually precludes this. As an exception, however, I may mention the case of very young infants, where the loose attachment of the bones allows of some expansion from within; and in cases likewise where the sutures are united, but where the *fontanel* remains open, there is an evident rising at this part when inflammation is going on within; the subsidence of which to the general level of the integuments, affords a satisfactory proof of the termination of the inflammatory action. The texture of the brain is hardly ever destroyed by *gangrene;* and not often by *suppuration*, unless in the more partial and *chronic* affections; for inflammation, when general and active, is likely to prove fatal by interruption of functions, long before such changes could be expected to take place.

Now when *encephalitis*, or inflammation of the contents of the cranium, has arisen, and continued for a certain time, as a week or more, we commonly observe, upon inspection after death, more or fewer of the following appearances: and the more, in general, the longer the disease has lasted, for the reason already stated, and which it is unnecessary to repeat to you.

In some cases, of long standing, the cranium itself is preternaturally thick and vascular, from having participated in the inflammatory action. It mostly then adheres with unusual firmness to the *dura mater*, rendering it at times impossible to be detached, without tearing the membrane; and often with the effect also of rupturing the sinuses, and occasioning an effusion of blood from them. In this way, blood may escape beneath the *dura mater*, and give rise to false conclusions regarding the disease. Air also being admitted, and blood escaping from the lacerated veins, there will be a general subsidence of the brain; whence it has often been erroneously concluded, that the brain, during life, did not completely fill the cavity of the cranium, but that it was alternately elevated and depressed, as is observed to be the case when a portion of the bone is removed during life. The *dura mater* itself is sometimes found thickened and opaque, reddened, or with coagulable lymph deposited on its surface. Neither the affection of the cranium, however, nor that of the *dura mater*, can be considered as properly belonging to the inflammation of the brain itself; nor are they the cause of any of the essential symptoms. They can only be considered as accidental concomitants of the disease.

When the inflammation is recent and violent, upon the removal of the cranium and *dura mater*, the veins lodged in the grooves between the convolutions, are generally found turgid with black blood, while very numerous small red branches spread from the great venous trunks over the convolutions, so as at times to give the whole surface of the brain a reddish appearance; for the blood in the minute ramifications of the veins, presents a florid instead of a dark hue, a difference depending merely upon the degree of thickness of the column of blood looked at. The *arachnoid* membrane is mostly observed to be thickened and opaque, so as to assume a milky appearance: and partial adhesions are often formed between this membrane and the *dura mater.* There is frequently, also, serum interposed between it and the subjacent *pia mater.* This membrane, the *pia mater*, is in its turn often found considerably thickened, and reddened, like the inflamed *tunica conjunctiva* of the eye. When the *pia mater*, in this state of inflammation, is forcibly torn from the brain, and drawn out from between the convolutions, its under surface appears as if smeared over with blood; but which is owing merely to the increased vascularity of the cellular membrane that connects it with the cerebral substance.

The appearances now described are those which present themselves in all the varieties of the most acute inflammation of the brain, where they terminate quickly in death; whether in the form of *phrenitis, hydrocephalus*, or *idiopathic fever*, (for these, I shall endeavour to show you, are the principal varieties of acute inflammation of the brain.) But if the disease has been longer protracted, as for some weeks, then there is commonly a considerable accumulation of serous fluid in the different cavities of the brain, and between its membranes; and in this case, the turgidity of the veins upon the surface is not so remarkable.

The *medullary substance* is in most cases sensibly altered, though not in a very striking degree. It loses something of the usual pearly whiteness, which it exhibits in adults in health, and acquires a faint tint of red, somewhat approaching the peach blossom in colour, or the tinge of redness which belongs to it in the infantile state. The *cineritious portion* also becoming redder at the same time, there is an approach to each other in the colour of the two substances, which greatly lessens the distinction between them. The venous trunks which traverse the *medullary substance*, and which are hardly seen in health, become numerous and conspicuous, and acquire unusual firmness, so as to admit of being drawn out with a forceps to the extent of perhaps half an inch; at the same time, numerous minute drops of blood are seen to issue, when the substance is divided, so as to give to it a speckled appearance, or as if sprinkled over with brickdust. There is also an increase of firmness in the general substance of the organ, produced by recent inflammation, and which tends to preserve it longer than usual from decay. I have noticed this very strikingly in cases of *malignant small-pox*, and in *putrid fevers*, where the brain has exhibited unusual freshness and firmness, at a period when putrefaction had made great advances in all other parts of the body. The membranes towards the basis, and those lining the ventricles, are commonly observed to be in the state I have already described as taking place above, and often in a still greater degree.

Such are the appearances commonly produced by inflammation in the brain, when *recent* and *acute*. In the *chronic*, or long-protracted state of the disease, the appearances are considerably different: a large accumulation of serum is found in the *ventricles*, and also between the *membranes*; in which latter case the fluid makes its way down the channel of the spine, so as in the erect posture to press upon the *spinal chord*; with the effect of paralysing, in greater or less degree, the lower limbs. I have observed patients of this description, well enough able to move their legs in the horizontal posture, but losing their power in a great measure when erect.

It is in these long-protracted inflammations of the brain, that the greater changes in structure are observed: such as tumours variously seated, partial indurations, abscesses, and ulcerations; under which, certain functions are observed to be impaired or destroyed, while others remain entire. Sometimes, in place of the hardness that attends recent inflammation, the cerebral substance is found preternaturally soft. On other occasions, earthy depositions take place; or bony *spiculæ* are formed in different parts of the membranes. To these, too much importance has been attached. They have been reasoned upon, as if they were the immediate cause of the symptoms present; but without any just foundation. Thus the convulsions in *epilepsy*, have been accounted for upon the principle that the brain was pricked and irritated by the *spiculæ*, or excrescences of bone that have sometimes been found after death. And it has even been proposed by surgeons, to trepan the skull, upon a bare suspicion of such excrescences existing, in order to their removal. There is, however, no ground for these mechanical notions. They proceed upon the supposition that the brain is in continual motion, so as from time to time to be thrust against such projecting points. But it is not true, as I before stated to you, that the brain is in such continual motion: it cannot, therefore, be irritated in the way supposed. These bony excrescences are only to be taken in combination with the rest, as evidence of general disease throughout the organ. Changes in structure of this kind (which of course must be permanent) will not suffice to explain the periodical recurrence of *epilepsy*, and cannot, therefore, be considered in the light of *exciting causes*. While, on the other hand, such changes are often found where no cerebral disturbance existed during life. In the case of one of the surgeons of this *Dispensary*, the late *Mr. Vaux*, who lived to a great age, with the enjoyment of almost uninterrupted health, the falciform process of the *dura mater* was found to be entirely ossified, and several sharp projections of bone extended downwards from its lower margin, like the spur of a cock, so as to indent the *corpus callosum*; yet there was no *epilepsy*, nor any other disturbance in the *sensorial functions*, till within a very short period of his death.

Extravasation of blood, from the rupture of vessels in different parts of the brain, and consequent *apoplexy*, are common to both the *acute* and *chronic* forms of inflammation in the brain; but in both are to be considered as accidental only. It is in this way, however, that many of the diseases of the brain, especially of the *chronic* kind, prove fatal.

More or fewer of the morbid changes mentioned, are found in most of the fatal affections of the brain, however different in their characters and denominations; nor are there any of them that belong exclusively to any one of its diseases. The appearances, therefore, observed, upon inspection of the brain after death, are seldom, if ever, to be considered as the immediate cause of the symptoms: they are only consequences, and not necessary ones, of the same state of disordered vascular action, upon which the symptoms immediately depend. It is not possible, indeed, merely from the appearances on dissection in any case, (with the exception perhaps of extravasated blood inducing *apoplexy*,) to tell of what particular form of brain-affection the patient died, any more than it is to predict, except in a very general way, from the symptoms present during life, the state of parts that will be found after-death. Further, the most acute and speedily-fatal diseases of the brain, (with the exception of *apoplexy*,) are those which leave the slightest traces behind them. Hence we ought not to wonder that superficial observers, those especially who are not familiar with the healthy appearance of the brain, (which, of course, is the standard of comparison to which the morbid appearances must be referred,) should, in many cases, have denied the existence of disease in this organ, although its functions were observed to be disordered in the highest degree during life—as if *disordered action* alone, were not sufficient to destroy life.

It may be useful now to recapitulate, in a general way, what has been said regarding inflammation in the brain, and its consequences:—

First, then, if the inflammation be recent and general throughout the organ, it will produce, in the beginning, an excited state of the *sensorial functions*, and sometimes of the whole system, as is seen in *phrenitis*, *hydrocephalus*, and *fever*, in the early stage of those affections. But after a time the arteries gradually become enlarged in size, and, by compressing the veins, the circulation through the organ is impeded, and its functions proportionally impaired; sometimes to the degree of *apoplectic stupor* that marks the latter and aggravated stages of all those different forms of cerebral inflammation. Hence also a ready explanation is afforded of the gradually-increasing prostration of muscular strength, as well as other corresponding symptoms, that characterise *malignant fever* more particularly. The *immediate* or proximate cause of such a suspension or obliteration of the *sensorial functions*, is an impeded and almost suspended state of circulation in the brain.

It is in these rapidly-fatal cases of inflammation in the brain, that the superficial veins, as well as those distributed throughout the *medullary substance*, are found gorged with dark-coloured blood, which they received from the arteries at the time of death. This turgid state of the veins has been called *venous congestion*, and great importance has been attached to it, as if it were the immediate cause of the symptoms that take place in the *opoplectic form* of fever I have just described to you, and which accordingly has been called *congestive fever*. Such a state of the veins, however, is merely passive as regards them, and only serves to prove that the arteries of the brain had been in a state of great excitement and consequent distension during life; and, as their last act, had emptied themselves into the veins; just as takes place in other parts of the body.

Secondly, *partial* inflammations of the brain are not inconsistent with life, and may, therefore, be protracted long enough to alter the structure of the part affected, so as to impair, if not destroy altogether, its function, whatever this may be: and thus one or another of the *senses* may be lost, according to the particular seat of the disease. In the same way, that is, by *partial* inflammation in the brain and consequent change of structure, a foundation is laid for the different *chronic* affections of this organ; such as *apoplexy*, *palsy*, *epilepsy*, *chorea*, *mania*, *melancholia*, and *hypochondriasis*; with a host of other undescribed and indescribable affections, usually denominated *nervous*; affections that are hardly ever treated successfully, but upon the admission of their dependence upon the brain, and of their originating, more or less remotely, in inflammation.

Of the Causes of Inflammation of the Brain in general.

I shall next direct your attention, Gentlemen, to the *general causes* of inflammation in the brain, such as are capable of exciting the disease in any of its forms.

The *exciting causes* of inflammation in the brain, are far more numerous and various than those of other inflammations, on account of this organ being subjected to the influence of many circumstances, from which others are exempt. There is no part of the body that is not capable of influencing the brain, so as even to produce disease in it. And it is, at the same time, powerfully and readily disturbed by *emotions of mind*. While its great vascularity, and the extreme irritability of its vessels, especially in early life, render it predisposed to inflammation before all others. And it is not to be doubted, I think, that if you include all the different forms of disease the brain is liable to, you will find this organ far more frequently the subject of inflammation than any other.

The *causes* of inflammation of the brain may be arranged under two general heads, and it is of importance that you should be well acquainted with them, both in regard to *prevention* and *cure*.

First, common causes, or such as are capable of exciting inflammation in other organs, as well as the brain. Such are *mechanical injuries*—*the taking cold*, as the expression is, and *external heat*. *Secondly, causes acting peculiarly or exclusively on the brain, as too powerful* *sensation* of any kind—great *voluntary exertion*—*intense thinking*, and *emotions of mind*—*narcotic substances* taken into the stomach, or otherwise applied—*want of sleep*—*febrile contagions* of various kinds—and, lastly, *other inflammations*, which often become causes of inflammation in the brain; these will require, altogether, a more minute consideration.

1. *Mechanical injuries*.—Of these, as causes of inflammation in the brain, the history of surgery furnishes us with innumerable examples: inflammation thus produced, takes place at different periods after the infliction of the injury; as from a day or two, to many weeks. It occurs also after apparently slight injuries, such often as produce no immediate disturbance of the cerebral functions. Hence the necessity of a guarded *prognosis* on these occasions, and of great caution in regard to the treatment, in all cases of injury to the head, however apparently slight at first. You will, perhaps, think me travelling out of my proper province, in remarking, that the records of surgery prove, that simple *fissures* of the cranium are often more dangerous in their consequences, than where the bone is shattered and depressed; seemingly, because the fluids, whether extravasated or secreted within the skull, have, in the latter case, a more ready outlet; and because pressure is in some degree removed. From all that I have seen, as well as from the general history of surgery, I am fully convinced, that the practice of the older surgeons, *Wiseman*, *Le Dran*, *Pott*, and various others, of trepanning in all cases of fissure of the cranium, is far safer, than the modern one of waiting for the actual occurrence of bad symptoms, before resorting to the operation: it is then, in general, too late. The symptoms attending inflammation of the brain, as produced by external violence, may be expected to vary, according to the part that has sustained the injury: but they will be some or other of those already mentioned, as characterising *encephalitis* in general.

Concussion of the brain is to be reckoned among the *mechanical injuries*, occasionally suffered by this organ. The physical change induced on the brain by the *concussion*, is not always to be ascertained, even when it proves fatal, and an examination is made after death. On some occasions, it is probably very slight, and consists in a momentary derangement, without any actual injury to the texture of the part; as we may conclude from the speedy recovery of the patient. At other times, the lasting interruption of functions that ensues, renders it probable that the organisation is seriously affected; it being easy to conceive that the delicate fibrous texture of the brain may be broken, by the shock the part has sustained. Yet, even this would not necessarily be discovered on dissection, supposing no blood had been effused. The greatest danger to be apprehended in these cases, where the injury does not prove immediately fatal, is from the supervention of inflammation, which must almost of necessity follow the injury, and which, as far as possible, ought to be guarded against, by *blood-letting*, and other *antiphlogistic* means. And here, again, I would caution you against the notions that have recently been promulgated on the subject of *concussion of the brain*, and which are founded only on an affectation of novelty, in opposition to long, and general experience. The notion is, that the effect produced by *concussion of the brain* is a state of *debility*, requiring the use of *stimulants* and *opiates*—as if it were possible, by such means, to remedy the injury the brain has experienced! The only object you have to dread in these cases, is the accession of inflammation. This you should endeavour to prevent and mitigate: the mechanical injury sustained by the organ, you have no control over. *Blood-letting*, certainly, is not in all cases requisite; for in some instances of *concussion of the brain*, owing to the particular part of the organ injured, the action of the heart and general vascular system is found to be greatly enfeebled; as is ascertained by the feebleness of the pulse, and the reduced temperature of the body. These, however, are only exceptions to the general rule, and allow of but little being done for their relief. Even in such cases, it is not easy to understand how *stimulants* should be useful: if they were to have the effect intended, of rousing the general circulation, they would but be the more likely to excite inflammation in a degree that might not otherwise have occurred.

2. *Exposure to cold* is occasionally followed by inflammation of the brain; as, in other cases, it gives rise to *pneumonia*, or *rheumatism*, and the like. If, for instance, the brain should be more disposed than other organs, to fall into inflammation, as is the case in certain individuals; or if, in concurrence with *cold*, another cause should be applied influencing the brain more particularly, such a result would be very likely to happen. One of the worst cases of *typhus gravior* or *malignant fever*, that I have seen, originated in this way. A young man, heated with wine, rode hard for several miles; and afterwards, while perspiring freely, walked to a considerable distance in a frosty night. He became excessively chilled in consequence; and although he was able to rise the next day, and to pursue his business, complaining only of chilliness, and slight head-ache, he gradually sickened,

till the most *malignant* symptoms of fever took place; from which he recovered with extreme difficulty, after an illness of several weeks.

3. *External heat* is one of the most powerful causes of inflammation of the brain. The influence of the direct rays of the sun, falling on the naked head, (*coup de soleil*, or *sun-stroke*), is sufficiently known to you. The disease that follows in this case, sometimes appears in the shape of *phrenitis*, sometimes, in that of ordinary *fever*.

A sudden change in the atmosphere, from cold to hot, is always observed to be productive of cerebral inflammation, in different forms and degrees. *Fevers*, then, are observed to prevail with extraordinary frequency, and to become, in fact, epidemic; as is the case also with *phrenitis;* and, in infants, *hydrocephalus*. Partial affections of the brain, founded probably in inflammation, as *apoplexies*, *palsies*, and *epilepsies*, are then likewise common.

The *causes* that appear to act peculiarly on the brain, are various; and in the first place, such as tend to excite or disturb the *sensorial functions*.

1. *Too powerful impressions upon the organs of sense*. Thus, intense light; loud and unaccustomed noises, such as the firing of cannon; violent and long continued pain, as from surgical operations, the pain of childbirth, &c.; are all occasional causes of inflammation of the brain. These first give rise to pain in the head, commonly of a throbbing kind; then follow the other symptoms of cerebral inflammation, sometimes in the form of *phrenitis*, sometimes of *fever*. In the same way, in very susceptible subjects, as infants, the pain of *teething*, or that of *colic*, frequently gives rise to *hydrocephalus*, as the result of previous inflammation in the brain and its membranes. It does not appear that the senses of *taste* and *smell* are either of them a medium through which the brain can be excited into actual inflammation, although its functions may thus be much disturbed; as is seen in the effects of certain odours.

2. *Long-continued and intense thinking*, and various *mental emotions*, first disturb the circulation in the brain; and this is often followed by actual inflammation, either *acute* or *chronic*. *Anger* and the other *exciting* passions, thus give rise to *phrenitis*; while *grief* and *anxiety* are not unfrequently causes of *fever* of the *low* or *nervous* kind. *Mania* in different forms, or chronic disease in the brain, is, in like manner, produced by long-continued *emotions of mind*. These do not immediately produce their effect, but after an interval; acting as *exciting causes* to the brain, so as to induce inflammation in it.

3. *Long watching*, or *want of sleep*, by keeping the brain too long in an active state, contrary to the natural economy of this organ, is a powerful cause of inflammation, which may show itself either as *phrenitis*, or as *fever*.

4. *Excessive muscular exertion* is another cause of the disease, and which acts, not merely by increasing the general circulation, but is in itself the result of previous exertion of one of the functions of the brain, namely, *volition*.

5. *Narcotic substances*, by which I mean, substances that have a peculiar or specific tendency to disturb the brain, appear all capable of exciting inflammation in this organ; though with some diversity of effect in each. Thus *alcohol*—which, taken to a moderate extent, produces simple excitement of the vascular action of the brain, leading on gradually to *intoxication*, as I have already explained to you—when taken to excess, not unfrequently excites actual inflammation in the organ, mostly in the form of *phrenitis* as described by authors. *Opium*, also, when its first or soporific effect has passed away, leaves behind it a state of brain indicative of inflammation, and altogether similar to that of *low* or *typhus fever*, as it is called, for which I have seen it, indeed, mistaken, by persons of considerable experience in this disease. This explains the aggravation of symptoms produced by the ill-timed exhibition of this drug, in ordinary cases of *idiopathic fever;* where its use, or rather abuse, is followed by a drier and browner state of the tongue, by greater heat and dryness of skin, and by early delirium.

In stating that *opium* or other *narcotics*, operate by exciting inflammation in the brain, you must not consider me as saying, that this is the constant effect; or that this class of substances invariably destroy life in this way. There is, undoubtedly, a prior effect produced; and which, when the quantity of the poison administered is very large, is sufficient to destroy life, before time is given for the production of inflammation. Thus, some of the more powerful individuals of this class; such as the active principle of the *nux vomica* (*strychnine*), and the *hydro-cyanic acid* in its most concentrated form, destroy life instantly, whether applied to a wound, or to the stomach, or to any other very irritable surface. *Opium*, and even *alcohol*, very largely and quickly swallowed, will also prove instantly fatal. But these substances, if administered to a less extent, and if time be given, are followed by all the marks of cerebral disturbance that indicate the existence of inflammation in this organ. This is quite analogous with what has been observed in regard to the *plague*, and *malignant* and *contagious* fever, where the *cause* has sometimes been observed to destroy life in a very short space of time, and before any mark of local inflammation in the brain has arisen, or any general febrile action been excited. The *virus* is then said to kill, by its *sedative* influence on the *nervous system*; that is, the impression made on the brain is so strong, as at once to interrupt its functions; whereas, had the cause been applied with somewhat less intensity, the organ would have been roused into violent action, and inflammation have been the result.

6. *Mephitic vapours*, as from animal and vegetable matters, in certain stages of putrefaction; *foul air* of different kinds, inhaled into the lungs; various *febrile contagions*, as that of *small pox*, and many others of the same general nature; all appear to operate by exciting inflammation of the brain, mostly in that form which we call *idiopathic fever*; but still with some difference of character in the different cases, according to the specific nature of each.

7. Lastly, *inflammation of the brain* frequently arises in a *secondary* way, as the result of previous inflammation in some other part, and which appears to act as the *exciting cause*. This takes place the more readily, in proportion as the organ primarily affected is connected with, or dependent upon, the brain. Thus, inflammation of some of the *organs of sense*, when violent, is apt to be followed by *phrenitis*: as is observed especially with regard to inflammation in the internal ear, in the eye, and in the skin (*erysipelas*). A great number of other inflammations, especially of irritable parts, before they prove fatal, often appear to excite inflammation in the brain, and which is indicated by the usual signs.

Thus, then, you see that this affection, inflammation of the brain, which I have called altogether *encephalitis*, may be induced by a great variety of causes, each acting in a way more or less different from the rest, and exhibiting a variety of character in consequence. I shall next proceed to point out the various forms of this disease, and offer, at the same time, the best explanation I am able, of the subject.

FOREIGN DEPARTMENT.

ANATOMY.

Absence of the Gall-Bladder in a Human Liver.

By M. Godelier, Surgeon-in-Chief of the Military Hospitals of the Rochelle.*

Lemery mentions the case of a liver without the gall-bladder, but it was thought that this state was owing to disease, rather than a natural conformation. Sabatier says, in his anatomy, that "the gall-bladder is never wanting in man; if, occasionally, it has been thought that the contrary has been observed, it may be explained by the minute size of this organ, or its being sunk into the substance of the liver, or its being wasted by some disease." We are inclined to believe that the original deficiency of an organ is a much rarer occurrence than is generally believed; but Sabatier's assertion is by far too general, and admits of being easily refuted. The gall-bladder is the constant seat of disease; its cavity is frequently distended to an enormous size, and, on the other hand, sometimes quite obliterated. The obliteration of the cavity in the human subject, shows that the organ is not essential to life. And the entire absence of the gall-bladder in many animals, particularly the invertebrated, is a proof, by analogy, of this assertion. Meckel, in his *Handbuch der Pathologischen Anatomie*, Bd. I. p. 607, mentions cases of the total absence of the gall-bladder in the human subject. Habert† and Tiedemann‡ saw cases of this kind, where there was not the slightest trace of a depression in the liver for the gall-bladder. The following case may also be quoted in proof of the point, thus showing that the gall-bladder is not absolutely necessary to life, and that without this organ a person may enjoy a good state of health.

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* Gazette de Santé, Oct. 1826.

† Phil. Trans. No. 492. p. 93.

‡ Reil's Archiv. Bd. 5. s. 144.

The subject of the following case, a soldier, æt. 26, on the 10th of last September, fell from a height whilst in a state of intoxication, and was killed on the spot. He was immediately carried to the Amphitheatre of the Military Hospital of La Rochelle. The inspection of the body was soon afterwards made in my presence, and the medical men belonging to the regiment. On opening the abdomen, I was immediately struck with the absence of the gall-bladder, and that the yellow appearance of the arch of the abdomen, which usually exists, was not present. We then proceeded to a more minute examination of the part, and found that there was not the slightest tint of yellow in the concave surface of the liver, nor any vestige of a fossa. Surprised at this phenomenon, two able assistants were directed to dissect the hepatic duct with care. Its size was double that of the natural state.* No trace of a cystic duct could be discovered. Lastly, to avoid the possibility of a mistake, the liver was removed from the body and examined, both internally and externally, but without discovering the least vestige of a gall-bladder. In short, we are all perfectly convinced that, in this person, the gall-bladder never existed.

COMPARATIVE ANATOMY.

On the Natural History of the Blistering Fly.

Notwithstanding the very interesting Essays of Fabricus and Olivier, on the blistering fly, we have hitherto had such an imperfect idea of the natural history of this insect in this country, that we cannot help thinking a complete description of it will not be unacceptable to our readers. For our details we are particularly indebted to a very excellent memoir on this animal by M. Andouin, which was lately read before the Royal Institute of France. For the present we shall confine ourselves to the descriptive anatomy, and at a future period lay before our readers the physiology.

These insects are to be found chiefly in the South of Europe, in Greece, China, India, North and South America.

The jaws are strong, and similar to one another. When looked at in their natural position, they appear to terminate in a point, which is in fact, however, the profile of a cutting lamina. They have no teeth, but there is at the base a circular tubercle, which is flat, and rests on another of the same form. The jaws are in part horny and in part membranous, formed of several pieces having the inner side divided into two membranous lobes covered with hairs. Their external surface supports a covering with four joints.

The first is very short, the second and third nearly equal, the last larger, more elongated, and oval. The inferior lip is also composed of several pieces, which, instead of being distinct and articulated with one another, are united by a sort of common membrane, pretty firm, and even horny in several points. There are only three joints here; the first small, the second longer, the third short and truncated.

With regard to the thorax, it differs in no respect from the order of coleoptera.

The anterior part of the thorax is small, square, and not so large as the abdomen; the webs are long and flexible, covering the membranous and transparent wings. The feet are smooth and thin, with thread-like tarsi, covered on the lower surface with woven hairs, and terminated by a double pair of horny hooks, long and much curved. There are five joints in the tarsi of the two anterior feet, and four only on the posterior. Each of the feet of the female cantharis has, at the junction of the leg and tarsus, two small moveable spinous processes. In the male, the same thing exists in the posterior pair; but in the anterior, instead of two spinous processes on the sides, there is but one, which is, however, strong, compressed, sharp, and placed on the median line.

Independant of the brain, which is bilobed, there are eight ganglions. The first is situated in the head, and seems to result from the junction of the nervous chords that the brain sends from behind, and which going downwards envelop the œsophagus like a collar. Two longitudinal chords make it communicate with the posterior ganglion, which, as well as the two following ganglia, belong to the thorax, and which are much larger than the abdominal. On each side of the thorax the ganglia send out several nerves; and what is very curious, the two chords which unite the second ganglion to the third, cross one another about their middle. That which arises on the right side of the ganglion in the meso-thorax.

The circulatory system consists, as in all the insects, in a very simple vessel situated on the back, going from the head to the abdomen and pulsating distinctly.

The respiratory system resembles the others of the coleoptera. It is composed of a number of stigmata, placed on the side of the body, from which recede a number of ramusculi that finally terminate in all the organs of the body, carrying thither the aerial fluid.

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* In most of the cases on record of absence of the gall-bladder, a similar dilatation of the hepatic duct has been observed. —Ed. L.

The digestive organs are very complicated. The extremity of the mouth speedily terminates in a long, muscular, smooth, cylindroid œsophagus, which, even in the thorax, passes into a stomach. This, again, goes into the abdomen, which it fills in a great measure. The inferior surface lies on the nervous chord, and on the muscles of the belly, having an elongated form scattered about, and more apparent in the full than in the collapsed state. The stomach terminates in the intestine, in a peculiar way. There is a valve formed by the union of several small kidney-shaped bodies floating, and merely attached by their external sides. They are six in number, and from each of them there emanates a small biliary vessel.

The small intestine takes its origin abruptly from the stomach; at first it is pretty large; it speedily contracts, passes backwards, bends again obliquely in front, turns over again on itself, forms a second bend, and passes directly to the posterior part. This, as it is swelled, may be considered the cœcum, and terminates in the rectum, which is narrow and very short.

The generative organs, in the male, are the same as in most of the other insects. A testicle, vasa deferentia, vesicular seminales, spermatic chord, and an organ for copulation. The testicles are perfectly spherical, and of a very curious organisation. There are several distinct parts also in the female; such as the ovary, calices, sebaceous glands, vesicules, and vagina; and at the orifice of the latter, there are, generally, to be found bony substances.

PHYSIOLOGY.

M. Andral, jun., a gentleman well-known as one of the first pathologists in France, has lately announced a discovery which he has made, concerning the circulation of the spleen. The splenic artery, at its termination, is perforated by numerous small holes, which pass immediately into the spongy tissue of this organ. A similar structure exists in the veins. These opinions are substantiated by anatomical preparations.

SEMEIOLOGY.

Mediate Percussion.

M. Pierry has lately invented an instrument which he calls a *pleximetre*, for the purpose of detecting the pathological states of the viscera in the thorax and abdomen. He pretends that by means of it, he has been able to pronounce most accurately how much liquid has been thrown out into the cavities of the pleura, whether or not there are miliary tubercles, and in what state the hepatization exists. The instrument is made of a piece of ivory, and the conclusions are drawn from the sound that is emitted from the thorax, when it is struck. We are promised a work on this new instrument.

THERAPEUTICS.

*Case of the Bite of a Viper treated successfully by the application of the Cupping Glass.**

On the 17th May, 1826, a gardener was bit by a viper, which had been offered to him for sale. This was at half past five in the morning. At seven, the part was swollen, with pain tingling in the hand, and sense of coolness, which were followed by vomiting of his ingesta.

In a short time afterwards, the swelling increased enormously. It seemed to be of the nature of œdema, and its appearance, indicated that gangrene would speedily supervene. The temperature of the part was lower than it usually is all over the arm, up to the axilla, to which part, in fact, the swelling had extended. Vomiting of mucous and bilious matter continued now and then; the tongue was natural; the stools were very fetid. Pulsation of the heart feeble; no pulsation was felt in the radial or carotid arteries, whilst that in the crural was very strong. Head and upper extremities were ice cold, the lower members were warm, but not near their natural state. The face was swollen, and nearly double its usual size. The neck also participated in the swelling, but there were no spasms.

As the patient had two wounds on his hand (one of which was not considered by him to be the bite of the animal,) it was thought proper to apply two cupping-glasses, having previously made an incision of three lines immediately over the wounds, a quantity of serous fluid, which resembled that in dropsical people, was evacuated, which had, however, no effect on a cat that was inoculated with it.

The cupping glass was applied for half an hour, during which time several spoonfuls of fluid were evacuated. The skin reddened a little, and a drop of blood or so flowed from the wound. Hands and feet were kept warm; frictions were made in the region of the heart, and gummy potions administered.

In half an hour the patient spoke better than he had done. The infiltration in his face and limb diminished. Pulsations of the carotids and lacteals remained unchanged.

The cupping-glass was re-applied for half an hour, which again removed a quantity of serosity. During the day time, the face resumed nearly its normal state; the pulsations of the heart increased. Nausea ceased, and the pulse of the head and arms returned.

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* Revue Medicale, October, 1826.

In the evening, the face was completely free from swelling; the axillary glands painful, however, although not much swelled. A red erysipelatous band pointed out the course of the lymphatics; the heart and arteries resumed their natural functions.

On the 18th, the general symptoms had disappeared. The arm and fore-arm were double their usual size; reddish, warm, and very painful on pressure, particularly at the lower and inner part. Extensive erysipelas now manifested itself all over the extremity, which was treated by applying twenty leeches to the arm, and as many to the fore-arm. The local symptoms gradually disappeared, with the exception of the swelling.

THE TRUE MOXA,

Or the Foy-cong of the Chinese.

Various substances have, at different times, been called moxa; but that most commonly used, appears to be a sort of cotton (artemisia chinensis) which has been dipped in a solution of the nitrate of potass. We have lately had some specimens sent us by Mr. William English, of Seething Lane, of two vegetable substances brought from China, which have been used by Mr. Thomas Blizard, and other surgeons. The one is much esteemed by the Chinese, for its supposed power of arresting slight hæmorrhage, and is named by them *wang-cou-mou*, yellow hair dog, or stop-blood-thing; and the other is named by them *foy-cong*, fine velvet, or the true moxa, and is employed by them for the purpose of burning eschars on the surface of the body. It has a brown colour, is very light and inodorous, and a mass of it burns readily, when any part of it is ignited. It is not probable that moxa will be extensively used in this country; but those who are disposed to employ fire in the treatment of certain chronic diseases, will find that the substance last mentioned, will give much less trouble than the cylinder of cotton, with its appendages, as recommended by Larrey.

ROYAL INFIRMARY.

Treatment of Ischuria Urethralis, by Dr. Ballingal.—*Delirium Tremens, mistaken for Typhus Fever, by* Dr. Duncan, jun.—*Cynanche Parotidea, fatal from surgical inefficiency.—Bronchocele and Iodine, &c. &c.*

The surgery of the University of Edinburgh, never in much repute, has been making of late very considerable additions to its equivocal celebrity. The gentlemen pensioners of the Navy and East India Service, principally supplied by this prolific parent of graduated abortions, have long supported its character in this respect, while its pharmaceutical diplomatists have given the last touch to its fame throughout the British empire. Any one, almost, of the dispensaries which ornament our various hamlets with sign-boards and blue-bottles, may be consulted by the curious for statistical information on this head, with the greatest chance of success, on "Tuesdays and Fridays." There is no mystery whatever in these evil reports, if we only consider the condition of surgery in the school from whence these rural "Hunters" emanate. No one, of course, can be so extravagantly sanguine as to expect that a science could flourish under the direction of men who hold its practice in contempt. The Senatus Academicus, the great bulwark of pure physic, with their learned patrons, the Bailies of Edinburgh, at their back, have in fact consigned surgery, for half a century, to the garrets and cocklofts of their Royal Infirmary, as something too despicable to occupy the more spacious apartments of the establishment. Nothing, indeed, can save it from degradation, so long as it is left to pine under the protection of its present guardians, who never speak of it but to insult, or legislate but to trammel its powers. The results of such a preposterous arrangement are daily evolved, and the following cases may be taken as an *ex-uno-disce-omnes* example of the system.

Joseph Turnbul, a boy about fifteen or sixteen years of age, was received into the hospital for disease of the urethra, produced by an accidental injury. Micturition by drops, accompanied by severe pain, and a small tumour in the perinæum, were the more prominent symptoms of his complaint. An instrument was attempted to be passed for several days without success, and he was next treated, as in ordinary cases of stricture, with caustic, which, from mismanagement in the application, was found to have destroyed a portion of the surrounding parts, but without affording any relief. The design of cutting down on the stricture was now, for the first time, contemplated, the boy having suffered for weeks the distress and danger of a bladder constantly distended. The proposal was accordingly carried into execution in the theatre of the hospital, where, after half an hour spent in ineffectual endeavours to pass an instrument into the bladder, the patient had to be removed off the table, when the operator, looking confoundedly puzzled, turned round and informed the spectators, that indeed he experienced more difficulty than he had anticipated, but that he expected his object would be accomplished as soon as suppuration should be established. The usual processes, however, between the infliction of an incised wound and complete cicatrization, have now been gone through, but the prediction still remains to be verified, and the boy, despairing of relief, has left the hospital precisely in the same state he came in, to proclaim to the world the perfection of "Military Surgery," and, it is to be devoutly hoped, to visit Mr. Liston, or some other *pure* craftsman, with a more prosperous event.

Descending from the "surgical attics" of the institution to the favoured regions appropriated to the practice of physic, it may be worth while to take an occasional glance at the proceedings of the "Doctors," in their own peculiar province.

The subject of the following case was a man who had been very much addicted to the abuse of spirituous liquors, which was frequently followed, on other occasions, by what his friends termed "nervous affections"—not an inexpressive appellation for the train of symptoms which sometimes succeeds a too liberal indulgence in the manufacture of "Glenlivat," and helping the practitioner, when taken along with the other circumstances of this patient, to a certain diagnosis of his disease. About ten days previous to his reception into the hospital, he had been suddenly seized with rigours, paid of the head, and shortly after with violent delirium. On admission, his pulse counted a hundred, his extremities were cold, tongue moist, raved incessantly, was agitated by tremours, and presented, in his whole appearance and manner, the peculiarities of a case of neglected delirium tremens in its last stages. For the alleviation of these symptoms, he was ordered a dose of jalap, and leeches to the temples; but no abatement having taken place in the violence of the disease from this active and judicious treatment, he was directed to be bled to twenty ounces from the arm, and sixty drops of the tincture of opium to be taken at night, at a time when it might be said he was in a moribund state. The blood showed no signs of inflammatory action in the system, and he survived its abstraction but a very short period. Dissection disclosed about an ounce of fluid in each lateral ventricle; vascular turgescence of the dura mater; and a serous effusion under the tunica arachnoidea. Admitting this to be an instance of common typhus, no practitioner, not even Dr. Clutterbuck would have ventured to use the lancet in that stage of the disease and condition of the system, while the history and appearance of the patient showed his complaint to have been of a totally distinct nature; but his having come from a quarter of the town where fever prevailed, was evidence sufficiently conclusive with Dr. Duncan, jun. to refer it to a different section of Cullen.

The subsequent case is given as much for the rarity of its termination, as to illustrate the blessings of the pre-eminence of pure physic in the Royal Infirmary, and to prove the necessity of a surgical hospital in Edinburgh.

The subject of remark, a married female, presented herself a few days since for examination in the patient's waiting room. Almost naked, and deformed by disease, she exhibited the lowest state of human wretchedness. The parotid and sub-maxillary glands were enlarged to an enormous extent. Those who have seen extreme cases of ptyalism in Lock Hospitals, when mercury was in the ascendant, may form some notion of her appearance. Her pulse was feeble, extremities cold, voice inarticulate, and could give no accouut of the cause or duration of the complaint. She was ordered to bed, without any prompt measures being taken for her relief, when she shortly after expired. Permission being granted to examine her after death, matter was found diffused through the cellular substance connecting the glands, and an opening on each side in the fauces, into which the discharge had flowed. The different viscera were all found perfectly sound, but empty, and in some places contracted, and it was quite evident the woman had died from suffocation or inanition. In commenting upon this case and dissection, Dr. Duncan, jun. observed, that even with the knowledge of the case which they then possessed, no relief could be given by an opening into the glands externally, for the matter was not collected in a sac, and that medicines could not have been administered, from defective deglutition. Indeed! but were any of these plans attempted? Were alimentary enemas by the mouth and anus given to keep her alive a little longer? Was an incision made into the glands for the removal of the matter, which we find, notwithstanding its diffusion, had no objection to pass by another opening into the mouth? or was artificial respiration, in the event of other measures failing, resorted to in order to save her from suffocation? These, however, were remedies not to be found amongst the "simples and compounds" of a pharmacopœia, and were of course overlooked by a pure physician.

There is a case of bronchocele in the hospital, with the history and event of which I shall make you acquainted hereafter. It has been treated so far with iodine, and with some prospect of final success. Fever prevails here to a considerable extent, the number of admissions into the Royal Infirmary averaging from six to eight patients daily, and under circumstances which might convince any person less sceptical than Dr. M'Lean, of its contagious nature.

Scotus.

Edinburgh, Nov. 26, 1826.

To the Editor of The Lancet.

Sir,—When I passed my examination before the Worshipful Apothecaries, and after paying the usual fee, my certificate was given to me, together with a *list annually* published of persons qualified to practise; and now, Sir, may I ask, for what reason has this List ceased to be published? I requested a friend, the other day, to procure a printed list, as usual; he applied at the Hall, when he was told that they had ceased to deliver them, after having told me, in the Act, that a printed list should be annually published! I am practising my profession in a large city, and I am sorry to say numbers of *uneducated* and *unqualified* men, according to act of parliament, are in practice in spite of all restraint. Men that never had an opportunity of becoming acquainted with anatomy or physiology, and, consequently, ignorant of those laws which regulate the offices of life. You, Sir, are the only person I can look to for the removal of this oppression; the Apothecaries' Company put it entirely out of my reach, even to learn who they have qualified, by suppressing the List, &c. I look around me and see men who a few years ago were merely *porters* to druggists, or perhaps Sancho Panza's to some Dr. Lamert, styling themselves surgeons, apothecaries, accoucheurs, &c; if I inquire,—oh! he or they are qualified!!! This brings to my recollection an account of a gentleman who had been acting as druggist, &c., without previous apprenticeship; and being pretty fortunate in the sale of drugs, he imagined his knowledge of the healing art increased in proportion to his success in physic, and determined on becoming a "*pure surgeon*;" he consulted a physician on the subject of his going to London to walk the hospitals. I must inform you he had seen the revolution of forty long years, the last five only had been devoted to drugs, &c. This physician advised him to learn the hard lesson of contentment, especially as he was beyond the usual age for matriculating; his reply was, he thought in about *six weeks* walking the hospitals in London, he should be able to contend with all the diseases of his neighbourhood; and left his wife to carry on the business, whilst he was *walking the hospitals*!! And, if you please, we will leave him there, while I inform you that at the expiration of six long weeks, he came down with testimonials of the first of the faculty, as he asserted, placed surgeon on his door, and commenced his skill; almost the first subject of his attack was an old man who placed himself under his care with what the doctor termed a "*stoppage*" in the bowels; every remedy which this new Esculapius adopted proved unavailing, and it was considered a final blow to the poor patient, as death appeared to stare him in the face. A friend of mine, a surgeon, was requested to see this patient; and, on his arrival, heard the history of the case, and the poor patient had much faith in the skill of his doctor, for he said Mr. —— did every thing in his power; but mark the sequel: this constipation was a retention of urine; for on introducing the catheter, a large quantity of water was drawn off; the man was immediately relieved, and by the daily use of this instrument for upwards of six weeks, accompanied with such medicine as was thought proper, the patient perfectly recovered, to the no small annoyance of the doctor; the distention of the bladder had gone on so far as to leave a paresis approaching to paralysis. I have a patient under my care, at this time, a sad spectacle of surgical ignorance, viz. dislocation of the *os humeri* unreduced, having been treated by the surgeon as a mere contusion; and another of a more recent date, of fracture of the same bone, treated in a similar manner. I know it is said, if people will employ such individuals, they must abide the consequences; but how are the public to judge, until some person has been left as a monument of irreparable injury, by their maltreatment. I am not contending for the Act as it now stands; but if there be a law, I wish, as a member of a liberal profession, to know who this law has qualified; and how can I arrive at such information, but through the medium of a printed list. I shall, for the present, leave the subject before your numerous and respectable readers.

I remain, Sir, &c.

A Licentiate of the Worshipful
Society of Apothecaries.

Bristol, Nov. 1826.

THE LANCET.

London, Saturday, December 2, 1826.

Practical Observations in Surgery, more particularly as regards the Naval and Military Service. Illustrated by Cases, and various Official Documents. Second Edition, considerably enlarged. By ALEX. COPLAND HUTCHISON, late Surgeon to the Royal Naval Hospital at Deal; Member of the Medical and Chirurgical Society, &c. &c. London, 1826. 8vo. pp. 442. Underwoods.

THE present edition comprises Mr. Hutchison's "Practical Observations in Surgery," published in 1816; his further observations of the following year, and his papers in the Transactions of the Medical and Chirurgical Society, and other periodicals. To these he has added a chapter on imperforate anus, and several other detached essays and cases of practical import, of which those on erysipelas and feigned diseases are, without doubt, the most novel and striking. The chapter on amputation, which commences the present volume, was originally designed to correct some loose expressions of Mr. Guthrie, on the proper period for operating after gun-shot wounds, contained in the first edition of his work on that subject. Mr. Guthrie had advocated a little delay, until the patient had "sufficiently recovered from the shock of the injury," in which he merely followed Faure, Hunter, and Percy, while our author maintained that the operation ought to be done immediately, according to the precepts of Wiseman and Le Dran, Pott and Larrey. Neither had any thing original to offer, and if their doctrines were meant to involve general principles, both were wrong. However, the matter of dispute has long since been disposed of, and by no one more ably than by Mr. Samuel Cooper, in the recent editions of his Dictionary, to which we refer the student. Mr. Hutchison's treatment of erysipelas phlegmonodes, which we have already adverted to in our review of Dr. Butter's work on irritative fever, (See vol. ix. p. 292) is, briefly, as follows:—

> " - - - - - of making several free incisions with a scalpel on the inflamed surface, in a longitudinal direction, through the integuments and down to the muscles, as early in the disease as opportunity admitted, and *previous* to any secretion having taken place. These incisions may be made about an inch and a half in length, from two to four inches apart, and varied in number from four to eighteen, according to the extent of surface the disease is found to occupy."

The practice is equally applicable to phlegmon, for by means of these incisions, as the author very justly remarks, "the operator will not only be enabled to abstract fifteen or twenty ounces of blood from the surcharged vessels, actively engaged in feeding the disease, but he will also afford the most unequivocal relief to a tense and over distended skin." We have followed this practice and that of Mr. Higginbottom, the caustic, in several cases of erysipelas and phlegmon with the most decided success. In the migratory erysipelas, insulating the affected part by a strong solution of caustic (two scruples to an ounce of water) applied to the surrounding cuticle, has restrained it within its primary limits. It forms a breach of continuity which the disease cannot creep over, and the only inconvenience to the patient is the unsightly blackness of his skin.

Mr. Hutchison has written a very amusing chapter on simulated or feigned diseases, which every one connected with the public service, or with public hospitals, where such deceptions are not unfrequently practised, will do well to peruse. The most common are ulcers, fever, (crusting the tongue with yellow soap!) diarrhœa, diseases of the heart, (symptoms produced by white hellebore,) contractions of the joints, paralysis, epilepsy, inflammation of the eyes, incontinence of urine, hæmoptysis, hæmatemesis, œdema of the extremities, (ligature,) hernia, &c. A curious case is related of a man impressed on board the Druid in 1807, who, on stripping himself for examination, stated that he was "ruptured in both groins," and had been "overhauled" a dozen times by the surgeons of different ships of war.

> "There certainly was," says Mr. Hutchison, "a swelling in each groin, very much resembling hernia; but the weather being at this time extremely hot, and the scrotum, therefore, very pendent and flaccid, my attention was particularly called to it; and, on examination, I found the scrotum to be an empty bag, and the testes (of their natural size) lodged in the groin. As soon as this discovery was made, the poor man, from being at length and so unexpectedly detected, became quite unnerved, and so agitated, that upon re-examining the parts, the testes were found to have descended into their proper places in the scrotum. After commending the man for his ingenuity, and in place of physic administering to him a glass of grog, his spirits were rapidly restored; and seeing no longer any chance of eluding the king's service, he displayed before us several remarkable feats of the power he possessed over these organs. He pulled both testes from the bottom of the scrotum up to the external abdominal rings, with considerable force, and again dropped them into their proper places with incredible facility. He then pulled up one testis, and, after some pause, the other followed as the word of command was given; he then let them both drop into the scrotum simultaneously. He also pulled one gradually up, whilst the other was as gently descending; and he repeated this latter experiment as rapidly as the eye could well follow the elevation and descent of the organs, so that my assistant and myself were not only surprised, but so exceedingly amused that we could hardly believe the evidence of our senses. Except in the above remarkable case, I know of no instance on record of the cremaster muscles being muscles of will; and, as it was so singular a case, I showed the man to several of the medical officers of the squadron we happened to meet with during the remainder of my service in that ship."

After the excellent work of Mr. Blackadder on hospital gangrene, or *phagedena gangrenosa*, and the numerous memoirs, reports, and papers which have appeared on the subject, it is not surprising that Mr. Hutchison has added little to what was already known respecting it. He agrees with Blackadder, Delpech, and all who have written on the subject, 1st, That it is infectious; 2dly, That the attendant fever never *precedes* it; and, lastly, as to the general plans of treatment. But for "the guidance of the young medical officer," he has run over the practices of Gillepsie, Hennen, and Blackadder, and given a translation of Portal and Deschamp's report to the French Institute on Delpech's memoir, "*Sur la Complication des Plaies et des Ulcères, connue sous le Nom de Pouriture d'Hôpital,*" which appeared in 1815, and has been duly infused into the Dictionary of Cooper. Delpech recommends the actual cantery; and surely when moxas and strong nitric acid are daily tolerated, there can be no great harm in trying the experiment. Mr. Hutchison has favoured us with sundry official communications from naval surgeons, conveying their opinions of the disease, and describing their general methods of treating it. One of these communications, we apprehend, (for he has attached no names to them,) came from himself in his capacity of surgeon to the hospital at Deal, since the writer speaks of making deep scarifications on the inflamed skin, "similar to those he had recommended in erysipelas phlegmonoides." But a manifest discrepency of opinion weighs against this conclusion, it being stated in one place (p. 220) that "increased action of the system always prevails in the first instance," and, in another (198), that he has "never known the attendant fever *precede* hospital gangrene." To our minds, there is no "extraordinary coincidence of opinion" in these official documents; indeed we consider them of very little value. The author himself admits, that the writers "do not at all confine themselves to hospital gangrene!"

Mr. H. gives the following directions for making an artificial anus, where the cul de sac of the intestine is at some distance from the surface, but it should not be done until the child is a day or two old.

> "The infant should be placed upon a table, close to its edge, and having its legs and thighs kept up by an assistant, nearly in the same manner as in the lateral operation for the stone; and, if the child be a female, it may be an advantage to pass a director up the vagina, as recommended by Mr. Mantell of Dover, which will be a guide to the operator, and lessen the chance of his wounding either the vagina or uterus. The surgeon, sitting on a chair before the patient, or with his right knee upon the floor, should make an incision, with a small double edged scalpel, nearly an inch and half in length, in the direction of the raphè, provided the gut intended to be cut into be supposed to be at some distance, and immediately upon the situation of the natural anus, taking care to cut upwards and backwards, towards the hollow of the sacrum, lest the bladder of the male, or uterus of the female be injured by the instrument. The fore finger of the left hand being occasionally introduced into the wound as a further guide to the direction of the instrument; and, after having cut to the depth of about an inch and half with the scalpel, which will be as deep as can be done with safety with this instrument, and there is no appearance of meconium, we should then lay aside the scalpel, and recommend the introduction of the point of a middle sized common trocar to the bottom of such incison."—pp. 260, 261.

The instrument is then pushed gently upwards and backwards, inclining rather to the left of the hollow of the sacrum, until the surgeon has penetrated the gut. The stilette being withdrawn, and pressure made on the abdomen, the contents of the bowel will flow throw the canula. The canula is left in the wound for a day or two, when a hollow elastic bougie may supply its place. A sponge tent may afterwards be employed to keep the artificial anus open. If the surgeon cannot reach the rectum by this operation, Mr. Hutchison follows Callisen in proposing to make an incision into the *caput cœcum*, or, perhaps into the sigmoid flexure of the colon! A surgeon, who should attempt it, may certainly "stand acquitted to his own conscience, of leaving an infant to perish;" but most assuredly he would stand convicted of being a very great blockhead for his pains. Success is hardly to be expected, and surely, to an infant, death without torture is better than the infinitely small chance which the operation might afford, of prolonging a miserable and loathsome existence.

On examining a child which had died about ten months after the operation for imperforate anus, Mr. Hutchison observed that the parietes of the rectum were considerably thicker than usual, particularly towards its lower part; the muscular coat being thickened, as he supposes, "because of the additional muscular force required to project the fæces through the long and narrow channel, from the termination of the gut to the external parts," a distanee which, after a fortnight's maceration in spirit, measured one inch and two-eighths.

> "The substance through which the artificial anus passed was so compact and condensed, that it seemed almost semicartilaginous; and it is somewhat curious to observe, in the preparation, how, in one part, the mucous membrane of the rectum approaches, in a conical form, towards the verge of the artificial anus; and how, in like manner, the external skin passes upwards to meet the descending mucous membrane, so that in one part of the artificial canal will be seen meeting each other, the villous coat of the intestine and the external skin, like a dovetailing of conical processes, or as Mr. Clift aptly remarked, a vandyking of the parts into each other."—273.

It is very probable that the termination of the rectum was, originally, acuminated, and that it extended into the parts which were divided in the operation, whence the latter appearances may naturally be accounted for.

In his chapter "On Diseases of the Brain from External Injury," Mr. Hutchison has related several interesting cases, though, for the most part, at unnecessary and tedious length; as, for instance, that of Thomas Jones, a seaman of the Santa Teresa, which is already known to our readers, through the medium of Sir Astley Cooper's lectures,* and which is made to occupy three or four pages to little advantage.

He next shows that stone in the bladder seldom occurs to sailors, and the rest of the work is a miscellaneous collection of cases of hæmorrhage into the urinary bladder, (LANCET, Vol. II. p. 205,) high operation for the stone, popliteal aneurism, punctured artery, abscess of the liver, Taliacotian operation, lumbar abscess, necrosis, and, lastly, of ununited fracture, in which the seton was employed without much benefit. See Weinhold's cases in THE LANCET, Vol. X. p. 649. When authors collect their scattered papers together, it may generally be predicated that they will write no more! It is an act which betokens repose.

THE scarcity of *subjects* has, at length, become an evil of such magnitude, that it constitutes the first feature in the conversation of every professional party. If *dissections* of the human body are not to be encouraged, we must relinquish all claim to surgical eminence. An intelligent correspondent suggests that the students should hold a PUBLIC MEETING, and petition the Legislature; we approve of this plan, but surely the measure ought not to be confined to the students; the lecturers *cannot* act so unjustly towards their pupils, as not to come forward and *take the lead* in the execution of a project of such paramount professional importance. Such is the difficulty of obtaining bodies at this moment, in London, that from sixteen to twenty guineas have been frequently offered to the resurrection men, in vain, by the suffering students. Now, it is a fact, with such a sum, a person may pay the expenses of a journey to and from Paris,—maintain himself there for two months, and dissect from morning until night. Subjects can be procured, in the medical schools of France and Germany, most plentifully, at a cost of from four to seven shillings each, and often without one farthing expense; yet our worthy College refuses to recognise certificates of dissections performed in Paris, and demands testimonials of the performance of *three winter courses in London*, WHICH THEY WELL KNOW CAN NEVER BE EXECUTED. This libel on their judgment is, however, explained by their honesty—the cash paid for the *London* certificates, for the most part, goes into the pockets of the Court of Examiners, their relatives and toad-eaters. The reason of subjects being so plentiful in France and Germany, is occasioned by the judicious regulations of the governments of those countries, for the encouragement and protection of the science of anatomy; and we are fully persuaded, that if the medical profession of this metropolis—surgeons, physicians, and students—were to hold a public Meeting, and petition the Legislature, that their prayer would be complied with, and that an Act would be passed to legalise the removal to the dissecting rooms of all unclaimed bodies in our hospitals, jails, poor-houses, and other public institutions.

Before, however, such an enactment as this can be fully carried into execution, it is necessary that a portion, at least, of the prejudice which exists in the minds of the people generally against dissections, should be removed; and it appears to us, that there are only two modes by which it can be accomplished; first, those barbarous laws which sentence murderers and traitors to dissection, which, we suppose, were intended to degrade and punish a culprit after he is dead; and, secondly, by showing the public the UTILITY of dissections, by means of popular DEMONSTRATIONS of the *structure* of the human body in the theatres of anatomy, in the theatres of our mechanics' institutions, and in the theatres of all our literary societies. We would recommend that this practice be COMMENCED IMMEDIATELY in the parent Mechanics' Institution of this city, and, if it be *judiciously*, *delicately* executed, it *must* be crowned with the happiest results. SHOW the people the utility of dissections, and they will no longer be opposed to them.

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* On fracture of the cranium.—Lect. 17

THE proceedings at the dinner given to Mr. BROOKES, must prove a source of great satisfaction to every sincere SURGICAL REFORMER. In a company which consisted of upwards of *two hundred and twenty* members of the medical profession, casually assembled, the back-door College had not a single advocate; and the toast " Members of the College," in contradistinction to that of " College of Surgeons," which, of course, means the Council, as the MEMBERS (curious anomaly!) form no part of the College, was, we believe, given from the chair for the first time, and the moment it was understood, hailed with acclamation. This is most gratifying, as it is indisputable evidence that our *cause* is making the most rapid advances towards a successful termination. We advise the COUNCIL to reflect on the following passage, which occurs in the speech of his ROYAL HIGHNESS THE DUKE OF SUSSEX:—

> " It is to be regretted, that a man of such distinguished attainments should have been denied those honours which his acquirements so peculiarly merit; and it is no less to be regretted, that the College of Surgeons, which was instituted to confer honour on all who should promote the science of surgery, should have been rendered available to the purposes of a most disreputable monopoly."

The conduct of the College towards Mr. BROOKES, who has been one of its *nominal* MEMBERS upwards of FORTY-FOUR YEARS, is most disgusting. But the day of retribution is near.

PROFLIGACY OF THE LONDON MEDICAL REVIEWS.

To the Editor of THE LANCET.

SIR,—Disgusted with the open profligacy of the London Medical Reviews, I have not, of late years, been much in the habit of looking into the pages of those precious depositories of all that is dull, mysterious, and deceptive. If I see an author extolled, or censured, I never expect to find in the observations of the critic a clue to his merits or demerits, but an indication of the party or faction to which he belongs, or of the publisher of his works. If I meet with some good, or tolerable ideas, sported by the reviewer as his own, I am sure to find them afterwards, either in the works, the titles of which are gibbeted in the front of his article, or in some other analogous performances: those which are decidedly bad, or utterly unintelligible, may alone be looked upon as original. The custom among reviewers in this country of appropriating without acknowledgment the ideas of authors, or in common language, of stealing them, if it be not entirely of modern date, has at least recently become extremely general, in so much that you may even peruse a criticism of one or two sheets, without meeting with a single quotation from the writer professed to be commented on, or any mention of his name, but on the finger-post at the beginning of the article. This *honest* traffic, this *respectus honesti*, is not practised to any extent in any other part of the world. Another very moral part of the trade of reviewing in this country, is to observe a profound silence respecting all illustrations that are at variance with the views or doctrines of the faction to which the critic belongs, or, wilfully to misstate them. Hence, as truth never belongs to a faction, the constant laudable endeavours of reviewers of this description, are directed to keep truth, as much as possible, out of sight. It was the revilings of these partisans of error, Sir, I must confess, which first directed my especial attention to your work; and the absence from its pages of those illiberal and dishonest proceedings which I have been characterising, confirm me in the opinion of its utility. Go on, Sir, with your accustomed vigour; and you will in no long time have the merit, among many others, of compelling your monthly and quarterly contemporaries either to return to a proper sense of their public duty, or to abandon the field.

Among those duties which at present most loudly call for the supervision of an honest press, and in which I perceive you have not been slow to engage, is the bringing back the different branches of the medical profession, if it be possible, to first principles, from which they have so very widely departed. With a view of contributing my mite of illustration to this important subject, I would, rather for the purposes of further inquiry than of immediate inference, call your attention to the state of the medical profession in the sister kingdom, as detailed in an anonymous pamphlet published in Dublin, in 1817, with the following singular title: "Reflections upon Oil of Turpentine; and upon the present condition of the Medical Profession in Ireland." By a Country Practitioner. I must premise, that I have no personal knowledge whatsoever of the merits of the dispute. I have no acquaintance with Dr. Brenan, or his opponents. But, if the facts stated in the pamphlet be true, (and the truth of them is, I think, worth inquiring into,) they are an additional confirmation of the uniformly injurious operation of the spirit of monopoly in the medical profession in every country, as well as the unfairness of the English medical journals and practitioners in withholding from Dr. Brenan the acknowledgment of originality, in introducing the oil of turpentine into practice for the cure of puerperal fever.

In the beginning of 1813, he published his first work on turpentine; and from that period to 1816, a space of three years, he enjoyed the undisputed merit, whatever it might be, of having discovered the medicinal qualities of this extraordinary remedy. But at this period, by collegiate influence, as is strongly insinuated, a claim to this discovery, which was never heard of before, was made by a lady. Further, Dr. Brenan had not been long practising in Dublin when the by-law against meeting in consultation with physicians not of the College, was brought into operation against him. Two or three gentlemen of the College refused to meet him, observing to their patient that *they did not know any Dr. Brenan*, and significantly asking each other, in the hearing of the patient, *is he of the College?* "If the medical men," proceeds the pamphlet, "were thus interested, from motives of personal resentment, in the ruin of Dr. Brenan, they had a still greater interest in the defamation and ruin of *turpentine*. This remedy was every way obnoxious;—first, because it was *his*; and, secondly, because it applied to a disease which the genius of physic had never been able to subdue. Child-bed fever had desolated the country. Physicians of the first rank had lost patients of the first quality; while the juniors of the profession excused and justified their own little mishaps, by comparing notes with their seniors. They all foresaw that the employment of turpentine would probably be attended with success, and that such success could not fail to redound to the permanent advantage of Dr. Brenan, who was their mortal enemy. Under the influence of these feelings, they determined, by wink and whisper, and sympathetic grin, to decry the remedy, and at all hazards to withhold it from their patients. Meantime Dr. Brenan was indefatigable in the propagation of his favourite turpentine. He multiplied the cases of its success, and accompanied every recital with a volume of abuse against the College of Physicians. The country practitioners at length engaged in the controversy. The distant hum of turpentine had reached them, and they determined to give it a fair trial. With this impression, he put his essay upon *turpentine* into his pocket, and carried it over to London, where, by the advice of some sad and learned friend, he gutted it of every thing that enlivened the style, and rendered it agreeable to a reader. In this way a clumsy and mutilated edition of his work appeared in London, which brought him under the lash of the medical reviewers there, who observed that there is little to be commended in the *style* of it: but this did not prevent some English practitioners from using turpentine. They administered it in many hopeless cases of child-bed fever, and even in these it succeeded; they published an account of those cases soon after, and, *with more than Scottish candour or Hibernian modesty, studiously avoided acknowledging the source to which they were indebted for the suggestion of the remedy!*"*

If these facts be true, they so far fully bear out the various positions respecting colleges, reviewers, and practitioners, which I have stated. And as I have no other view than to elicit such further information on the subject as will enable us to come to a satisfactory decision, as well in respect to these matters as to the merits of the remedy and the identity of the discoverer, I am sure you will readily concur in my objects, by giving insertion to these remarks.

I am, Sir, yours, &c.

INVESTIGATOR.

London, November 4, 1826.

We insert "Investigator's" Letter, not to recommend the oil of turpentine in puerperal fever; as, whatever it may have accomplished in Ireland, it has proved a very dangerous remedy in this country. We need only to refer to the confessions of the late editor Dr. Copland on this subject.

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* See the case reported by Mr. Edgall, of Bristol, in the Medical and Physical Journal.

MR. GRAINGER.

To the Editor of THE LANCET.

SIR,—In perusing the account of the proceedings at St. Bartholomew's Hospital, published in THE LANCET I could not help contrasting the disgraceful imposition practised upon the Students, respecting the Demonstrations, with the upright and honourable conduct of Mr. Grainger. It was announced at the beginning of the season that the demonstrations would be prosecuted as heretofore, by Mr. Hutchinson; but soon after the commencement of the session, Mr. Hutchinson left England for the Continent, only giving Mr. Grainger one day's notice of his resignation and departure. Mr. Grainger informed the students, a month ago, that it was his intention to appoint two of the best anatomists in the class to demonstrate, and on Saturday last he informed them the appointment had fallen on Messrs. Wilkinson and Eddy; and whichever of the two should appear to be most competent in communicating anatomical knowledge, and should seem to meet best with the approbation of the pupils, should in future be the demonstrator.

Hoping that this will meet with a corner in your valuable publication,

I remain, Sir, &c.

A WEBB-STREET PUPIL.

Nov. 22, 1826.

EXPERIMENTS ON THE BLOOD.

To the Editor of THE LANCET.

SIR,—During the past months I have carefully examined a great number of horses destroyed at different slaughter-houses for various diseases, both acute and chronic.

In most of them I found the lymphatics of the chest and abdomen containing red blood; the thoracic duct containing a fluid of the same appearance, and this fluid undergoing the same change as blood drawn from any of the veins.

It is an established fact that the blood puts on a peculiar appearance when an animal is labouring under disease: for when it coagulates it separates into two parts, the superior part being of a yellow colour, which has received the name of lymph or buffy coat; and the inferior of a red colour. We find, however, a similar thing takes place when in health; but this has not yet been accounted for. I have, therefore, been induced to try a great number of experiments, and am now able to prove the following facts:—

1. That if from an animal,—as, for instance, an ass,—being in perfect health, feeding only on hay, and living in the open air at a temperature between 45 and 55 degrees, blood be drawn to the amount of two ounces, it will be found buffy.

2. That if the temperature be increased to beyond 60 degrees, the blood will be found wholly red.

3. That if the temperature be reduced to below 35 degrees, the blood will be wholly red also.

4. That if an animal in health, his blood being buffy, be made to undergo moderate exercise, it will become wholly red, and will continue so for some hours afterwards. But when the circulation becomes tranquil, it will again put on its buffy appearance.

5. That should the exertion be continued to an immoderate degree, the blood becomes again buffy.

6. When the venous blood is buffy, the arterial is so likewise, but in a less degree. In old weak animals, and those suffering from disease, those changes are not so evident.

Whilst prosecuting these experiments on the appearance of the blood, I was induced to notice its temperature, and found,—

1st. That in all cases it is nearly the same.

2d. That the arterial is from three to five degrees hotter than venous.

3d. That those parts of the body which are supplied with red blood, as the glutei muscles, &c., are several degrees hotter than those which are supplied with white blood, as the interior of the ball of the eye, &c.

R. VINES.

Veterinary College.
Nov. 17, 1826.

GIBSON *v.* THE SECRET OPERATOR.

Dr. Lyall has communicated the following remarks to the Editor:

THE invaluable work of Mr. Gibson to which allusion is made in No. 169 of THE LANCET, and bearing the title:—"Practical Observations on the Formation of an

Artificial Pupil: Remarks on the Extraction of Soft Cataracts, and those of the Membranous Kind, &c." having been printed at Warrington, was received in London by the publisher, Mr. Cadell, on *the 5th of February*, and was advertised as published on the *1st of March*, 1811. The preface, however, is dated *December 28th*, 1810, and it is evident, from Mr. Gibson's allusion to the work in his letter to Dr. Lyall, only a few days afterwards, (viz. January 13, 1811,) that it was really finished by the *28th December*, 1810.

From the above remarks, and the following quotation, it is evident that Mr. Gibson, *nearly a year before the publication of his Essay in the Edinburgh Medical and Surgical Journal*, had committed to the press his ideas on the subject of congenital cataract in infants;—in fact, the substance of that excellent paper may be said to be embodied in the following note, which occurs in p. 103 of the small work above mentioned.

"In *infants*, the couching needle, or an instrument resembling it, can alone be employed with safety to the eye: and, according to my experience, *it is more certain to remove the disease in these young subjects, than in adults, and quite as easy in its application.* The cataract, in these cases, is sometimes membranous, but more generally it is milky or pulpy in its consistence; and its capsule, at this early age, is *tender and easily broken down* by Mr. Hey's, or Professor Scarpa's needle. After this operation, *the complete removal of the substance of the cataract*, BY MEANS OF THE AQUEOUS HUMOUR, has uniformly taken place in the several cases which have come under my care. *The age of the patient has never appeared to me any objection to the couching needle, and I have been in the habit of operating, for ten years, upon subjects of all ages; although I prefer an infant, from half a year to a year or two old!!!*"

In Dr. Lyall's communication in our last Number, the following errata occur:—

Page 248, 1st col. line 30 from top, for "letters," read *letter*; line 37, "for not all a discovery," read *not at all a discovery*.

The year at the end should be 1826, and not 1825.

FAREWELL DINNER

TO

JOSHUA BROOKES, Esq.

On Friday Nov. 24, an excellent dinner was given to this distinguished anatomist on his retiring from the public duties of the profession. His Royal Highness the DUKE of SUSSEX honoured Mr. BROOKES with his presence on this occasion; together with Lord Montford, and many other Gentlemen of distinction.

T. J. PETTIGREW, Esq., F.A.S., F.L.S., in the Chair.

Upwards of two hundred and twenty Gentlemen sat down to dinner. The cloth being removed, *Non Nobis Domine* was sung by the professional vocalists, when the Chairman rose and spoke as follows:—

Gentlemen,—Our first toast is one of loyalty to our Sovereign, and it is impossible to propose this toast in a meeting which consists principally of members of the medical profession, without calling to mind the many acts of distinction conferred upon the profession by his present Majesty, and the many marks of attention he has bestowed upon some of its most eminent members. With these recollections, and with every feeling of loyalty and devotion, I invite you to join me in dedicating this glass to the health of His Most Gracious Majesty George the Fourth.

Three times three—Air, "God save the King."

Toast, "The Duke of York and the Army—a speedy recovery to His Royal Highness."—Song, "Hail Star of Brunswick."

Toast, "The Duke of Clarence and the Navy." "Rule Britannia."

The Chairman. Gentlemen, I have now the honour to propose to you a toast, which, I am satisfied, will be received with the enthusiasm it so peculiarly merits. We are honoured on this occasion, with the presence of an illustrious Member of the House of Brunswick, more distinguished by his knowledge of science—his acquaintance with literature—his taste for the fine arts—his extensive philanthropy—his love of constitutional liberty, and sound religious toleration, than even by the splendour of his rank. Deeply indebted as I am to his Royal Highness, and bound by every tie of gratitude and affection to that illustrious Individual, I am unwilling to permit myself to dilate on the claims of his Royal Highness to your notice, lest the language I might employ should be considered as that of improper panegyric, and the expressions of the real feelings of my heart assigned to motives of base adulation, or courtly and interested praise. It is fortunate for me, Gentlemen, that it is unnecessary to detail to you the merits of his Royal Highness, for they are known to the world, and daily exemplified in practice; and I will, therefore, only permit myself to make one observation upon the subject, as connected with the business of the present meeting. Gentlemen, if any evidence of his Royal Highness's attachment to science, and his regard for its ablest votaries were necessary, it would be found in his Royal Highness's attendance on the present occasion; a distinction of which the profession at large, and Mr. Brookes in particular, have reason to be proud; and I therefore beg his Royal Highness to accept our best and sincerest thanks for his gracious condescension by honouring our festive board with his presence, and propose to you, Gentlemen, to drink to the health, long life, and happiness of his Royal Highness the Duke of Sussex.

"His Royal Highness the Duke of Sussex," three times three, and immense applause.

His Royal Highness immediately rose, and thanked the worthy Chairman for the handsome manner in which he had proposed his health, and the company, for the flattering warmth with which they had received it. Mingling little with society out of a particular sphere, it was with the greatest pleasure that he attended the Dinner in honour of that able anatomist and excellent man Mr. Brookes, and was thus enabled to ascertain the opinions of so numerous and respectable a company as had then assembled. "I attribute," said his Royal Highness, "much of the fervour with which my health has been received, to the enthusiasm which the object of our present meeting is so pre-eminently calculated to excite, and which is as honourable to yourselves, as it must be gratifying to the individual whose retirement from the arduous duty of publicly teaching anatomy, you have this day met to commemorate. (Cheers.) As, in the course of the evening, I shall most probably have another opportunity of addressing you, I now beg to return my best thanks for the honour you have done me; wishing you health, long life, and prosperity." (Reiterated cheers.)

Mr. Chairman then rose and said,—Gentlemen, the time is now arrived, when it is necessary I should more particularly direct your attention to the objects of the present meeting. We are assembled, on this occasion, principally to commemorate the birthday of, I will not hesitate to say, the first anatomist of the age; and gratifying as it must be to us all to pay a homage at the shrine of exalted talent, it is, nevertheless, accompanied, on this occasion, by no little regret, seeing that time, which makes an inroad on every material substance, destroys alike the power of man, and, increasing the infirmities of human nature, has compelled Mr. Brookes to retire from the exercise of the most important of all professional duties,—the teaching of anatomy. I say, the most important of all professional duties, because all medical skill must be founded upon experience, and this must necessarily have for its basis a knowledge of anatomy. It would be out of place here to attempt any historical sketch of the progress of medical science; but if I were to do so, I doubt not I should speedily and satisfactorily demonstrate to you, that all the most eminent members of the profession have arrived at their great distinction, and owed their professional success, to their knowledge of anatomy. I need only to mention Ambrose Paré, Heister, Le Dran, Wiseman, Cheselden, Pott, and John Hunter, to satisfy you upon this subject. Gentlemen, I have mentioned the name of John Hunter, a name which gives rise to a thousand interesting reflections, and whose extraordinary labours, in many respects, will only find a parallel in those of the distinguished Professor, in honour of whom we are assembled upon this occasion. Gentlemen, Mr. Brookes has been a teacher of anatomy for nearly forty years, and during this time has educated upwards of 5000 pupils, who have been dispersed over the four quarters of the globe, to dispense that information which he so liberally imparted to them, for the alleviation of the sufferings of their fellow-creatures. Those only who have had the good fortune to be pupils of Mr. Brookes, can sufficiently estimate the liberal and unreserved manner in which he communicated to them the whole of his professional knowledge, and bear testimony to the delight he has experienced in forwarding, in every way in his power, the interests of those committed to his care. His whole life has been devoted to one grand and important object; and no consideration of *hour* or *season* has been permitted to interfere with the important business of professional education. No perpetual pupils of any other class;—and I beg to be understood as saying this without disparagement to any other teacher in this metropolis, with the majority of whom I am in habits of intimacy, and whom I know to be men of high intellectual endowments, of great professional knowledge and experience, and who possess, also, great facilities for the communication of their information;—but I will venture to say that no perpetual pupils, of any other teacher, enjoyed like advantages with those of Mr. Brookes; for that Gentleman has ever been of opinion, that professional education was equally attainable in summer as in winter, and has, therefore, regularly lectured throughout the year. Gentlemen, when we reflect on the many disagreeable circumstances which necessarily accompany the acquisition of anatomical knowledge,—circumstances which I fear have operated injuriously to the health of the teacher,—we cannot sufficiently admire the zeal of Mr. Brookes, in thus devoting the whole of his time to the instruction of his pupils, to the exclusion of other and more lucrative departments of the profession, and for the exercise of which he is so eminently qualified. Mr. Brookes will, however, have the lasting gratification of reflecting, that his sphere of usefulness has been almost boundless, and that if, at last, he has not made his own fortune, he has been the means of establishing that of hundreds of his pupils, many of whom now rank among the most eminent members of the profession of this day. In retiring from the more active duties of teaching, Mr. Brookes will carry along with him the esteem and affection of all who have the honour of his acquaintance; and in the formation of a most extensive and useful collection of preparations, will hand his name down to posterity, as a benefactor to the human race. Gentlemen, of that Museum, (second only to the Hunterian,) so important to the physician, the surgeon, the naturalist, and, in short, the man of science in general, it is impossible to speak in terms of praise beyond its merits; and my sincere hope is, that it may be preserved entire, and handed down as a lasting monument of the extraordinary zeal and unwearied assiduity of its founder. Gentlemen, it is my duty to announce to you, that by a public subscription among the friends and pupils of Mr. Brookes, a marble bust of the professor has been executed by Mr. Sievier, an able and excellent artist, who has succeeded in giving a faithful portraiture of the features of our distinguished friend and teacher, and that his Royal Highness the Duke of Sussex has graciously condescended to attend on the present occasion, publicly to present the same, to be placed in, and to accompany the collection, in testimony of the high opinion he entertains of the merits of the Museum, and his regard for its founder. (Loud cheers.) I will not, therefore, detain you longer, but request you to drink to the health and happiness of Mr. Brookes. (Reiterated cheers.)

Mr. Brookes. Mr. President, and Gentlemen,—I rise to return you my best thanks for the great honour you have conferred upon me by drinking my health. Mr. President,—Although I have been pleased to hear expressions of regret uttered by many friends highly gifted, at my retiring from teaching anatomy, yet it is difficult for me to believe that my professional brethren entertain so exalted an opinion of my talents, which, allowing they were exercised with unremitting zeal,—nay, I might say, with a degree of enthusiasm; and notwithstanding the very handsome manner in which you have kindly expressed yourself, Sir; I say that I dare not think my humble efforts are deserving of that elaborate eulogy from the faculty, which you, Sir, have been pleased to express. (Loud applause.) Mr. President, and Gentlemen,—It was observed by some French author, that the human intellect rarely continued in the same train of vigorous thinking and acting for more than thirty years; and generally before, or about that period, a change, or if I may so express myself, a revolution takes place. Nevertheless it has been so ordained, that my mind should pursue an accustomed course for half a century, being sixteen years of age when I first not merely turned my thoughts to the science of anatomy, but actually commenced my studies with Mr. Magnus Falconar, in Craven Street, Strand, and I am this very day sixty-six. (Loud applause.) This anatomist, was the brother-in-law and successor of Mr. Hewson, who fell a victim to anatomical pursuits, but whose fame will live for ever in the annals of science. Dr. Franklin, that great American philosopher and statesman, was one of his most sedulous pupils. If, however, I have not acquitted myself more to the advancement of my profession than I have done, I hope it may not be attributed to want of application, but of intellect. Mr. President, and Gentlemen,—As it happened amongst the Greeks and Romans, that to deserve well of their country, and to merit its thanks, was the greatest honour that could be ascribed to any individual; so it was once my enviable lot to receive personally and publicly the thanks of my Sovereign, as well as an intended honour: and this day I feel great pride in receiving the thanks of my students, expressed through you, Sir; a testimonial which can never be eradicated from my breast, the recollection of which will always be cherished in ultimate retirement, whenever that event may occur. Even when the science of anatomy may have lost its seducing charms, the fond voice of my pupils will still resound in my ears. (Loud applause.) Gentlemen,—Independently of the observation of the French philosopher to whom I alluded, my motive for retiring from the anatomical department of my profession was occasioned by ill health; for it grieved me to see, and that too often, the loss of time which you experienced from my constitution yielding to the effects of respiring an atmosphere greatly vitiated (most probably) by constant dissections. I now beg to return you my most cordial thanks for the firm attachment that I have experienced from you, Gentlemen, amongst whom it will be my ardent wish to live to see examples ranking even higher than many of my former pupils do at this day, either in the profession or as amateurs. May it please your Royal Highness,—I would, were it possible, most illustrious Prince, endeavour to find words sufficiently energetic to express the high sense I entertain of the exalted honour that your Royal Highness has this day been pleased to confer on the present assembly. An honour, which, permit me to assert, will remain indelibly impressed upon my memory, until that melancholy hour arrives when all honours lose their effect. Mr. President, and Gentlemen,—I have the pleasure of drinking all your good healths. (Loud applause.)

Mr. Brookes then sat down, but soon afterwards rose, and said:—

Mr. President, and Gentlemen,—I, individually, and I am sure you, collectively, feel that a tribute of gratitude is due to my friend Mr. Carpue, for the ready and liberal manner in which that celebrated anatomist has redeemed the pledge he gave me of serving you. It is, in truth, needless for me to say, that the greatest merit is due to Mr. Carpue, not only as a most indefatigable anatomical professor, but likewise for having materially benefited the surgical art; for no one engaged in the practice of surgery can be ignorant of the improved re-introduction of the Ars Taliacotiana by Mr. Carpue, as many instances of restoration of the most prominent feature of the face have been accomplished by that scientific surgeon. Mr. Carpue has also laboured successfully in the revival of the sectio-hypogastrica, on which a new light has been thrown, whence,—by the nature of former failures being more clearly understood,—the operation, according to the present mode of performing it, is rendered much safer, and, generally speaking, although like other operations for lithotomy, occult, nevertheless successful. Mr. President,—I embrace this opportunity of returning to Mr. Carpue personally, my best thanks for his kind attentions, and beg to be permitted to communicate to him yours, also, Gentlemen, *una voce*.

Mr. President and Gentlemen, I have now the honour to propose Mr. Carpue's good health. (Loud cheers,.)

Mr. Carpue. Mr. President,—I beg to return Mr. Brookes my best thanks for the flattering manner in which he has been pleased to introduce my name to your notice, and I feel no less grateful for the complimentary manner in which it has been received by this respectable assembly. The celebrity of Mr. Brookes as an anatomist, is known in every part of the globe where medicine is cultivated. His whole life has been devoted to the cause of science, and no man has displayed greater assiduity and talent in rendering students acquainted with the principles of the most important of all sciences, than Mr. Brookes. (Loud applause.) One would have thought that his great talents would long ere this have obtained for him a seat in our College. (Loud Cheers.) And I do not hesitate to assert, he has not received that reward and distinction which his scientific labours justly entitled him to expect. (Applause.) The conduct of the College towards Mr. Brookes appears to be most unjustifiable; although he upon all occasions has willingly opened the *front door* of his inestimable Museum, to the Council and Court of Examiners, yet he has not only been denied admittance to the *front door* to the Museum of the College, but has been insulted by those very Gentlemen, with a *back door* ticket to the Theatre of that Institution. It is gratifying, however, to perceive, that if Mr. Brookes be denied the possession of honours at the College, that they are conferred upon him here; and the attendance of His Royal Highness the Duke of Sussex on the present occasion, must be a mark of distinction most grateful to his heart, (cheers,) and in his retirement, will prove a source of pleasing contemplation. Although we now take leave of Mr. Brookes in his character of Lecturer, yet I still hope he will continue to prove of service to his fellow creatures, by exercising his great talents as a consulting surgeon, in which capacity, I trust, that you and the other practitioners of this metropolis will for many, many years to come, take every opportunity of availing yourselves of his invaluable assistance in the management of ambiguous and difficult surgical cases. (Renewed cheers.)

Toast, "The Fellows and Licentiates of the Royal College of Physicians."

Dr. Ager very briefly and very inaudably returned thanks.

"The Members of the Royal College of Surgeons in London."

This toast was received, at the upper end of the room, with unbounded applause; in fact, as soon as the word "Members" had escaped from the lips of the toast-master, the cheers commenced:—hence the remainder of the toast only, "College of Surgeons," being heard in the more distant parts of the room, this portion of it was received with loud hisses, cries of "No, no, the Court of Examiners and Council have used Mr. Brookes most infamously, and we will pay them no respect."

The real toast, however, was soon explained, viz. "The Members of the College of Surgeons," when the cheering immediately became loud and unanimous, and continued for several minutes. A marble bust of Mr. Brookes, which stood on a pedestal behind the chair, was now uncovered, and presented to the view of the assembly. Its appearance was hailed with loud applause, but we were not sufficiently near to discover whether it was a faithful representation of the original. We heard it asserted, however, by those we esteem competent judges, that it is an excellent likeness. The sculptor is Mr. Sievier.

His Royal Highness now rose, and partly addressing Mr. Brookes, spoke as follows:—

I regret that my station in life has often prevented me from associating with men of talents. I have, however, availed myself of every opportunity of mixing in their society, and of cultivating their acquaintance, which circumstances have been the fruitful sources of improvement and enjoyment; but I never feel greater gratification, than when we meet in compliment to a man who is so justly celebrated, and who has taught upwards of five thousand pupils the various modes by which they can alleviate the sufferings of their fellow-creatures, and the knowledge thus imparted, and the good thus bestowed, have been communicated and felt in every quarter of the globe. (Long-continued applause.) It is to be regretted, that a man of such distinguished attainments should have been denied those honours which his acquirements so peculiarly merit; and it is no less to be regretted, that the College of Surgeons which was instituted to confer honour on all who should promote the science of surgery, should have been rendered available to the purposes of a most disreputable monopoly. (Cheers, which for several minutes prevented his Royal Highness from proceeding.) I rejoice that the pupils of Mr. Brookes have found so competent a successor to that Gentleman as Mr. Carpue, than whom I know of no man better qualified to occupy his office. I perfectly coincide with Mr. Carpue, and hope that the public will still avail themselves of the assistance of Mr. Brookes in complicated cases of disease requiring surgical aid. (Loud applause.) The Greeks and the Romans were accustomed to place the busts and monuments of the most eminent of their philosophers, statesmen, and heroes, in their temples dedicated to the gods, but I have the happiness to say, that the bust which is now before me, is now to be placed amongst the intellectual labours of the man himself, from which, I hope, it never will be separated, and that those who, in after times, when we shall be mouldering in the dust, shall look over his works, that they shall at the same time be enabled to observe the monumental effigy of that individual to whom the Museum is indebted for its existence. (Cheers.) I hope the name of Joshua Brookes, like that of John Hunter, will be a password among surgeons, and excite in their minds an enthusiastic feeling in favour of the science of surgery for centuries to come. (Cheers.) This Bust being placed in the Museum, when that time shall come (and come it will to all,) when the study of anatomy has no more charms for the original, his spirit will, I trust, continue to hover around it, and continue to preside over those evidences of his scientific labours and arduous research for future ages.—Vale! Joshua Brookes! (Loud applause.)

Mr. Brookes rose, and spoke as follows: —Most illustrious Prince,—The distinguished honour that your Royal Highness has just deigned to confer on me, demands my warmest acknowledgments. This admirable bust, faithfully executed by my friend Mr. Sievier, being the gift of my pupils and friends, and now presented by so enlightened a branch of the illustrious House of Brunswick, is an unexampled instance of personal respect, and Royal condescension. If, then, it were possible, that any adventitious occurrence could enhance its value in my estimation, that individual addition has just been achieved, in its being tendered by the hands of your Royal Highness; in consequence of which, this inestimable present is rendered still more gratifying to myself, and flattering to the donors, to whom I owe the greatest obligations; likewise to former students and friends, for other testimonies of esteem, viz. a splendid Portrait, painted by Mr. Phillips, one of the Royal Academicians, in the year 1815, from which a print has been engraved, and, subsequently, a superb piece of Plate. I now beg again to return my sincere thanks to your Royal Highness, and to all those Gentlemen who have so liberally contributed to the sculpture of this imperishable monument of their affection. (Loud and long-continued applause.)

His Royal Highness now quitted the room, amidst the enthusiastic cheerings of the company.

Mr. Brookes, in a neat speech, proposed the health of the Chairman, who briefly returned thanks, and lamented that a more able individual, and more distinguished in the profession, had not been selected for such an occasion; and added, that if he had failed in the arduous duties of the chair, it had arisen from want of ability, and not lack of zeal in the cause. (Loud applause.)

Toast, "Lord Montford, and other Noble Personages who honoured the Festival by their presence."

His Lordship rose, and acknowledged the compliment. Mr. Brookes had known him longer than he had known himself, for he had known him from his childhood.

Toast, "The Stewards."

Mr. Dillon returned thanks.

Toast, "The Secretary," Mr. Morson, who said,

I am, Mr. President, and Gentlemen, to return you all my warmest acknowledgments for the honour you have conferred upon me in drinking my health; I have received a testimony of your approbation I must own myself undeserving of, but which, nevertheless, I shall fail not duly to appreciate, emanating as it has done from so very flattering a source. Gentlemen, I would have you bear in memory, that the retirement of our worthy preceptor from public teaching is an event which constitutes an epoch in the annals of medical history; I would have you further recollect, that this is the only opportunity we shall ever be blessed with, of bidding farewell, publicly, to the man whose life, for nearly half a century, has so faithfully, so uninterruptedly been dedicated to the cause of our profession; whose indefatigable and unremitting exertions have been one continual series of unparalleled toil and fatigue, and who now, although like the faithful labourer in the vineyard he has worked full eleven hours, and borne without a murmur the heat and burden of the day, is yet, O, shameful to relate! about to retire from the stage of his usefulness and glory unrewarded by his country, and by those appointed to be the guardians of her science; but overjoyed am I indeed to tell you, not unregretted by those who had the pleasure of his acquaintance, by those who had the opportunity of eliciting that information, which has universally been admitted to be the basis of all medical knowledge. I shall not, Gentlemen, trespass longer on your time than will suffice to express my firm conviction, that whatever feelings I may here hastily avow, will by you be readily and cordially reciprocated; and when I look around and see the many enlightened and distinguished individuals who now grace this, our convivial board, I feel a pleasure in the declaration, that there is not one I am sure among the number who has approached it with feelings other than my own, to join in a tribute of gratitude to him who so deservedly merits it, and who, I hope, will receive the offering we have this day made, equally a demonstration of our lasting esteem and respect, as an imperishable memento of his own zeal, industry, and talent. Before I bid adieu to this part of my subject, allow me as your fellow pupil, as one who, like you, can boast of having fought under the banner of this veteran anatomist, to entertain the hope that you will occasionally retrospect the hours you have passed at his Theatre of Anatomy, Blenheim Street. And as this cannot be done without bringing to the recollection associations of a pleasing nature, particularly that of having acquired the rudiments of your profession under a man whose name is so familiar, not only in this but in foreign countries; so let me trust, you will be ever anxious to acknowledge the good you have each individually derived from the founder of this great school. When, therefore, you may have occasion to speak of Brookes hereafter, let it not be in the lukewarm language of oblivious friendship, but in terms expressive of your affection, in terms commensurate with those claims he has upon your eternal gratitude and homage. Be ever ready to exclaim with the Poet,

> "He was a man, take him for all in all,
> I ne'er shall look upon his like again."

(Loud applause.) Of Mr. Carpue, to whose care we have been committed for the ultimate completion of our studies, I cannot speak in terms sufficiently energetic; indeed, Gentlemen, it requires but one half hour's attendance in the lecture room of this distinguished teacher, to convince us how attentively occupied and industriously engaged are his soul and body in the cause of anatomy and surgery; and if there ever were any one calculated, if I may be allowed to use the expression, to inculcate the principles of "sound chirurgical knowledge," he, I should unhesitatingly affirm, is most competent, nay, so ordained by nature. The urbanity of his manners, and suavity of disposition; his zeal; above all, his remarkable patience, and peculiar, yet correct mode of teaching, are qualifications you rarely find in one person so uniformly blended, so undeviatingly and perseveringly exercised. Before I then withdraw myself from your notice, allow me the heartfelt pleasure of recapitulating the satisfaction which I know we all feel in seeing, as successor to Mr. Brookes in his school of anatomy, one so able, so zealous, so indefatigable, as Mr. Carpue.

Toast, "Mr. Joshua Brookes, Jun." who spoke as follows:

Mr. President, and Gentlemen,—The kind and flattering manner in which you have just honoured me, by drinking my health, calls forth my warmest thanks; it is an honour which, believe me, Gentlemen, will remain firmly fixed in my breast till the last day of my life. Knowing too well that no merit on my part could have called forth this unexpected honour, I must attribute it to respect for my father, and for me, friendship; for on looking around, I see many old friends, who recollect me running about the dissecting rooms in my childhood, and I must assure you that I feel this day the proudest of my life, to observe the continuance of your kindness towards myself, and the unexampled honours you have generously bestowed upon my father. (Loud applause.)

Gentlemen, once more I thank you, and take this opportunity of drinking your good healths, wishing that every success and happiness may attend you through life. (Cheers.)

The Chairman went through the duties of his station in a very able manner, and the company remained till a late hour, highly delighted with the convivialities of the evening. The dinner and wines were exlent.

DR. MACLEOD'S "OFFICIOUS INTERFERENCE."

For The Lancet.

It is with extreme reluctance that I again obtrude myself upon the notice of the public respecting the Hunterian Museum. But Dr. Macleod has distributed a printed letter containing representations which, if not contradicted, may be believed.

1. He states that he has given offence to the late Censors, because he "commented on the questionable policy of their interfering with the Hunterian Museum at all at such a time; because he regarded their co-operation with those surgeons whose avowed object was the abrogation of the charter of their College, as calculated to embroil the two corporate bodies, and therefore as injudicious; as contrary to all established etiquette in the profession, and, therefore, as in bad taste;" that he spoke of "their interference at such a juncture;" and that "his censure implied only a doubt of their absolute wisdom."

Now, in the first place, Dr. Macleod *did not* censure the measures as *ill-timed*. He never mentioned juncture or unfitness of time. He sneered at our "taste and judgment, in interfering in the business *at all*."

In the second place, the reason of his giving offence;—the burthen of my complaint against him was, not that he had called our taste and judgment in question, and considered that we had acted contrary to etiquette, or not been blessed with absolute wisdom, but that he had termed the faithful discharge of an obvious duty, imposed by the government of the country, "*officious interference*." But this he does not venture to excuse. He makes no allusion to my complaint, that he employed the words "*officious interference*."

In the third place, how can we be said to have *co-operated* with those surgeons "whose avowed object was the abrogation of the charter of their College,"—with "a disaffected party," as he afterwards designates them? If we joined such rebels, we at least did so in good company,—in company with two distinguished Peers of the Realm, and one of the oldest and most respectable members of the House of Commons, who, moreover, actually led us into our present disgrace, by having so little *judgment* as *officiously* to propose *all* the resolutions which are so much out of *taste*, and for which we only voted, innocently conceiving that such members of the legislature knew what was right, and that to oppose them would be downright disaffection. But, in fact, the complaints relative to the Museum applied to the Trustees equally, if not more than to the Curators:—the Trustees had withheld from the surgeons and the public, the rights accorded by government. We *joined no party*, but *yielded* to just demands. The Museum is public property,—a matter perfectly distinct from the Charter and management of the College of Surgeons, and confided to the Trustees, under whom the Curators act. Dr. Macleod's handsome attempt to compare the Censors with officers of the College of Surgeons joining a party of Licentiates engaged solely in endeavouring to overthrow the College of Physicians, is thus altogether absurd. And, how could the Trustees act otherwise? We found ourselves enjoined by Government to see that the Curators opened the Museum twice a week to the members of both medical colleges and their friends, and prepared a catalogue: and were we to disobey these injunctions? Because certain "disaffected" surgeons misbehaved themselves, were we to punish all the well-affected surgeons, and all the members of the College of Physicians, and all persons who might procure introductions, by continuing to withhold an undoubted right at our own sovereign will and pleasure, till we made up our minds that the rebellious had become penitent? As a matter of mere policy, would not such arbitrary and unjust conduct have been unadvisable, and likely still more to exasperate the "disaffected." And was not the concession of indisputably just demands calculated to weaken a wicked party, and strengthen the ruling body of the College of

Surgeons, by removing a *real* cause of complaint? I can assure Dr. Macleod that the Trustees have received thanks, not only from this "disaffected" party, but from surgeons who are opposed to it.

2. I mentioned that I had heard of no one who disapproved of the conduct of the Censors, except Dr. Macleod. This, he suggests, is incorrect, because we deemed it necessary to lay a statement of our conduct before Sir Henry Halford for his opinion, and Dr. Macleod "has not the vanity to suppose" his censure of sufficient importance to occasion such a step.

Now it was impossible for the President to give an opinion, unless a statement were laid before him; and we deemed his opinion necessary, not certainly because Dr. Macleod condemned us, but because a public journal asserted that our College condemned us. Subsequently to the business of the Trustees, we had attended two general meetings of our College, at the latter of which we resigned our annual office, had shaken hands, and drunk out of the same cup, with many of the Fellows, at a College festival; and had frequently met the President and different Fellows at other times, and never heard a syllable of disapprobation; but, on the contrary, on the only two occasions when the subject was mentioned in conversation, it gave rise to some facetious remarks. We imagined that the Fellows were like a lodge of Freemasons,—a band of brothers,—bound to say no ill of each other out of doors, and, above all, not to authorise a licentiate and journalist (I speak not disrespectfully) to divulge their bad opinion of each other's official conduct, and thus censure out of doors, while they remained silent and shook hands within. On these two accounts, Dr. Macleod's information staggered us; and, while he strangely persists in concealing his authority, yet repeating his assertions as though authorised by Fellows,* he must not expect the world to give it credit.

3. The statement laid before the President and Senior Censor was pronounced (as mentioned in my former Letter) by both to be quite satisfactory. But Dr. Macleod is not content without suggesting, that I have been incorrect again in representing that the statement and the approval referred to the whole of our conduct*. The statement did relate to the *whole of our conduct*, and the approval related to the *whole of the statement*†.

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* "This writer calls upon me to give him the names of those who condemn the conduct of the late Censors. Had I accused them, on the authority of others, of a criminal act, he would have had a right to make this demand; but as the extent of my censure implied only a doubt of their absolute wisdom, it is too much to expect that I should obey such an unreasonable request. For me to do so, would be to take dishonourable advantage of opinions expressed in the course of conversation."

* "If it should appear, (as I have *strong* reason to believe,) that Dr. Macmichael did not write *as registrar*, and that the statement, together with the approval, had reference solely to the part which the Censors had taken with regard to the Licentiates, and to the circumstance of a Treasury minute putting it out of the power of the Trustees to admit them on the same terms as the Fellows, then it will remain for the 'Friend to the late Censors' to explain on what grounds he has taken upon himself to extend your satisfaction, touching one particular point, into a general approval of their conduct, with respect to the College of Surgeons."

† Statement laid before the President and Senior Censor, and published by Dr. Ager:—"When the Hunterian Museum was presented to the late Corporation of Surgeons, a Treasury minute of the Conditions was drawn up, and certain Trustees were appointed to see them enforced; among whom are the President and four Censors of the College of Physicians. The first condition is, that 'the Collection shall be open four hours in the forenoon, two days every week, for inspection and consultation of the Fellows of the College of Physicians, the Members of the Company of Surgeons, and persons properly introduced by them; a catalogue of the preparations, and a proper person to explain it, being at those times always in the room,' The number of days of admission had been diminished, to give more time for proceeding with the catalogue; and a general complaint was made among the Members of the College of Surgeons, that the Museum was not sufficiently open and useful to them.

"At the Quarterly Meeting of the Trustees on the 6th of May last, there were present, the Duke of Somerset, Mr. Davies Gilbert, Dr. Ager, Dr. Elliotson, and Dr. Ramadge. The last gentleman suggested to the Board the propriety of making the days of admission more frequent, in which all the other Trustees concurred; but it was thought advisable, that an extraordinary meeting should be called, and the Curators summoned to attend on the 20th of May, to enable the Board to decide finally upon that subject, as well as the means of completing the Catalogue as soon as possible.

"At this second meeting, besides the Trustees present at the preceding, Lord Colchester and Sir Everard Home attended; but

4. He at the same time suggests, that the President's approval was not communicated by Dr. Macmichael officially; as though it were not equally authentic whether communicated by Dr. Macmichael the Registrar, or Dr. Macmichael the friend of the President. I never took the trouble to inquire whether it was official, or officially communicated, but merely wrote the fact, *that we applied to the President for his opinion, and that he gave it by means of the Registrar.*

5. I mentioned, that we had been recommended to send a communication to the Yellow Journal, without giving the slightest reason for any particular person to be fixed upon, as having favoured us with this advice. He at once declares that this "sufficiently showed the channel which the President regarded as most proper" for our explanation. *It was not* the President who gave such advice.

6. He considers that, if "the attendance of the Censors of the Board of Trustees of the Hunterian Museum" was "so imperative a duty," it was "a severe imputation" upon the President and Senior Censor, "to have absented themselves from every one of these meetings, and left to the Juniors the 'undivided honours of the whole transaction*." I am unable to imagine how we could have *cast* an imputation upon others, (that, I suppose, is his meaning,) by *attending* the meetings, ignorant as we necessarily were, who among the Trustees would be absent, or who present. I am unable to imagine how we could reap *undivided* honours, when the honour of proposing all the resolutions belonged to the noble members of the legislature who attended. As Sir Henry Halford and Dr. Frampton knew what was doing by the Trustees, and have since expressed their approval, so far from our casting any imputation upon these Gentlemen, I conclude that, excessively engaged in their profession as they are, they felt satisfied that they could confide the business to us. And here I must remark, that the activity of the Trustees this year is no reflection upon the previous conduct of the Board, although a noble Trustree and Sir Everard Home actually declared that the Trustees had previously not done their duty. The Trustees had long urged the necessity of complying with the Government Conditions, but had been put off by the Curators, principally on the score of the time and labour which the Catalogue required of Mr. Clift. Year after year passed on, till six and twenty had elapsed, and further delay was at last impossible.

7. Dr. Macleod is "satisfied, from the characters of the parties" who have heartily condemned out of College the *officious* interference of the Censors, "that were it of any importance for the Censors to be acquainted with their names, they would not be deterred from declaring themselves by the vapouring threat about exclusion from College offices, or from any dread of being regarded, by this writer, as deficient in sense of moral obligation." I never used any vapouring threat of exclusion, but requested Dr. Macleod to name such parties, if they existed, that when they were proposed for college offices, "their fitness might be taken into consideration." As a Fellow, I have a vote at the elections to the various college

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the latter gentleman withdrew on the introduction of the Curators. Arrangements were made for expediting the preparation of the catalogue, and it was determined unanimously, that the original conditions should be strictly enforced.

"At the next Quarterly Meeting, on the 5th of August, there assembled Lord St. Helens, Sir E. Home, Dr. Ager, and Dr. Ramadge. A communication was received from a Meeting of Members of the College of Surgeons, conveying their thanks for what had been already done; and requesting, that the times of admission to the Museum should be increased, and the Licentiates of the College of Physicians, as well as other respectable medical and scientific persons, privileged to attend. These regulations had indeed been suggested to the Board by the Censors present at the former Meetings; but it was seen with regret, on referring to the original conditions, that the Trustees had no power to enforce them. The only arrangement then made respected the interpretation of the terms 'properly introduced.' A personal introduction had previously been required; but it was unanimously agreed, that a letter should be thenceforth considered sufficient, and that the regulation thus interpreted should be communicated to those Gentlemen who had applied to the Board."

* "But the attendance of the Censors at the Board of Trustees of the Hunterian, is represented by their 'friend' as a point of conscience, touching which they 'swore a solemn oath,' and publicly received the sacrament. Now, Sir, if it really was so imperative a duty, and if they have done all this for conscience sake, I cannot but think it 'a severe imputation' upon you and Dr. Frampton, higher and senior officers, as well as men of more influence, to have absented yourselves from every one of these meetings, and left to the Juniors the undivided honours of the whole transaction."

offices; and repeat, that, if Dr. Macleod will name any Fellow who has so authorised Dr. Macleod to speak, I, individually, shall certainly pause, and consider his fitness, before I vote for him to any office.

8. Dr. Macleod informs his readers, that I have "held up as a violation of his oath, that he presumes to say that the Censors have acted injudiciously, or that any of their brethren think so." I have done no such thing. I stated the *fact*, that he called the faithful discharge of the duty of the College Censors—*officious interference*; and the *fact*, that he had engaged to do every thing *in honorem collegii*: but I left the world to determine how these facts bore upon each other.

9. An account of the proceedings of the Trustees was originally published by me in The Lancet, because one had appeared in it, from what source I know not, making me to have spoken disrespectfully of the Curators. As I had not done so, but ever been most anxious not to allow a piece of mere business to become a personal matter, (and, at this moment, though compelled to defend myself, I have not the least animosity towards Dr. Macleod, but would cheerfully do any thing to serve him,) I thought the best plan was to publish a full statement of our proceedings in the same journal. When it became necessary to publish another letter, the same appeared the most eligible, as the original vehicle of information on the subject, and that which would give my communication infinitely greater publicity than any other; and for the same reasons I transmit the present observations to The Lancet. Had the affair been a College matter, I should not have written upon it in The Lancet, or any publication, but pursued a very different course, and addressed the President in the College. But as it was thought right not to make the affair a College business, I shall not follow Dr. Macleod's example of addressing Sir Henry Halford; and, being left to defend myself as a private individual against Dr. Macleod before the public, I feel myself at liberty to adopt what means I think proper to give my defence the greatest publicity. Dr. Macleod is indignant that I should publish in such an abominable journal. But, with the merits or demerits of The Lancet I have no concern. I send these communications to it as I would to a newspaper, selecting that which has the most extensive circulation, and I might well blame Dr. Macleod for endeavouring to increase the sale of his own Yellow Journal by advertising it as he does in The Lancet. To increase the heinousness of publishing in The Lancet, he mentions that in one number there appeared an attack upon the College of Physicians, which he had refused to print. But he carefully omits the fact that immediately afterwards there also appeared in The Lancet a very sharp reply to this attack, and that some months ago, the College of Physicians was spoken of by it in respectful terms, and the President called "a man of undoubted talent in his profession, and of the highest respectability out of it."

He declares he will not in future read any thing in The Lancet. But this does not influence me, because he also declares that he will "not be induced, by any consideration whatever, to prolong this discussion;" and because he did not send me his letter, and I heard of its existence, and procured a copy of it, by mere chance.

10. Dr. Macleod asserts that I have misquoted him,—made him say our conduct *is* condemned by none more heartily than by the Fellows, when he said he *believed* it to be so. This I most willingly acknowledge, and at the same time regret. The inaccuracy arose from my having seen his journal at a public library, and quoting it from memory on my return home. This, however, he allows "he regards as of no importance," and it is of none. His object was to make the world believe it *was* so, and living, as he does, in the metropolis, in the neighbourhood of most of the Fellows, he could not be thought to *believe* it, unless he *knew* it to be the case; and besides, in his letter he repeats his conviction that it *is* the case, and says he has his information from Fellows. He does me a great injustice in supposing that the error, totally insignificant as it is, was intentional, and in remarking that it illustrates the spirit which pervades the whole of my letter. The spirit in which my letter was written, was the spirit of self-defence by stating facts, under an unprovoked and unjustifiable attack for not having disaffectedly opposed the resolutions of two distinguished members of the Legislature, who were obeying the commands of government and faithfully discharging their duty to the public.

Such are the facts. They speak for themselves, and require not the aid of invective.

John Elliotson.

Grafton Street, Nov. 28, 1826.

THE LANCET.

No. 171.] LONDON, SATURDAY, DECEMBER 9. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

Accidents about the Ancle Joint.

As to dislocation, there is the dislocation of the foot outwards; and in that case the weight of the body falls within the *tibular* side of the arch of the foot, and the foot turns outward. Now, under these circumstances, I can tell you, the weight of the body is retained on the fibula, and this being a slender bone, it often breaks about three inches above the ancle; it may be more or less. Also, very often the ligaments are lacerated between the *tibia* and the *fibula*. The force presses out the external muscles, so as to lacerate the junction between the tibia and the fibula, and the fibula is broken. But it is a bad thing even to look at, when the foot is twisted out in the manner in which it is in this case, and still worse in the worst of all cases, namely, when the dislocation is a compound one, where the surface is rent in a semicircular manner, not all round the joint, but round about two-thirds of the joint, and where the flap of the skin is turned quite tight over the *astragalus*, bending upon it; and this is the situation in which you find the patient. One cannot wonder that the old surgeons were inclined to amputate immediately in such a case, but I am sure no modern surgeon would do so, because there is now such an extent of experience showing that the case generally terminates well: at any rate, I can take upon myself to say I never knew but one that did not terminate well. Yet I know they are very horrible cases, and therefore I do not wish you to think less seriously of them than they deserve; but I should steadily oppose immediate amputation, because the bones can be immediately replaced, and if they can, and can be kept steady, and inflammatory action can be subdued, it is important that it should be so; and I say no surgeon has a right to lop off any part of a man's body but for the preservation of life; it is your duty to give him a chance of doing well. I say, in one of the cases I knew, the man did not do well, but I really did not know why he did not do well; he was a patient in this Hospital, under the care of Mr. Lowndes, and he went out of the Hospital with a very loaded limb, after having been a long time here. I heard afterwards that he died, but I do not know why. However, I mention that case for the reason that this man suffered for a long time, though his *urethra* was as sound as possibly could be—suffered a long time with a retention of urine, and that is what often takes place from injuries to the foot or to the leg. I remember being sent to draw this man's urine off every night and morning, and I piqued myself not a little in doing that. When I put the instrument in, it has been grasped and actually taken out of my hand by the irritability of the muscles, and turned quite round. There was nothing to be done but to go on coaxing it gently, and at last I got to the bladder; and I do say I did that for a whole week, when at the end of that time I could not possibly get the instrument into the bladder; and then I said to myself, egad, the fellow's bladder must burst. I told the nurse to put leeches to the *perineum*, and to give the patient some castor oil, or something of that kind, and I said I would go and tell the surgeon what was the matter. I went away with a troubled mind, because I certainly felt vexed at not succeeding, and I apprised the surgeon of the nature of the case. He said you have done what is very proper, and we shall see how he is in the morning; but before the morning came, he made water as freely as possible, and never was troubled with a retention of the urine again; so that I am sure I prolonged that man's retention of his urine for one whole week by the absurd practice of drawing off the urine. You have only to put leeches on, even where stricture is, and after the inflammation is gone they will make as much water as before, or a great deal more, and I am sure that people do keep up irritation by poking up instruments.

But to tell you what is likely to be the consequences of these cases, I have been in the habit of relating three instances; and the first was the case of a poor *wee* man, who lived in my own neighbourhood, who was employed as a labourer at some buildings, and tumbling off a scaffold, he got a dislocation of the foot inwards. I was, at the time, sitting very quietly at home, when I was called upon to go to an accident that happened in an adjoining street. I went, and when I got there, the door of the house was open, and there I saw this little wee man lying on a mattress in his own parlour, with his foot up. I looked at it, and said to him, "Sir, this is a sad accident, but don't be out of heart about it, we must put it to rights again;" and so I took the skin out, which was turned in over the astragalus, which I think you should always do. I laid the man fairly on his side, with his limb in a comfortable position, his thigh half bent upon the pelvis, and the leg half bent upon the thigh; laid him on his side, and his foot, as much as could be, upon the fibular surface; then I had to use very little effort indeed to put it all right. The semi-lunar rent of the skin, and the other edge, came in such close contact, that it did not seem as if there had been any wound at all. The foot altogether went into its right position; and an accident, which at first you would have said was one of the most horrible kind, appeared to me to be of no consequence. And when the little man saw his leg and foot looking as they ought, he said to me, "Is it possible, Sir, that this case should do well?" "Yea, verily," said I, and I have seen many such cases do well. He said, "Why, Sir, they have gone for the instruments." Two surgeons had been there, and they had actually agreed that amputation should take place immediately. I had not been at all informed of this, so that I was put into an awkward predicament, and was obliged to wait for the arrival of those two heroes. When they came and saw the man lying very comfortably, they really seemed staggered, and said, "But, Mr. Abernethy, you are well aware of those complicated accidents, and can you give us an assurance that this will do well?" I said, "No, certainly not; I can do no such thing; but if it does not do well, you can but have recourse to amputation afterwards, and my surgical character is pledged no further than this. I give you an assurance than no immediate mischief will come on to endanger the man's life; and you may wait to see if his constitution will allow him to do well." Now I said, "I feel I have got into rather an awkward situation, and, if you please, you must just allow me to finish it in my own way." I then got splints, closed the wound, varnished the sticking plaster, and plastered it up. Then I told them about sponging, sponging it continually, so as never to let there be any increase of temperature. In short, there are but two holds you have over any person's mind,—those are fear and hope; and I make use of them both with my patients. I say, if you will be perfectly still, I am confident you will do well; if you move one jot, I am sure you will do ill, that's all. You must not move, not the variation of a hair; not even if an army of fleas were biting you all over, because your safety depends upon perfect steadiness. Well, as to this poor little wee man, God bless me, the wound would not heal; abscesses formed, large ones they were; they were let out, and it is upon this point I have now to speak. The mischief is not done to the joint only, but all the muscles are sprained in a most horrible degree; sprained to such an extent, that the inflammation will take place between the fascia and the substance connecting the muscles; and as soon as you see the fluxion formed, you put a lancet into the abscess, and let it out; for the want of doing this would be, that the joint would come out, and the matter would burst out, leaving a large open abscess and cavity. Now that's necessary to be attended to. But I suppose the wound of this man was all shut up and well in about three months; in six months he walked with a stick; in a year he walked without any stick, and after that he walked about, I believe for twenty years, pretty well, as long as I knew him. Well, that's the case of an unhealthy man, without any particular disorder of his constitution.

Now I will tell you the case of a strong man. This was a fellow who had a sack of malt fall upon him, from the top of Meux's brewhouse; they had been taking up malt with a crane, and a sack fell out of the hooks, and struck him on the leg, by which his foot was turned bottom upwards. The student sent for me to amputate his leg; I came, saw the accident, put it right, laid him on his side, laid him on the splints, told them to bathe him, and so on. The pupil stared, but did not say any thing, until I was going away, when, I believe, they thought I was drunk, or had lost my senses, and they said, "But, Sir, what's to happen?" "I don't know," I said, "but you will see; this is what is to be done; I have told you as plainly as I can;" and they reported that to the surgeon. They said, such an accident as that ought to be immediately amputated. No doubt of it. But all this was said in a sort of whispering manner. I saw the case daily, and I opened an abscess below the fascia; but really the healing of the wound was surprising. Now that man was kept in bed for six weeks, and at the end of six weeks, he walked about the ward with a stick.

Now, for another: this was the case of a coach-maker, a fellow that used to live freely; not healthy; wrong about his digestive organs; and he got his foot twisted inwards from being thrown out of a gig, which he was driving. He sent for a surgeon, who reduced it; but that surgeon forgot to take out the skin, so that the skin was squeezed into the joint. When the man came to town, I was sent for; and when I saw him, I found that I was obliged either to dislocate his foot again, or to carry a knife into the joint, for the purpose of bringing out the skin, and I preferred the latter; therefore, I laid it open, and got the skin out. Now this was a man of a very disturbed state of health; gay, very impatient to have any thing to do with, irritable, and he had matter formed; had irritable muscles, considerable inflammation; had a violent degree of fever, and, in short, became light-headed. And they very often have their nervous system disordered in such a manner as to become light-headed; or they have a violent complaint in their bowels. In this situation, it was a question whether this man should be bled or not; and I said, no, certainly not, we must attend to his bowels, and we must not give him such food as his stomach cannot digest, but which will produce irritation. The third day, however, the action of the fever was so vehement, and the man was so light-headed, and so disobedient to those regulations of quietness which he ought to have observed, that I consented to his being bled, and we took from him twelve or fourteen ounces of blood. His blood, however, was not inflammatory, and I don't think it did him any good at all. Now this sort of fever arising from accidents, generally subsides about the fourth day; and so it did in him. But we had a great deal to do afterwards, I can assure you; for the foot was twisted, with the muscles, in a wrong direction; however, by straps and plasters, and management, we got it to rights; and I was continually telling him what the error, in the position of his foot, was, and that the proper bearing of the body should be on the middle arch of the foot. Egad, speaking to a coach-maker, a man who understood how the bearing of weight ought to be, he had always some new contrivance for keeping his foot in a right position; so that I really attribute the keeping of his foot in a good position, in a great degree to his own ingenuity, and he has been walking about well ever since.

Now, then, I have given you three cases, and I could tell you lots of others, if necessary; but I say I have generally found them do well, in consequence of a strict observance of those principles which should regulate the conduct of surgeons in the treatment of diseases. If you can but put parts right, and keep them still, blood agglutinates them to one another; and if you can but repel inflammation, a great deal of good will be done; the parts will be united by adhesion, and, therefore, where there is not inflammation, the case is rendered of far less importance, than it was formerly.

Well, but about the misdirection of weight; that is, the weight not falling upon the arch of the foot, but falling on the *tibial* aspect of the leg and foot. O, that's a very bad thing indeed. There you see the internal ligaments are strained; they are strained amazingly, and they elongate.—That is what you see very commonly in growing lads, and particularly those who carry weights on their shoulders; in bakers' boys, for instance, you see the foot turned out, the internal muscles turned in, the knee—I don't know whether they don't call it baker-knee'd or not—the knees approximating to one another; so that it is of the utmost consequence to keep the weight of the body bearing on the astragalus and middle of the arch of the foot. You may say, hang these chaps, I don't care much about them; but I will tell you of a set of patients who you will care about: a young lady has her foot distorted, the muscles strained, and, as you will find, the round head of the astragalus coming out of the bed of the *os naviculare;* if the foot is twisted out, it will necessarily bring the knee inward; and there's a case you will care about. Consulted by people of wealth and opulence, and distinction, "How am I to do with my daughter; could you recommend irons, or what's to be done?" Now I say to them just this, "I would re-recommend your daughter to observe how she walks, and to take care that the weight of her body rests on the middle of the arch of the foot. I would recommend her not to walk with her toes turned out, but with them as straight forward as she can, for that's one of the things which gives cause to the weight to fall on the inside of the astragalus." In general you observe dancing ladies with their toes very much turned out, and I say, O, you must give up dancing, and do not turn your toes out at all. Then another thing to be attended to is, that you may heighten the inner quarter of your shoe, and that will help your weight to fall on the middle of the arch of your foot. You know that putting a strap round your shoe, and fastening that strap round your leg, is tantamount to the inner quarter of the shoe being heightened. If those things do not succeed in preventing the evil, why then you may have recourse to machinery, to irons, and so on; but I can tell you, after having seen a multitude of those cases, there was no necessity for irons at all, and by merely attending to those simple rules, and avoiding letting the weight rest where it ought not to have rested, they have grown up with ancles that were not materially wrong; the weight became transmitted to the astragalus, very much as it ought to be.

Now the bones of the leg may be dislocated forward upon the arch of the foot; in that case it is not very difficult to reduce the dislocation; extend the foot, bring it forward, and press down the bones of the leg; and if you know what you are to attempt, common sense will tell you how to set about it.

But there is another dislocation which I think worse, and that is where the bones of the leg are thrown backward upon the narrow part of the astragalus. Now that indeed seems to me to be the only case of difficulty, for you see the muscles of the calf of the leg, by drawing up the heel, tend to keep the foot extended in a very great degree; there is something in the form of the bones which tends to keep the bones of the leg in this improper situation; and if a man recovers with the bones here, the support of the weight of the body will be very imperfect, and the use of the foot also very imperfect, without any freedom of motion. Now to keep the bones of the leg upon the broad part of the astragalus, is a matter of considerable difficulty; I know, however, that it is to be done, and I have the satisfaction of saying, I have seen several patients turned out of this Hospital with a very right bearing of the leg upon the astragalus, who had had this sort of dislocation.

Now, with respect to the *tarsus*. I have seen cases where the bones of the tarsus were subject to separate diseases, and puzzling diseases too. When there is a disease in the tarsus you can't examine it, because the parts are swollen over; where there is a disease in the joint, and where the astragalus covers over the *os calcis*, there you cannot see the disease; there are no external signs of it, but the patient is very lame. Upon striking the heel-bone, and jarring these joints of the foot, the patient has complained of pain in them, and by that I have judged of disease in them. I remember a man who jumped out of a gig, hurt his foot, and the round head of the astragalus protruded. He came to town, and I tried to reduce it; I tied a cordage to the foot, and pulled it, but all in vain, and I was very much vexed at it. Well, I asked another surgeon to be present at another attempt of the reduction of it, and I did the same thing in his presence, but without accomplishing it. Then said the man, afterwards, "I thought I would let you try, for I thought you would do me an essential good if you could get that bone reduced, but it has been out for a very long time." It turned out, therefore, that the astragalus had been on one side for a long time, and that from jumping out of a gig the man had hurt it; but there was nothing extraordinary, and as you know all parts in the course of time will grow into a new modelled way, there was no possibility of reducing it.

With respect to dislocations or fractures about the Arch of the Tarsus,

I have nothing to say about them. The fabric is exceedingly strong, and yet, nothing will resist extreme degrees of force. I have seen the tarsus broken, and the bones smashed all to pieces; I cannot say what the nature of the accident is, and I am sure I know not how to replace them. Yet in those cases, they have done moderately well, and people have had tolerably good feet to walk on. There was a medical man who called on me the other day, complaining that he had no spring in his foot. Now he had broken both his astragalus and his os calcis; and instead of complaining, I said, you may congratulate yourself that you have such a foot to walk on as you have; it would not do for a dancing master's foot, but what has that to do with it?

Then, I say, there are cases where a part of the tarsus has been knocked out, so that you can feel it projecting, but as to getting it in again, that's perfectly out of the question; the muscles seem to close the vacancy in which it should be lodged, and I really cannot tell how to get it in again; it 's impossible to get it in. Well, are you take it away? Aye, that 's the question. Then I say, I would not, nor would I have it done. I would keep my foot still, and keep down inflammation, and if that protuberance became a matter of annoyance to me afterwards, then I would have it taken away, as a separate operation; I have seen a great many of these cases, but I have never seen any patient yet, who was willing to submit to a separate operation to have the bump taken away.

Joints of the Toes.

Now, as to the joints of the toes, the grand object of knowing these joints, is to understand the amputation of them. In amputating the joint of the toe, you bend the toe downward, then cut away the lateral ligament, then you may dislocate the bone, and see what other ligaments are to be cut.

But here you are to be aware that there are the largest *sesamoid* bones in the body; and therefore, in amputating this joint of the great toe, for instance, you are to make up your mind, as to whether you will take away or leave the *sesamoid* bones; if you take them away, you are to carry your knife toward the tarsus, but if you leave them, you are to cut close to the first bone of the toe.

Now, one thing more, Gentlemen; I have now gone through the whole of the skeleton, but have not said one word about the holes by which the *medullary arteries* enter the body. I do not consider the subject important, but I think you will understand them better by mentioning them altogether; besides, writers have made remarks upon the subject. Then the medullary arteries are found in the *os brachii*, and in the *os femoris*, two thirds from the top, and one third from the bottom, the canal sloping upwards; in the fore arm, and in the *tibia* and fibula one-third from the top, and two thirds from the bottom, the canal sloping downwards.

EXTRACT FROM A LECTURE

DELIVERED BY

DR. AYRE ON DROPSY.

You will collect from the observations which I have just made to you, that the dropsical effusion into a cavity of the body, as the mere effect of a disease, and not the disease itself, may be often temporarily removed, when the cause producing it is left behind; whilst, in other cases, the means which are employed with the professed purpose of only removing the water, may succeed in removing at once the water and the cause of it. Now this cause, as I have already stated to you, is an inflammatory action present in the vessels of the serous membranes; and it is by the low and spare diet which Nature often, by diminishing the appetite, happily puts the patient on, and by the active purging and other means prescribed for carrying off the water, that this inflammatory action is at length, in some instances, subdued. Upon this, the cause being removed, the removal of the fluid collected is a task of little comparative difficulty; and hence any diuretic given at the time when this very material, but often unobserved, improvement has been effected, obtains a credit for the cure, which would have equally been due to other medicines of the same class, if given under the same circumstances. And this, I apprehend, is the reason why the *genista*, or broom, has just now acquired such celebrity, by the beneficial effects it is thought to have produced in the complaint of an illustrious personage, but which has not been more useful than others would have been, if given under the same improved condition of the disease. And this is a point of great importance for you to attend to; for you might be misled by its apparent success in this case, and be induced to rely on it as a remedy in dropsy; the truth of the matter being *this*, that neither the broom, nor any other of the class of diuretics, is a remedy in dropsy, if the cause be unremoved, and that it can only be by attending to this distinction that the true extent of their powers can be appreciated. In fact, you must remove the cause of the effusion, before you can permanently remove the fluid effused; and as this cause consists of an inflammatory state of the serous tissues, you must direct yourselves to this cause; and instead of trusting to the indirect and uncertain means of mere regimen and general remedies, you must employ other and more direct means for its removal. To illustrate this important principle, I may mention the particulars of a case of dropsy which some months ago came under my care, and which, by its successful issue, proved very fully the benefit of the antiphlogistic plan of treatment in these diseases, and confirms the view which I have taken of the inflammatory character of anarsarcous swellings. The case I allude to, is that of a gentleman whom I saw in consultation with Mr. P. Macgregor, surgeon to his Royal Higness the Duke of York, and sergeant-surgeon to His Majesty. The patient was fifty-seven years of age, of a plethoric habit, and laboured under a dropsy of the chest and abdomen, with very considerable dropsical swellings of the legs and thighs. The anasarcous state had been coming on for two years, but the effusion into the cavities had only recently happened. The dyspnœa, and other symptoms of water in the chest, were very urgent; whilst the entirely broken state of health under which the patient apparently was, tended further to deprive his friends and family of every hope of his recovery. From reasons, however, which I have already explained to you, it appeared probable that there was no considerable degree of structural disease, and that by pursuing the antiphlogistic plan of treatment, both the two forms of the disease might be removed. Cupping, therefore, of the chest, with occasional blistering, was employed, together with active purgatives and diuretics, and a spare regimen. The cupping was repeated seven times in about the same number of weeks, and, with the early effect, aided by the general remedies, of relieving, and with the final one of entirely curing him of the dropsy into the cavities, and so much, likewise, of the anasarcous affection as extended above the knees. The dropsical swellings of the legs and feet resisted these means, and it was thought that they arose from debility, an opinion almost universally entertained in these cases, and that they would yield as the strength returned. And this notion was strengthened, it was thought, by the fact, that the swelling of the feet and ancles had already existed two years, and had become habitual to the parts. It did not, however, appear to differ in the nature of its cause, from the effusion into the cavities; and it yielded not to the general means, only because of its purely local nature. Local means, therefore, became necessary to subdue the increased action in the vessels of the part, and these means were the cold evaporating lotions which I have described to you, applied by pledgets of muslin to the dropsical limbs. The general remedies had been discontinued for some time, when this plan was begun. From the first day of their use, the swellings began to subside, and in less than three weeks were entirely removed; and although it is now more than four months since this result occurred, there has been no return whatever of any dropsical symptom, and, at the present time, our patient is in the enjoyment of perfect health, without a vestige remaining of his former disease.

BIOGRAPHICAL SKETCH OF SCARPA.

Scarpa, whose death we lately announced, was one of the most distinguished surgeons of Italy; and so much was he respected by his countrymen, that his opinion was almost invariably consulted in all matters of disputation, and his judgment considered to decide the argument.

This confidence in an individual, almost amounting to veneration, is easily accounted for, when we remember the little collision of talent to be expected in a country almost as besotted, morally, as the physical powers of its inhabitants are degenerate. Many men in the more active parts of Europe have done more than Scarpa, without receiving half the adulation bestowed on him; for, with the exception of Vacca, Rasori, Geri, Omodei and Tomassini, and perhaps some one or two more, Scarpa was the only man in Italy whose writings were worth perusing. He commenced his public career at Pavia in 1745, where he was appointed Professor of Medicine. He soon discovered a greater energy of intellect than his contemporaries, and a disposition to employ them; and by his literary labours he secured the respect of all the well informed surgeons of Europe.

Among his publications, his work on aneurism is entitled to the first place; he warmly espoused the operation of Hunter, and contributed to bring it to its present state of perfection by recommending the incision to be made in the upper third of the thigh, in order to avoid the necessity of removing the sartorious too much from its position in exposing the artery; but his mode of securing it with a large ligature, and a roll of linen between the knot and the vessel, has been deservedly condemned. The engravings of the parts concerned in the operation for popliteal aneurism are very accurate, and beautifully executed; but their expensive form contributed much to retard the sale of the work, entitled, "Sull' Aneurisma Riflessioni ed Osservazioni Anatomico-Chirurgiche,"—which has been translated into English by Mr. Wishart, and went off so well that a second edition was called for in 1819, which contained the additional matter of a supplement published by Scarpa to his former edition. This work has been translated into French by Delpech, of Montpellier, and into German by Parrott, of Berlin. His book on Hernia, "Sull' Ernie Memorie Anatomico-Chirurgiche," gained him great credit; this has also been translated into English by Mr. Wishart. The anatomy of the parts concerned in the different kinds of hernia is shown with great fidelity. His volume on the principal diseases of the Eye, "Saggio di osservazioni e d'esperienze sulle principali malattie degli occhi," is a very respectable production, and is sufficiently known through the translation of Mr. Briggs. That it was highly esteemed on the Continent, may be learned from the fact, that the original passed through five editions, and the French translation, by Bousquet and Bellanger, through two. Another French translation appeared in the same year by Pescay and Begin. In addition to these he published several minor works, on congenital deformities of the feet, strictures on Vacca's operation of lithotomy, and so on; and during the last year he collected his detached Essays into two volumes 4to, under the title of "Opuscoli di Chirurgica," with plates.

For some time before his death he had given up his post as Professor, and lived at a little distance from Pavia, at his country seat. He continued to take a great interest, however, in the progress of surgery, and contended sternly with Vacca against the adoption of his modification of the recto-vesical operation, and succeeded in convincing the latter of his error; but it is unnecessary here to state his objections, as they are already in the possession of the readers of The Lancet. He was the brightest ornament of Italian surgery, and has left in its annals an *hiatus non valdè repletus.*

THE ITALIAN SCHOOLS.

Pavia.—No. II.

Meglio è un megro accordo, che un grassa sentenza.

Although my expectations of finding much intellectual energy among the Dottore of Milan were never very high, I must confess that their habitual inactivity, and indifference to the progress of medical science, far exceeded what the charity of former itinerants had assigned them. Rasori and Omodei are the two best informed men in the place; the former, as you are aware, is the founder of the doctrine called *contrastimulist*, which has made some noise in the South of Europe; but it may be correctly called an abortion of the theory of Brown, and is worthy of no greater attention, as I hope hereafter to be able to show. Omodei's Journal, the Annali di Medicini, is a dull reprint of exotic productions, and if perchance any thing professedly original creeps into its pages, it is seldom worth the time bestowed on its perusal. Omodei complained of the laziness of his countrymen, and confessed that his book scarcely paid the current expenses. You formerly were a subscriber to this apology for the name it bears; but its worth has such little proportion to its lumber, that I should suggest the propriety of your giving it up. You safely say of its original articles, what the Venetian Count is made to say of the scarcity of reasons in the conversation of his friend: they are like two grains of wheat hid in two bushels of chaff; you may seek all the day ere you find them, and when you have found them, they are not worth the search.

I was told, that the University of Pavia might be esteemed the most flourishing in Italy, particularly for medicine; and as I found that the greatest number of the students there were medici, you may wish to know the plan of medical study pursued at the once far-famed Schola Ticinensis. The prescribed period of study is five years, and no examination can be made until that time has expired. The subjects to be studied in each semestre are fixed, and certificates of having attended each subject in the semestre allotted to it are rigorously enforced. It would occupy too much room to enumerate all, but I may say that the arrangements made are such as to secure, with moderate attention on the part of the student, a competent knowledge, not only of the mere drudgery of his profession, but of those branches of science which legitimately fall within the scope of his studies. The provisions made for the practical part of education are not forgotten, so that in five years men are sent forth to take charge of their fellow creatures with some better qualifications than the general practitioners in England can ever hope to possess, as long as that vile system of apprenticeship, or in other words, the term of indolence and imprisonment is allowed to continue.

Unfortunately for Pavia, the names of Spallanzani, Tissot, Frank, Volta, and Scarpa, are no longer to be found among its list of professors; but, notwithstanding, there are some good teachers, who appear to take pleasure in the fair discharge of their duties. The artificial distinction observed in Great Britain, between the practitioners of surgery and medicine, is not known in Pavia, Padua, or in any other universities in Europe. The course of study is the same for each, and both must study obstetrics and forensic medicine. The library of the university contains about 85,000 volumes, but very few additions have recently been made to it; it was the general complaint among the intelligent students, that they were compelled to read old books if they would read any; for although the university has recovered somewhat of its funds, since it has been under the protection of the Austrian government, its resources are much more abridged than in the olden time. The museum of natural history contains many interesting preparations; and among the rest some by Spallanzani, which are very much valued. The anatomical collection was founded by Rezia, and was brought to its present respectable appearance principally by Scarpa. There are two large wax preparations in it, which were originally brought from Florence, the one exhibiting all the viscera in their natural situations, and the other all the superficial lymphatics of the body. Among the curiosities of this cabinet may be mentioned a preparation showing the lymphatic vessels of the chest and abdomen, dissected by Rezia on his own daughter. In the pathological museum is the bladder of Spallanzani, in which there is a large fungous excresence growing around the origin of the urethra. He laboured under this disease for many years, and it was ultimately the cause of his death.

The medical clinic is conducted by Professor Hildebrandt, the son of the celebrated physician in Vienna; he succeeded Burserius in the directorship. He has recently treated some cases of tetanus successfully with mercury, in large doses, used internally and externally; he has tried opium and potash repeatedly in similar cases without any benefit. Here also, as in Milan, cases of pellagra are daily to be seen in the streets and in the hospitals; and although additional accommodations have been latterly provided by the Government, yet the public hospitals of the country are not sufficiently large to receive the vast number of persons affected with this miserable disease. The greater portion of these unfortunate people perish in their own habitations, or drag out a miserable existence, the wretched spectacles of fatuity and misery. I expected in this communication to have given you the history of this formidable disease, but I find that I shall be obliged to postpone doing so until my next letter; there is only room at present just to say, that it prevails chiefly in the provinces of Lombardy, which may be termed a vast plain, rising gradually on its northern side into hills which intermediately connect it with the Swiss and Tyrolese Alps. The district which appears to have suffered most from the ravages of the pellagra, is that which formerly constituted the Duchy of Milan, or that portion of the country lying towards the hills between the Lago Maggiore and the Lago di Como, already celebrated in prose and song. It was here that the disease was first thoroughly investigated, and some time elapsed before it was described as appearing in the Venetian provinces, and near the shores of the Adriatic.

Rosa was formerly Director of the Ophthalmic clinic at Pavia, but he has been called to Vienna to take charge of one of the clinics in the great hospital. Rosa was formerly a pupil of Beer's, and is always exceedingly polite to all foreigners, especially the English. In Pavia, as in most of the schools in the north of Italy, the contrastimulist doctrine is the most prevalent, whilst in the South the Hippocratic, or the expectant system, is in the ascendency; but there does not seem to be much enthusiasm with either party.

DIRECTIONS FOR THE USE OF THE STETHOSCOPE.

Several subscribers having lately asked for some further information respecting the use of the stethoscope, we have been induced to publish the following description of the varieties of the respiratory sounds, and of the voice, selected from the last edition of Laennec, which may be considered as forming a continuation of the article in No. 155 of The Lancet, Vol. X.:

" If the *pulmonary respiration* can be distinctly heard, equally distributed in all parts of the chest, we may be quite certain that there is no effusion into the pleura, or into the cellular tissue of the lungs; but if, on the contrary, we find that the respiration (pulmonary) cannot be heard in a certain part, we may be quite assured that the corresponding part of the lung is become impermeable to the air. This sign is as decisive, and as easy to distinguish, as the existence or absence of sound afforded by percussion, according to Avenbrugger's method; it indicates, indeed, just the same thing. Auscultation has, as we shall afterwards see, the advantage of indicating, in a more faithful manner, the differences of intensity of the various kinds of pulmonary effusion; and although it requires, it is true, a little more time than percussion, it demands less absolute care, and may be employed in all cases, even in those where Avenbrugger's mode of examining affords no beneficial result.

The next distinction which Laennec makes, in the respiratory sounds, is the *bruit respiratoire bronchique*, or, by way of abridgment, the

Bronchial respiration,

Or the noise made by inspiration and expiration in the larynx, the trachea and the large bronchial trunks situated at the root of the lungs. This sound is heard by applying the stethoscope on the larynx or the cervical portion of the trachea, and is of a very peculiar character. There is not that light crepitation which accompanies the development of the air-cells; the sound is rather more dry, as if made by the air passing into a large space. This sound may be heard on almost the whole surface of the neck, but is very loud on the sides; and we must remember this circumstance in exploring the acromial region, since, by directing the extremity towards the base of the neck, we might suppose the summit of the lung to be perfectly sound, when it is entirely impermeable, hearing only the bronchial respiration. The bronchial respiration can not only be heard distinctly at the root and upper part of the lungs, but even in the principal subdivisions of the bronchia. Laennec certainly goes a little too far, when he says it may be heard *" dans des rameaux d'un assez petit diametre."*

It is important to be able to distinguish between the *bronchial* and the *pulmonary* or vesicular respirations, not only on account of the many errors of diagnosis which might result from confounding them, but because the first becomes a pathognomonic sign in many important cases. In peripneumony, for example, it is one of the first which indicate hepatization of the lung, and its appearance ordinarily precedes the absence of sound in the lung. It is also one of the first signs which indicate the existence of tubercles accumulated in the summit of the lung.

The third variety of sound afforded by the respiration, is

The Cavernous Respiration,

By which is meant the noise which is made in inspiration and expiration when the air passes into a cavity, formed in the middle of the pulmonary tissue, either by softened tubercles, the effect of gangrene, or by an abscess. This sound has almost the same character as that of the bronchial, but it is very evident that the air penetrates into a cavity larger than that of the bronchial tubes; and if there should be any doubt in this respect, the resonnance afforded by the voice or cough would be sufficient to remove it.

The *respiration soufflante* is the last variety which Laennec mentions. It sometimes happens in the cases where the bronchial or cavernous respiration exists, that when the patient inspires suddenly, or with a catch, the air appears to be drawn toward the ear of the observer, and that in expiration it appears exactly as if some one was blowing into the ear. This phenomenon serves to confirm the existence of an excavation in the lungs near to their surface. This respiration presents one modification to which Laennec has given the name of *souffle voilé.* It appears as if each vibration of the voice, of the cough, or of the respiration, agitated a sort of valve interposed between the ear of the observer and the pulmonary excavation. This phenomenon is found in the tubercular excavations, when the sides, being very thin in some places, are soft and without adhesions, or very near to the sides of the chest. The only sign with which this can be confounded, is with the mucous rattle, where the bubbles of air passing through the fluid are large; but a little experience will serve to discriminate the two.

Of the Voice.

In the early stage of his investigations, Laennec was forcibly struck with a phenomenon which he met with accidentally in the following case. A young woman, about 23 years of age, came to the Neckar Hospital, having a slight bilious fever, and a recent cough. The cylinder was applied to various parts of the chest, and just below the sternal part of the right clavicle; the voice of the patient appeared to pass directly from the chest through the tube of the stethoscope, and this transmission of the voice only happened within the space of a square inch. Not knowing to what to attribute this singular circumstance, he examined almost all the patients in the hospital, and discovered the same thing in about twenty: these were almost all far advanced in phthisis. Other patients, who soon after came under examination, presented the same phenomenon, without having any positive symptoms of phthisis. Two or three patients, in whom the same was afterwards found, were strong and muscular. No one could doubt of their being entirely free from every tendency to consumption. Here were three classes of patients exhibiting the same phenomenon; how was this to be explained? It occurred to Laennec, that the transmission of the voice through the cylinder, might be owing to some cavity produced by the softening of tubercles, or such as are usually known by the name of ulcers of the lung. The existence of the phenomenon in persons who presented no traces of phthisis, could not nullify this opinion, since it often happened that dissections discovered large cavities in the lungs of persons dead of some acute distemper, who had thoroughly escaped phthisis. In all the cases which Laennec examined at the Hospital, he found cavities larger or smaller produced, by a softening of the tubercular matter, and communicating with the bronchial tubes by openings of various sizes. It was found that the *pectoriloquy* (this is the name given to the sound) was more distinct in proportion as the ulcerated cavity was near to the surface of the lung, and that, according to the density of the sides of the cavity. Laennec moreover observed, that the transmission of the voice was never more distinct, than when the lung was adherent to the costal pleura over the seat of the cavity, the sides of the chest thus forming almost immediately a part of the wall of the cavity; a case not unfrequent. Laennec supposes that the *pectoriloquy* is owing to the vibration of the voice falling upon a harder and more extended surface than the ordinary air cell; a conjecture which appears to be supported by the fact, that if we apply the stethoscope to the surface of the larynx or trachea, precisely the same sound is produced.

The vibration of the voice in the different parts of the respiratory organs in their integral and diseased state, presents several important varieties; 1. The vibration of the voice in the pulmonary tissue; 2. In the larynx and trachea; 3. In the large bronchial trunks; 4. In the small bronchial tubes; 5. In the cavities accidentally formed in the pulmonary tissue; 6. That very peculiar sound of the voice which has been named *egophony*, or the *resonnance chevrotante.*

1. The vibration of the voice in the healthy pulmonary tissue is very indistinct; it appears scarcely more than a slight trembling, like that observed by applying the hand on the chest of a man when speaking.

2. The observations made by Laennec on the vibration of the voice in the larynx and trachea, amount to nothing. The same may be said of the 3d and 4th subdivisions of the resounding of the voice, namely, from the

large and small bronchial tubes. Laennec may have heard them, but we never could, and we never found any other persons who did. It is an unimportant matter, and we shall therefore pass to the 5th variety, or the resonnance caused by the excavations accidentally formed in the tissue of the lungs; and this has been called *pectoriloquy*, defined to be the resounding of the voice, which is made in an excavation formed accidentally in the substance of the lung. This phenomenon may be produced by very different causes; 1. In consequence of a softening of the pulmonary tubercles, which is by far the most frequent; 2. By the detachment of a gangrenous eschar; 3. In consequence of a peripneumonic abscess; 4. By pulmonary cysts opening into the bronchia; 5. Probably by the fistulous communication of an abscess of the mediastinum with the bronchia.

HYDATIDS.

CASE IN WHICH NUMEROUS HYDATIDS WERE FOUND IN THE CANCELLATED STRUCTURE OF THE TIBIA.

[*Communicated by Mr.* J. LAMBERT, *Surgeon, of Walworth.*]

ELIZABETH STANKBROOK, an unhealthy looking woman, 35 years of age, was admitted into Winchester Hospital, under the care of Mr. W. Wickham. It appeared from the patient's statement, that about six years before, she struck the fore part of the left tibia with a sickle, and that soon afterwards a swelling made its appearance at the injured part, which swelling gradually, though slowly, increased until it attained the size of a hen's egg. When this tumour began to form, she could distinguish a slight indentation or depression in the bone, which afterwards became more perceptible; that is, the bone seemed to be more and more absorbed as the swelling increased. About ten weeks prior to admission, she was walking in Stratton park, when her attention being suddenly arrested by a noise, she hastily turned round to ascertain the cause, and in doing so, her right foot slipped. In drawing up the left leg, in order to balance herself, it snapped at the point where the indentation had been felt, and she fell down immediately. She was picked up, and conveyed to her home; the fracture was put up in the usual manner, and the patient remained under the treatment of a private practitioner three weeks; at the expiration of which time, finding that no attempt at union had been made, it was thought proper to send the case to the Hospital. There was considerable pain felt in the part, for a few days after the occurrence of the accident, but it gradually subsided, and at the time of admission was comparatively trifling.

On examining the part, the fractured ends of the bone were readily distinguished, and between these there was an indistinct sense of fluctuation communicated to the fingers on pressing the integuments. It was considered doubtful if any union had taken place, and if so, it was supposed to be very slight. The patient's general health was reported to be better than at the time when the accident happened. The pulse was of moderate firmness; the bowels regular, and the appetite good.

A consultation of the surgeons was held on the case, and it was determined that the diseased portions of bone should be removed.

The operation was performed on the 8th of January. Mr. Wickham commenced by making an incision six inches in length over the fore part of the tibia. Upon cutting over the tumour, a number of hydatids escaped, and when the diseased portions of bone were removed, it was found that the cancellated structure was entirely filled with hydatids, which were easily scraped out. The largest hydatid was of the size of a nutmeg, and the smallest about the size of a pin's head. A tent of lint was introduced, and over it a piece or simple dressing was applied, and the limb was enveloped in a many-tailed bandage; splints were also used.

On the following day after the operation, (Jan. 9,) the report made was as follows:—The patient has not slept well during the night, but is free from any febrile excitement. The limb is easy. Ordered nitric acid wash, with poultices to the sore.

11. A portion of the tent removed; the surface of the wound looking healthy. The patient has now slight febrile excitement; she took yesterday a dose of castor oil. Continues the acid wash and poultice.

13. The tent has now entirely come out with the poultice; the sore has a healthy appearance. She states that her health is better than it has been for some years past; the fever has completely abated. The poultices are discontinued, and the acid wash with the bandage alone used.

16. Healthy granulations are now rising from the surface of the bone. The discharge from the sore is of a healthy character. Ordered to take *thirty minims of the solution of muriate of lime*, three times a-day.

19. The sore continues to improve, but the patient complains of much pain in the leg. As the solution of muriate of lime occasions griping pains, it is discontinued.

22—30. Going on well; the wound covered with healthy granulations. The acid wash and bandage are continued.

Feb. 8—16. The sore has materially lessened.

March 21. The improvement of late has

been very slow; the wound, however, does certainly continue to heal.

April 22. The leg is now rapidly getting better, but it is still kept in splints. The patient can walk with crutches, and goes into the garden when the weather permits.

The patient left the Hospital in the latter end of May, at her own request; the sore then nearly well. It was reported that the leg afterwards became much worse, but the patient did not come back to the Hospital.

SIR ANTHONY CARLISLE'S NEW METHOD OF BLISTERING.

Sir Anthony has lately addressed a letter to Sir Gilbert Blane on blisters, rubifacients, and escharotics, in which he has described the manner of employing an instrument to effect these several purposes. Sir Anthony asserts, that his method is not so painful as the ordinary process of blistering; and to assure himself of this, he first tried the experiment on himself. He says, "the action of a metallic substance heated in boiling water, was first tried on my own arm, and although the pain for the instant was severe, the sum of distress was far below that which is occasioned by a blister of cantharides. I have since employed this mode of blistering on many patients, both women and men, selecting those who had lately been blistered with cantharides plaster, and they affirmed, that the momentary endurance of the instrument was preferable to the other method; and when a repetition of blisters has been since necessary, they have asked for the quick process."

The method of blistering recommended, consists in the application of a metallic instrument, as a small plate of polished iron, heated to a temperature of 212°, by immersion in boiling water for five minutes, to the part intended to be blistered, having previously covered the part with a piece of silk, moistened with warm water; the instrument requires to be firmly pressed against the part for three or four seconds. The first effects of the application are, a corrugation and paleness of the skin; but the red blood soon returning, an inflammatory redness appears, and gradually proceeds to discharge serum, and to detach the cuticle; the wound is then to be dressed with any mild cerate. By this process, the risk of producing strangury is prevented; but that inconvenience may be averted in the ordinary mode of blistering, if the precaution be taken to sprinkle a little camphor on the blister. We saw some patients in the Westminster Hospital who complained very much of the pain which this method of blistering occasioned. It has been employed in a case of sciatica with success.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE

BY MR. GREEN,

On the Non-union of a fractured Femur, and on Cataract.

Gentlemen, October 30.

I cursorily mentioned to you sometime ago, a case of fracture of the thigh, which remained in the Hospital under my care from June 29th to October 28th, without evincing any disposition to unite. As the case is in many respects worthy of your attention I shall enter more fully into the particulars, and I will first read to you the notes taken by my dresser:—

David Watkins, aged 65, a porter, was admitted into Abraham's Ward with fracture of the right thigh, and also of the right clavicle, occasioned by his falling over a bannister. He was brought to the Hospital soon after the occurrence of the accident; the nature of both injuries was readily ascertained, and the fracture of the thigh was found to have taken place high up. It was thought desirable to employ Mr. Amesbury's apparatus, and the limb was placed in a good and easy position.

The limb remained in the same position, and confined in the same apparatus, for about six weeks; at the expiration of which time, considering that union had taken place, I desired that every thing should be removed, and directed the patient then to move the limb about in bed. You will find this always, in fractures of the lower extremities, to be a good preparatory step to the patient's getting up and attempting to bear his weight on the limb, and it is therefore a rule of practice which I recommend to your adoption. A day or two after I had seen the patient, he got out of bed on some occasion, (I do not exactly remember what,) and, in the attempt to stand, fell down. He felt something give way, and at the same time experienced much pain. The attendance of the dresser was immediately procured to the case, and he informed me that he found considerable mobility of the limb, and he was induced to suppose that a second fracture had taken place at some distance below the original one. This opinion, however, as we shall subsequently find, was incorrect. Amesbury's splints were again applied to the limb, and nothing material occurred until the 18th of October, when he began to complain of pain in the thigh. I must here remark to you, that the man had, two weeks previously, called my attention to a difficulty of breathing and obscure pain of the chest, with cough, under which symptoms he had laboured in a less degree for a considerable time. The symptoms, when I saw him, were not, in my estimation, urgent enough to warrant an active plan of treatment, and I therefore directed some pills of conium and ipecacuanha.—Three days before his death I spoke to him on going through the ward, and he seemed much as usual, but on the following day I found him labouring under alarming symptoms; both lower extremities had become much swollen, and were covered with large mottled patches, resembling ecchymosed spots, clearly evincing much embarrassment of the circulation; the face was pinched, the lips were purple, the respiration difficult, and the pulse scarcely to be felt; the bowels had been much disturbed during the last forty-eight hours. Under these circumstances, it was plainly apparent that the patient could not live many hours, and therefore I considered it was useless to adopt any measures. The poor man died early on the following day."

On examination of the body, there were several circumstances which are worthy of notice; and first, of the fracture of the thigh. The fracture was below the trochanter major, and extended, as you perceive, with considerable obliquity; it was what I should term an exceedingly oblique fracture. (The femur was here produced and exhibited to the class.) The muscles, at this part of the limb, appeared to be literally soaked in blood; they appeared as if bruised, and in a cell formed of detached periosteum and muscle, there was a large quantity of clotted blood. You will find, on attentively examining the bone, that there is not the smallest appearance of union between the fractured extremities. It is really difficult to suppose that any union had ever taken place; but certainly, if such were the case, it was not of an ossific nature, and the second accident consequently consisted in the separation of loose adhesions which had formed.

To proceed, however, with the remainder of the post-mortem examination:—The lungs, on both sides, were adherent to the parietes of the chest, but the adhesions were apparently of long standing. The lungs themselves appeared to be congested or loaded with dark blood; the pericardium, it could readily be seen, was much enlarged, and on closer inspection was found to be of a bright florid hue; on making an opening into it, about fifteen ounces of serum escaped from the cavity, and laying it completely open, it was seen to be lined with a dense layer of coagulable lymph.

Here was enough to account for the dyspnœa; but what strikes me as remarkable is, that the symptoms were not more urgent, for here is evidence of considerable disease having existed. I have witnessed, however, some cases, in which the pericardium was, after death, found to have been the seat of serious disease, but which was not manifested by any very urgent symptoms; and I well remember a case in point, which occurred in a riding master who lived in the Blackfriars-road: he was ill only a week; his breathing was difficult, and he complained of an obscure pain in the chest, but he went about his usual employments until within a few hours previous to his death. The pericardium of this man was found much inflamed.

The mucous membrane of the small intestines, in the patient Watkins, was very florid, and there was incipient ulceration in several places; the mucous membrane of the large intestines had a granulated appearance. These morbid appearances may serve to explain the circumstance of diarrhœa occurring as a symptom two days before death.

Having so far detailed the case, it will be proper for us to consider the causes which impeded or prevented union from taking place between the fractured extremities of the thigh bone. If we suppose that the disease in the chest stands in the relation of a cause—that it influenced the restorative powers so much as to prevent union of the bone, then it is necessary to assume the position, that the thoracic disease was of a chronic nature. The great extent of injury done, and the patient's age, may, perhaps, be considered as more probable causes operating in the prevention of union.

The next case on which I shall offer some remarks, is of a patient now in the Hospital, on whom I operated a few days since for the extraction of cataract. The following notes were made on his case when admitted.

October 12. F. H., a healthy man, a stone-mason, admitted on account of impaired vision. He has cataract of the left eye, of varied surface, and striated appearance. The iris does not readily contract, and he compares his vision to seeing through a ground glass. The right eye is deranged in its functions, occasionally seeing things double with this eye. Up to four months ago, he usually wore glasses as preservers; but when at work one day without them, a small piece of stone struck the left eye, and this was followed by great pain, with increased vascularity; and from this time the vision was dim. The right eye has been affected only three or four weeks.

The first thing to be taken into consideration in cases of cataract is, as to the consistency and seat of the opacity; this guides us entirely in the treatment. They may well be divided into hard, soft, membranous, and fluid, each of which has its peculiar and distinct characteristics. The cataract, in the present case, was of a greyish white; its size was large, *i. e.* it extended beyond the circumference of the pupil, pushing the iris forwards. These appearances led to the opinion of its being a soft or caseous cataract. Another point worthy of consideration is, the cause of cataract. It is generally attributed to the circumstance of the patient having been accustomed to view brilliant or dazzling objects, which, as it is termed, strain the eye; but cataract often occurs in persons who have not been subjected to this supposed cause, and of this we have daily examples. Cataract sometimes succeeds to an injury of the eye; we know that if a sharp instrument be passed into the lens, it becomes opaque; whether this may arise from a deposition of adhesive matter consequent upon the inflammation, or how, or in what manner this effect happens, remains a question. The patient of whose case I am now speaking, had mechanical injury done to the left eye, subsequent to which the vision became obscured: the disease thus succeeding upon the injury, leads to the probability of their standing in the relation of cause and effect.

Now let us consider what were the indications for treatment. Any treatment of cataract, you are probably aware, independent of an operation, is nugatory. But first, you may ask, was an operation proper at all? Under ordinary circumstances, when one eye only is affected, it is considered improper, as you produce a different focus in the two eyes, and the patient is not able to use both at the same time. Besides this, there is such a sympathy existing between the two eyes, that if inflammation were set up or produced in the eye which was operated upon, it might be communicated to the opposite side, and the sound organ be destroyed. I have already told you there was no cataract in the right eye, but there was a deep-seated dimness, probably in the vitreous humour. If the right eye were amaurotic, you may inquire, might not the left eye be similarly affected, and hence render the operation useless. The only mode of ascertaining this, was to know how far the power of vision was good, independent of the opacity of the lens. We could not draw our conclusion by the extent of vision which remained, because a similar power of sight exists in incipient amaurosis, and, therefore, some doubt will always remain in these cases. Taking all the circumstances into consideration, I determined on performing an operation. But as the operations for cataract are various, it may be necessary to inquire which should be performed. There is the operation of depression, or couching, which consists in removing the opaque lens out of the axis of vision, by depressing it into the vitreous humour; a second operation is by what is termed solution; the cataract is here broken up, and left in the eye to be absorbed; and the third operation, is the extraction of the cataract, by which the disease is entirely removed.

With respect to couching, I considered the lens too soft; and as to the operation of solution, I did not consider the patient's age as favourable to absorption. The operation of extraction was, therefore, determined upon, which many of you saw me perform; but as some of you were probably not enabled to see all the steps of the operation, I will explain them to you. (Mr. Green here entered into a minute detail of the mode of operating for the extraction of the lens. The position of the patient, and of the operator, the manner of holding the eye, were explained. The puncture and section of the cornea with Beer's knife, and method of removing the lens by the introduction of the curette, with the after-treatment, were fully spoken of.)

But, continued Mr. Green, every thing did not go on so smoothly in my operation, as I have described to you in speaking of the steps of the operation. When the knife had passed so far, that its point was opposite the pupil, a sudden spasm of the muscles carried the eye inwards, and not following quickly enough with the knife, the aqueous humour escaped, the iris prolapsed, and the knife became enveloped in it. I did not, under these circumstances, continue the incision, but rubbed the cornea gently with my finger, in order to induce the iris to contract. This effect ensued, and I then attempted to complete my incision, but the iris again prolapsed; the rubbing of the cornea was again resorted to, and at length I effected its section, but the opening was very small, and it became a question whether it should not be enlarged by making gentle pressure on the cornea, in the manner I have described; the lens escaped, and with it a small portion of the vitreous humour. This latter circumstance, I should tell you, is certainly not a desirable one to occur, but the loss of a small portion does not interfere with the success of the operation; indeed it has been supposed to have a material effect in lessening the subsequent inflammation and tension of the organ.

The after treatment of the case was simple. On the day after the operation, the pulse was full and bounding, and I directed some blood to be taken from the arm. Since this, every thing has gone on well; the eye has been kept at rest, and there has not been much inflammation. I should therefore hope the operation will ultimately prove successful.

SKETCHES OF THE MEDICAL SCHOOLS OF SCOTLAND.

No. II.

THE UNIVERSITY.

"Quid Romæ faciam, mentiri nescio?"

Having passed a bridge thrown as if across the roofs of that subterranean department of the old town of Edinburgh, called the Cowgate, and duly appreciated the taste for domestic comforts which selected such a hideous gulf for the habitation of men, you proceed by a gradual ascent until you arrive at the summit of a ridge, of which these living catacombs form the base. A partial divergence of several streets affording a more extensive range of vision at this point, you may, perhaps, stop to survey the undulating vista of South-bridge, and, in doing so, cannot fail to observe, amongst the storied tenements rising around you, one of greater magnitude and architectural pretension than its lofty companions. No exterior marks, at first view, present themselves, by which you might determine its destination; or if you should feel inclined to speculate on so trivial a subject, a line of hackney coaches, drawn up "rank and file" in social proximity with its walls, and the hospitable protrusion of its portals on the high way, might probably induce you to set it down for a hotel, or some other public edifice of that kind, devoted to the accommodation of travellers. Piercing the gloom of its dark entrances, the appearance of a chubby-headed lacquey, enveloped in an ample livery of blue and scarlet facings, hat-hand with gold, and bearing in his hand a ponderous staff of office, as if awaiting the egress of some titled lord of creation, may further confirm your suspicions. Looking up for the usual signals of entertainment, the grapes, an angel, or the national emblem of the thistle, to decide all doubts on the question, you discover, to your great surprise, an inscription on the parapet, at an elevation beyond the ken of ordinary sight, which informs you, that instead of containing well-aired beds and well-stocked larders, the institution was licensed by James the Sixth in fifteen hundred and eighty-two, for the retail of intellectual improvement. Doing homage to the offended genius of the place in a penitential confusion for your mistake, you advance a few steps, and find yourself in the court-yard of the far-famed University of "Modern Athens." For a moment, the recollection of its illustrious sons may supersede every other feeling, but the freshness of its aspect, and the clink of the hammer still resounding within its apartments, soon dispel the illusion of commencing with the "spirits of other days," and you proceed as a matter of course to admire or criticise, as it may be, the structure which their talents have conjured up amongst their native hills. The whole scene is any thing but favourable to the indulgence of those emotions which we are apt to experience in treading the haunts of philosophy, and places consecrated by the labours and former presence of celebrated men. No professor, clad in the "weeds" of learning, is seen hurrying, with face furrowed by the lines of thought, across its pavement, or pupil robed in academic costume following in the rear; a crowd, perhaps, of young gentlemen issuing from a class-room, happy that the tedious hour of imprisonment is over, is the only sign by which you could connect the building with the objects of its establishment. Should you, however, have previously conversed with any true-born Scot on this masterpiece of the northern chisel, it is ten to one but you may be inclined to revenge his nationality by an ejaculation of disappointment. The first objection which must strike even the most superficial observer, is the impropriety of its site, being as accurately hemmed in by streets, on all sides, as one pill-box, "*si magna componere parvis*," is enclosed within its pasteboard companion. While its beauty has been thus industriously secured from admiration, its convenience has certainly been increased; for while Mr. Leslie is explaining the doctrine of acoustics, the eternal rumbling of cart wheels may supply him with a ready illustration, and Dr. Duncan, junior, has only to stretch across the way from the professor's chair, to demonstrate the effects of paregoric elixir on some asthmatic occupant of a neighbouring "flat," in his prelections on pharmacy. One, indeed, cannot help wondering, that in a city abounding with so many fine localities which invite the designs of the builder to settle on their fitness, no advantage was taken in the erection of this structure of the spontaneous offerings of Nature. Besides its defective situation, its general appearance, contrasted with the other parts of the town, helps a good deal to disappoint the spectator. From a people, too, who had the enterprise to erect an entire new city, more might be expected from its acknowledged diadem. But from this popular mania for stone-cutting, no single building has as yet arisen worthy of any notice, and the stranger must smile at the fatuity of that endemic vanity which would claim kindred not only with the moral sublimity of Greece, but would fain emulate the architecture of Athens. Pillars and pediments we no doubt have in abundance, rising in ridiculous grandeur over gin-shops and green-stalls; but for any thing in the way of an imitation of the antique that we possess, notwithstanding the vapouring of the "Noctes Ambrosianæ" of Mr. Wilson (Professor of Moral Philosophy!) Lord Elgin might never have rifled the treasures of the Acropolis, or Stewart exercised his pencil on the same classic ground.

The College, confessedly the most perfect structure in Edinburgh, is an oblong square, whose east and west fronts measure about 250 feet, and its sides to the north and south, about 358. The eastern, or principal front, presents nothing remarkable, further than we usually find in modern buildings inoculated with the style of the ancients. A pair of balconies, supported by two Tuscan pillars, guard the great gate, and architraves of course inclose the windows, which seem to have been designed for the evasion of a taxation on light. On the north and south sides, slight projections have been raised in the centre, to break the sameness of an extensive surface, but even with this device, the finest material, and the neatest workmanship, the whole has rather a heavy and monotonous appearance. From these objections the interior fronts are exempt, each side of the square presenting the outline of a separate building, and connected at the angles by open galleries leading to the different medical class rooms, which shall be described apart, when the gentlemen by whom they are respectively filled come under consideration. Turning, then, from the works of the architect, we are naturally led to an inquiry into the medical history of an institution which has attracted so much public attention.

This University, like all its contemporaries in Great Britain, and many on the Continent, possessed and exercised the power of conferring medical degree, at a time when not a single teacher of the science prelected within its walls. The absurdity of such a regulation could not long survive the first advances of medicine to the dignity of a science; and we accordingly find, that an attempt to establish an anatomical school in Edinburgh, in 1694, led to its extinction. About this era it was customary for young men to repair to Padua, Pisa, Rome, and Leyden, to complete their professional education; and amongst other adventurers from Scotland who visited these well-known schools, was the celebrated Dr. Pitcairne. Having distinguished himself abroad, at Leyden in particular, as the preceptor, I believe, of Boerhaave, this gentleman returned home, and was certainly the first who conceived the idea of establishing a regular school of medicine in his native country. Convinced by what he had seen on the continent, that anatomy formed the only true basis of medicine, his attention was turned towards its especial cultivation; but being a *pure* physician, he considered that a proposition of dissecting dead bodies, looked upon then with so much horror by the public, could not so well emanate from one of his cast, who were supposed not to dabble in such filthy practices. He was, consequently, induced to make use of a Mr. Monteith, who had no character to lose in that way, being a member of the College of Surgeons, to carry his design into execution. Mr. Monteith, at his suggestion, immediately petitioned the town council, the patrons of the University, and obtained permission to dissect the bodies of those persons dying unclaimed in the house of correction, and also those of foundlings who died on the breast, on condition that he was to use the scalpel in the winter season only, to bury the bodies at his own expense, and attend the poor of the city gratuitously. Stimulated by Mr. Monteith's success, or, perhaps, jealous of the very liberal concessions made to him, his brother corporators of the College of Surgeons lost no time in claiming such subjects as were not included in his gift, viz. the bodies of foundlings off the breast, of children strangled in the birth, of suicides, and of persons found dead in the streets. Under the same restrictions imposed on Mr. Monteith, with the additional one of building an anatomical theatre, (when, a "subject offering," the pathologists of Edinburgh were to be gratified by a public dissection,) the request of the petitioners was granted. Numbers and interest prevailing against individual strength, Mr. Monteith resigned the field to his competitors for some trifling compensation, and Mr. Elliot was appointed first professor of anatomy to the University, just as the victories of the Duke of Marlborough opened a field for the employment of the pupils of the new school. No sooner, however, was it promulgated that a teacher of anatomy was chosen, than the inhabitants of the "Good Town" took alarm for the safe repose of their deceased friends, a sort of "old mortality" fever which still burns in the veins of their descendants with undiminished force, and which is likely to lead, one day or other, to the invention of "patent coffins" and "safety tombs." The popular outcry was immediately followed by an indignant protest from the College against having any intention of violating the grave, and enjoining such unruly "lads as loved the moon," not to venture out on sepulcral excursions at night, under a penalty of having their inductions withdrawn, and of forfeiting the freedom of the corporation. Mr. Elliot, of whom little more is known than that he was born on one day and died another, being gathered unto his fathers, a Mr. Macgil and Adam Drummond succeeded conjointly to the vacant chair. To these gentlemen the first Monro was materially indebted for an introduction into public life, and the situation which he so long illustrated, having abdicated their office in his favour. The biography of this celebrated character, with whom the notoriety of the Edinburgh school more properly commences, must be so well known to every professional reader, that any remarks on the subject here seem superfluous. With his fame, the number of pupils annually increased; but there was still an appendage wanted to the new establishment, where the doctrine of the lecture-room might be reduced to practice. This defect, Mr. Monro, from his influence with the Town Council, and intimacy with George Drummond, whose genius and benevolence swayed the affections of his fellow-citizens for so many years, was enabled to remedy; and under the auspices of these latter personages, the Royal Infirmary was commenced 1738, with little more for its completion than the contributions which the example of its founders elicited from the frozen heart of charity. Such, indeed, was the zeal inspired in the public mind by their precedent, that those who could not afford to give pecuniary aid brought materials, mechanics cheerfully worked gratuitously, so that the structure may be said to have arisen at the sound of their voice, as other buildings of old are said to have sprung into existence at the magic vibrations of the lyre. All this time there was but one professor; and diplomas were conferred, in the old manner, on the production of certificate of competency by the candidate from the College of Physicians, whom the University employed as journeymen examiners on these occasions. It therefore became necessary, in order to complete the school of medicine, to create four other professorships, which were filled by Rutherford, Plummer, St. Clair, and Innes, who were shortly after appointed by the patrons of the College as the faculty of medicine, and invested with full powers to teach the several branches of the science, and to grant degrees.

We have thus arrived at as clear a knowledge of the origin of this institution as the complexity of the subject, and the limits of so short a notice, would admit of; but a few words remain to be said of the policy by which it had been directed. The engine, constructed in the manner we have just seen, had many peculiarities in its formation and government to account for its success and imperfections.

At the era of its establishment, the science which it professed to teach was in as low a condition in these countries, as the ideas of men were unenlightened on the subject of medical education. Under such circumstances any alteration might well have passed for an improvement. In the field of tuition it had no rival to dispute the prize of superiority, and victory consequently became an easy attainment. The Colleges of Oxford, Cambridge, and Dublin were already borne down by the corpulency of wealth, while its metropolitan locality gave it a facile ascendancy over its provincial sisters in Scotland. The stimulants of poverty, that "mother of excellence," as it has been called by the Roman Satirist, exercised in its case a salutary influence. There was no sinecure to secure its professor against a neglect of duty—no thousands of fertile acres to support him in learned indolence. His necessities daily reduced the farce of "No Song no Supper" into the drama of real life. The state of things at home compelling pupils to go abroad, it would require but moderate abilities in teachers, and partial opportunities of learning, to stop this tide of studious emigration. Of this the founders of the school seemed perfectly aware, and took care to transfer into the new concern some of the methods of teaching practised in the foreign seminaries, such as the system of clinical instruction, for overlong the boast of the Royal Infirmary. A succession of men eminent in their respective pursuits, but whose equals might be found in every country if the principles acted on by the patrons of this school in the selection of professors were only attended to, conferred a lustre on the establishment in its infancy. Left in some measure without a choice, reduced by fame, and pretty certain of a diploma, students naturally crowded to its halls, and dispersing again into the walks of life, communicated a fresh impulse to the growth of its "laurels." Every succeeding graduation day gave it so many new partisans as it bestowed diplomas, the young doctor having a personal interest involved in its praise, while the old "Sangrado," shaking powder and parables from his wig, gave the irresistible sanction of his experience to the eulogium of his juvenile friend. To inflate the bubble of its reputation, the press was called into action.—Theses, essays, pamphlets, every thing in the shape of a book, from a single sheet to a five hundred-page quarto, proclaimed Edinburgh the seat of the medical sciences. If original works could not be composed, foreign ones of merit immortalized translators, while others crawled into notice in an "improved edition," or made their way into notoriety in a heap of "commentaries," as useless as the obscure lumber which they were intended to illuminate. Success only generated a further spirit of enterprise; and to increase the number of pupils rather than to provide them with the materials of solid instruction, would seem to have been the object contemplated in every regulation formed by the conductors of the school. Through the interference of fathers and friends with the Senate and Patrons, catchpenny professorships successively arose out of the mangled body of the science in ghastly pomp, and their certificates made a part of the gaudy *curriculum* of education. Vapid prelections on the theory were substituted for the actual practice of physic, and demonstrations on an occasional putrid subject supplied the place of manual anatomy. But behind this gorgeous trellis of books, lectures, professors, and other didactic paraphernalia, there was nothing substantive, practical, or valuable; the whole was a mere pageant passing before the eyes of men, but so artfully conducted that it was mistaken for a reality—for at no period did Edinburgh ever present employment for more than sixty or eighty pupils. Where was such employment to be found—that employment which, exercising the body and the mind, improves the faculties of both, not that visionary application to hear-say knowledge which scarcely leaves an impression behind? Not, surely, in the crowded wards of one hospital, or in dissecting rooms whose atmosphere was seldom vitiated by the odour of anatomy. To accommodate the superficial qualifications of the victims of this system of delusion, the difficulty of examination was reduced to a minimum, and to give the process a semblance of learning and severity, it was conducted in a dead language, in which not one in five hundred, though he were well informed, could give any indication of his knowledge. Anglo-Latin theses elaborated out of Ainsworth, or purchased ready-made for a guinea, were put forward with the same obliquity of purpose, as tests of a graduate's classical and professional attainments. The scheme was so judiciously arranged, and the "summi honores" so liberally divided in the wheel, that to purchase a ticket was to ensure a prize. In short, the mercenary principles of political economy were as rigidly acted on in the management of the school, as in the working of a steam factory, and to produce the greatest quantity, without any reference to the quality, in the shortest space of time, and with the least expenditure of labour, became the main spring of action. The forcing system thus established, necessarily produced in the medical the same effects as in the mercantile world, a supply exceeding the demand, until every village in the empire could exhibit a brace of Edinburgh M.D.'s reposing under one blanket, or doling out death and physic to the community from behind one counter.

SCOTUS.

THE LANCET.

London, Saturday, December 9, 1826.

Observations on the Utility and Administration of Purgative Medicines in several Diseases. By JAMES HAMILTON, M.D., Fellow of the Royal College of Physicians, and of the Royal Society of Edinburgh, &c. &c. Eighth Edition, revised and improved by the Author, with a chapter on Cold Bathing, considered in its purgative effect. 8vo. pp. 381. Bell and Bradfute, and W. and D. Laing, Edinburgh; and Longman and Co., London. 1826.

UPWARDS of twenty years have elapsed since this work was first presented to the profession, and the number of editions it has passed through is sufficient proof that it has been held in great estimation, and of the extended circulation it has received; so that any analysis of its contents would, at this period, be of little avail or purpose. Yet we have observed that the practice of this veteran author has, sometimes, been carried to a dangerous length by persons who have imperfectly digested his book, or failed to consult preceding authorities; and we therefore recommend it to the diligent perusal of such of our readers, and they must be very few, who have not profited by its contents. The student will find that purgatives are commended in typhus, in scarlatina, hæmatemesis, hysteria, chorea, and tetanus, in all of which their utility is supported by numerous cases. In going round the hospitals he will observe, how very ardently and extensively the practice is followed by the physicians of this metropolis; but he will also discover, that fuller and more frequent purgations than Dr. Hamilton advocates are much in vogue, particularly in the worst stages of typhus and other asthenic fevers; hence the "follicular ulcerations," and other morbid changes which are too often found on dissection. Practitioners do not appear to consider the many ways in which drastic purges, which are far too much in fashion, and too frequently employed, may prove injurious. They do not consider how much the circulation is quickened by mercurial and other purgatives, nor that the increased momentum must be lost somewhere, and that most probably upon the part which is the least able to bear it. The increased action of the mesenteric and branches of the cœliac arteries thus induced, is often sufficient to account for all the disastrous circumstances which usher in the fatal termination of typhus, and the appearances which the belly exhibits afterwards. The circulation is hurried; and the vessels of a part rendered proclive to disease by the worry and disturbance of frequent purges, becoming over distended, must needs be unloaded; and hence the foul matter and slime, and God knows what besides, except fæces, which are supposed to block up the intestines in fever, but which in reality are often produced, to say nothing of organic mischief, by the purgative system, too often inculcated and too rigidly employed, instead of the eccoprotics or hypocatharses and clysters, which formerly answered every useful purpose of evacuating the contents of the intestines, without imposing on their coats, their glands, and their blood vessels; actions which are seldom compatible with their well being, or with the recovery of the patient. Dr. Freind, no mean authority, by the by, in his 7th Commentary on the Epidemics of Hippocrates, informs us, that the doctrine of purging in fevers is so abstruse, that he declines laying down any general rules on the subject; and Sydenham, in his *Schedula Monitoria*, says he did not dare to give a purge in the fever of 1673, but "persisted in the use of glysters, knowing that purging medicines used at that time presently caused a coma;" nor is it at all improbable, since the increased momentum may fall upon the brain as well as any other part. In his intercurrent fevers, the same illustrious physician found clysters and the simplest laxatives answer every purpose. Except at the commencement of a fever, what can possibly be gained by the scruple doses of calomel, the half drachms of jalap, or colocynth pills, with one cup after another of haustus sennæ, more than by moderate doses of castor oil, or other lenitives, which are sufficient to keep the body soluble? Must the liver be stimulated with calomel to secrete ten times its natural quantity of bile, or the intestines with purgatives, to throw out their volumes of "horrible stuff," for the cure of a fever? Or is it not empiricism of the worst and most dangerous character?

So overwhelming has the influence of purgatives become, that they bid fair to establish to themselves a monarchy paramount alike over the diseases of the infant, the adult, and the aged;—over increased excitement, when life is exuberant, and diminished excitement, when its "taper faintly glows;" in short, over all the grades which the human frame is susceptible of, between the cradle and the grave! But Dr. Hamilton is not the advocate for purging which some have supposed, even in the disorders (chorea, chlorosis) most likely to be benefited by it. He speaks of "purgatives," but in a great proportion of his cases he merely employed laxatives and clysters—and very few evidence much active purging. Chorea has undoubtedly been cured, though we cannot say *often*, by purgatives alone; hæmatemesis less frequently, and tetanus, as we believe, still more rarely. We desire, therefore, to give this class of medicines all the credit they deserve, without making them specifics, which they certainly are not, in a great variety of diseases. How is it possible, the bowels being once cleared out and kept clear, that purgatives can cure many cases of chorea, for example, except by the stimulus which they communicate to the system at large, rather than the belly in particular? And if this be their *modus medendi*, is not the practice of giving repeated purges a very round-a-bout one, if successful; empirical always, and not unfrequently hazardous and injurious? We have reason to believe that it is; and we are quite sure that we are not unfriendly to "purgative medicines" judiciously employed, nor to the able author whose work has contributed so much to extend their "utility," and we may add, though the fault is not his, their abuse.

Myology, Illustrated by Plates. In four Parts. By Edward William Tuson, Member of the Royal College of Surgeons, and Lecturer on Anatomy and Physiology. Fol. Parts I., II., III. Callow and Wilson, 1826.

In these plates the muscles, being separately lithographed, are cut out and arrranged *stratum super stratum* in their proper situations on the bones, so as clearly to demonstrate their origins, insertions, positions, shapes, &c.; thus forming, next to actual dissection, the most ready and natural method of learning the structure of the human frame.

The first part contains the muscles of the anterior and posterior parts of the thigh, leg, and foot—the second, those of the arm and hand—the third, of the abdomen and back; and the fourth, (not yet published,) will be devoted to those of the face and eye, neck and perineum. Although not altogether original in design, something of the sort having been done a century or two ago, the execution of Mr. Tuson's work is highly creditable to his industry and his talents; and now that subjects for dissection can scarcely be procured at any rate, we think he could not have devoted his time to better purpose, or to one more likely to ensure him the thanks and patronage of persons learning anatomy, to whom the work is invaluable.

In this day's Lancet will be found a letter signed Medicus, on the constitution of the London College of Physicians. The writer, who is a Fellow of the College, and a gentleman of considerable literary attainments and experience, proposes that a public meeting should be held, with a view to call the attention of the Legislature to the restrictions and exclusions imposed on the Licentiates. When it is considered that the Charter of the College was framed by Linacre upwards of three hundred and twenty years since, it cannot be wondered that its provisions should be unsuited to the taste of the great body of the medical profession at this advanced period, or that its *spirit* should be incompatible with the liberal notions of the present day. It is our anxious desire that the government of this Institution should undergo the strictest investigation; hence, the pages of this Journal shall be open to all writers of ability and good taste on each side of the question.

It is only an act of justice to state, that those gentlemen who now, and those who have for many years past, presided over the College, have taken no part in framing the obnoxious by-laws of which the Licentiates so justly complain.

With a view to remove the prejudice which exists against practising human dissections, we last week proposed that those barbarous laws should be repealed which consign criminals to dissection, and that popular demonstrations should be given in the theatres of our literary institutions. With regard to the first proposition, we have been given to understand, from undoubted authority, that it will be accomplished by Mr. Peel during the present session of Parliament; and with reference to the second, we are happy to find that it is highly approved of by some of the most enlightened of our Lecturers: it is a practice which we have every reason to believe will be speedily and generally adopted, and from which, we are fully persuaded, the happiest effects must result. It is useless to *reason* on a circumstance which is purely matter of *feeling*. SHOW the people the utility of dissections—SHOW them the benefits which are conferred upon their fellow creatures by such researches—SHOW them how much a knowledge of the structure of the human body is calculated to lessen the miseries of the human race—and they will no longer stigmatise human dissections as horrible and inhuman practices, but rather consider them the laudable means by which the greatest public good can be accomplished.

WHEN Mr. Saunders commenced the trade of oculist, he at the same time practised as an aurist; Sir Astley Cooper induced him to do this. From the reputation which the Baronet had gained by his operation of puncturing the tympanum, the deaf crowded to him for relief. But whilst this flash of professional reputation gratified him, he soon began to find that the public were beginning to appreciate his talents as an aurist alone. He therefore, in order to get quit of the deaf, proposed to Saunders that he should become an aurist. Saunders, with the true spirit of the times, instantly compiled a work on the anatomy and diseases of the ear, as an advertisement of his capability. Neither the book nor the deaf answered his purposes; the book brought him few patients, and the deaf were found bad articles of trade.

On the death of the immortal Saunders, it became a matter of intense interest who should succeed him. During this momentous pause, a considerable time elapsed. At last the great Benjamin was installed into the honourable office, being sworn to inviolable secrecy, until Saunders's works, which were to contain the whole of the mystic art, should be published by the charitable and pious Dr. Farre. Some waggish patient, in whose eyes Benjamin had pioneered, and who was able to *see* a little, when leaving the house in a very sulky mood, said, that "*he feared he never should* SEE him again."

This anecdote brings to mind another, which we once heard told with some point, amongst rather a large assemblage of persons, and which may now be repeated with effect, as it tends to show another of the secret operators in his true light:—A celebrated titled oculist was formerly in the habit of making country excursions, in order to practise his calling; one trip had been particularly successful, and he always remembered it with that sort of complacent feeling, with which a skilful angler looks back to the time and place in which he had once made a good haul. After an interval of a year or two, it occurred to him that it would be no bad plan to try back amongst some of his former patients in the city of ——, to learn whether any thing could be done there in the way of business; but as some misgivings of the success of his former operations naturally enough occurred to him, he thought it would be prudent to feel his way a little, and so ascertain how he was likely to be received. With this view he wrote to a physician in the neighbourhood, and after several *kind* inquiries concerning some of his former patients, he concluded with asking whether they wanted his professional aid, and whether they and their friends would pratronise him if he again visited them. To this smooth feeler of Sir Oculist, the Doctor rather dryly replied: "Dear Sir, I have received yours, and in reply beg to assure you, from actual *inspection*, that of your numerous patients here, there are many who would be most happy to have the pleasure of *seeing you again*."

There was another itinerant oculist and secret operator named Williams, who some years ago rambled about vending his nostrums; he was not satisfied with excluding all persons from his operations, but actually extorted a promise of secrecy from his patients, bidding them never to allow any chemist to analyse the eye-washes which he gave them: doubtless he justified these measures, as did Saunders, on the plea that his "modes of operating were peculiar to himself, and of great importance to him as a young man." Be it so, the Saints cannot refuse to poor itinerant Williams the benefit of a defence which was set up by their friend and protegé Saunders. Where it was that Williams learned his operations, or got the receipt for his lotions, is now a matter of little consequence. It is useless to inquire whether it was amongst the favoured few that were admitted to the mysteries of the new masonry, there to learn the "tour de Maitre;" these things are of no importance; but it is of the utmost importance to watch and observe the influence of bad example. When secret operations were practised in the first institution in the country, what else could have been expected, than that every itinerant quack that prowled upon the credulity and ignorance of the community, should follow the example set before him, and justify the artifices by which he imposed on the public, by citing the precedent established by persons who take credit to themselves for being influenced solely by benevolent and public-spirited motives.

One of the supporters of the secret operations, as we have more than once stated, was Mr. Battley. It would appear from a note in Paris's Pharmacologia, that the organ of secrecy, (we shall not say "secretiveness") is somewhat developed in that chemist's cranium; for the Doctor rates him pretty roundly for keeping secret the method of making his "liquor sedativus." If we recollect rightly, he considers it rather disreputable in any professional man, in fact, in any man, to make a secret of any process which may occasionally involve the welfare of the community. Here, then, is a pretty list of secret operators. It is a pity that the bubble did not burst in Moorfields, when the rest of the *Things* in the city were blowing up. What a charming figure they would have cut on 'Change amongst the other "Joint Stock Companies."

Dr. Spurzheim has recently arrived in this country, and is at present delivering lectures on Phrenology in Cambridge. We understand that the doctor will give a similar course in Bath and Bristol, and afterwards in London, where he intends to take up his residence and practise as a physician.

To the Editor of The Lancet.

Sir,—It having been suggested, in the last Number of your valuable publication, that popular Lectures on Anatomy, given at some of our public institutions, would be serviceable in diminishing the existing prejudices against dissections; I beg to inform you that this has, for some time, been in contemplation at the Mechanics' Institution.

Two or three months ago I called on Dr. Birkbeck, and proposed to him to give about six lectures on anatomy, which should embrace (although necessarily in a very superficial manner) the mechanism of the skeleton, the actions of muscles, the circulation, the process of digestion, with observations on the nervous system, vitality, &c. That Gentleman, however, always anxious to diffuse scientific knowledge to all classes, had anticipated me; he informed me that he had received several letters from different members of the Mechanics' Institute, requesting him to give such a course, and that he had pledged himself to some of them to do so; but that in future, when they would require repetition, I should deliver them.

The drawings and preparations are now being made to illustrate the different subjects, and Dr. Birkbeck intends commencing his course after the Christmas holidays.

I am, Sir, your obedient servant,
and constant reader,
J. N. Bainbridge.

88, St. Martin's Lane,
Dec. 4, 1826.

LONDON MEDICAL SOCIETY.

Experiments on the Venous Circulation, and Absorption.

Mr. Ellerby related to the Society, some experiments he had performed, with the view of ascertaining the correctness of Dr. Barry's opinion, as to the cause of venous circulation and absorption, and how far these phenomena depended upon a tendency to a vacuum in the chest acting on the cardiac extremities of the venous trunks, as maintained by Dr. Barry.

He laid bare the jugular vein of an ass—introduced an elastic tube—to which was attached a stop-cock, and spiral glass tube : and whilst the elastic tube was thus placed in the vein, the outer end of this glass tube was immersed in a coloured solution, and the stop-cock opened—the fluid was observed to rise and fall in the tube during respiration, as described by Dr. Barry. But this effect took place only when the elastic tube was introduced for eight or nine inches into the vein, for when the tube was introduced for one or two inches, no rising or falling of the coloured fluid was perceptible.

A large trocar was then plunged into each side of the chest, and into the pericardium, and a canula left in each opening. At this time, the elastic tube was in the vein for seven or eight inches; although the openings made by the trocars almost put a stop to respiration, yet the venous circulation was not apparently affected; and when the veins were emptied by the finger, they filled as quick as if no opening had been made into the thorax. In some other experiments made on the distant veins, as the femoral and brachial. Mr. Ellerby likewise observed, that not the slightest rising or falling of the coloured fluid in the spiral tube was apparent. Thus it would appear, from these experiments, that the venous circulation was not so dependant on respiration, or the tendency to vacuum in the chest, as insisted upon by Dr. Barry. The next experiment was as follows :—Three grains of strychnine obtained from Mr. Battley's laboratory, the power of which had been previously ascertained, were introduced into the subcutaneous cellular tissue, on the outside of the left thigh of a large dog. Immediately afterwards pressure was made around the wound, by means of a ring or ferrule, fixed to the end of a piece of wood, but of course no vacuum was made over it. This pressure was kept up for one hour ; at the end of which time it was removed, and a piece of adhesive plaster applied, without disturbing the poison. At the end of *nine* hours no effect whatever was produced on this animal; at the end of *eleven* hours he appeared a little drooping; during the night he died; and, from the posture in which he was found, it was supposed he died sleeping.

In this experiment, it appears that the absorption of the strychnine was prevented by the simple application of pressure ; for this poison usually produces its effects on animals, within half an hour at farthest. In the experiments of Dr. Barry, therefore, we are to conclude, that the application of the piston cupping glass over poisoned wounds operated in preventing absorption, *merely by the pressure* produced ; for in the experiment just related, pressure merely was attended with the same effect as the piston cupping-glass ; indeed it appeared more beneficial, for after the pressure was removed, no absorption took place for at least eleven hours ; whereas, in Dr. Barry's experiments, the poison usually began to operate within two hours after the removal of the glass.

Upon examining the thigh of the dog, it appeared that the effect of the pressure had been to completely condense the cellular membrane, and produce a ring of adhesion in the parts situated immediately beneath the ferrule, so preventing the absorption of the poison.

The next experiment consisted in introducing a grain of strychnine into the thigh of a very fine large rabbit. Pressure was made around the wound, as in the preceding experiment, and kept up for half an hour. Eight hours after its removal, the poison did not appear to have produced any ill effects on the animal. In order to see, therefore, whether a sufficient quantity of this substance had been introduced, half a grain only was introduced into the opposite thigh, and no pressure applied. The animal died within half an hour.

A discussion here ensued upon Dr. Barry's hypothesis of venous circulation. Dr. Burn and Mr. Wray supported it.

Mr. Wigon stated, he came with the view of advocating it, but he thought that if the discussion were resumed at the next meeting of the society, and in the interim a communication made to Dr. Barry, this gentleman would attend himself and defend his own opinion.

Dr. Burn stated, he understood that Dr. Barry had felt hurt at a similar communication being made from the Hunterian Society.

Mr. Wigon, however, stated that he thought Dr. Barry was pleased rather than hurt at the invitation.

The President, Dr. Clutterbuck, therefore, requested Mr. Wigon to invite Dr. Barry to the next meeting of the society, (Monday, Dec. 11,) when the discussion on this interesting subject will be renewed.

THE VETERINARY COLLEGE.

The veterinary art formed a separate profession during the decline of the Roman Empire; and the armies of the Byzantine Emperors, in particular, were attended by men whose works have reached us; they appear to have been 'very assiduous, and "by no means unworthy of the trust reposed in them."

In common with other sciences, it was lost in oblivion during the feudal ages,—a period of many hundred years; and has arisen, after a long night of darkness, loaded with embarrassments, which, happily for them, were unknown to its early professors, and which we shall presently detail. It ceased, indeed, to be a science, and remained quite stationary until the last century; even then, the only works we have upon the subject are so ignorantly written and devoid of interest, as scarcely to deserve mention; and it is only of late years that any improvement has been effected beyond the knowledge of the ancients.

Cruel operations were the favourite resort of the early farriers; these have softened down into complex farragoes and incongruous recipes; nothing was to be seen but practice without principles, and directions without reasoning. Such was the state of affairs before the institution of veterinary schools in Europe, which have given a new character to the art, and tended much to its improvement.

In our own country, the venal gentlemen of Paternoster Row, whose arbitrary decrees so often direct the studies of the nation, have been careful to furnish, by means of their ready scribes, a sufficient quantity of cheap octavos merely selling books, to satisfy the public craving for a concise and comprehensive volume, which should teach them the whole art of farriery; but as these general treatises were written without any view to science, but have much retarded its progress, it is unnecessary to particularise even their names.

The Anatomy of the Horse by Stubbs, is a work of real labour and merit, but with the disadvantage of a bad nomenclature, in common with most of the systems of veterinary anatomy *in use* at this day.

James Clark, of Edinburgh, and Mr. Moorcroft, were sensible writers on the subject of the foot and shoeing; but their remarks, though the best practical observations at the time, are rendered almost useless by the subsequent most important and inimitable discoveries of Mr. Bracy Clark, to whose writings, indeed, we must chiefly confine ourselves in comparing the practice and doctrines of our Royal School.

It is well known, that more than half of those cases requiring the aid of a veterinary surgeon are situated in the feet, and connected with shoeing; all must admit that the treatment of those cases is still very unsatisfactory, whether it regards the prevention of disease or the cure of it; and that our readers may be prepared to judge on this important subject, we must endeavour to give a short epitome of the history of shoeing, and its consequences.

The iron-nailed horseshoe was unknown to the ancients; its use began at an uncertain period, during the dark ages when the northern barbarians, who excelled as workers in iron, had overrun the continent of Europe.

Probably, at first, the shoe was only used for long journeys, or as an occasional accessary, as it is in many countries at this day; which rendered its injurious effects less easily perceived, and accounts, at length, for its general adoption.

The farrier's art was introduced into England by the Conqueror; and being a laborious business, it has continued in the hands of ignorant men, and without much attempt at change, (although all the old English writers on farriery complain of the ill effects of shoeing,) until within the last half century, when much discussion has been directed to this degraded though useful art; and since the establishment of veterinary surgeons, the public have been pestered with "*principles of shoeing*," till they are tired of the subject and its proposers; not a variation remains to be made in the make or shape of the common shoe, for which a patent could legally be taken. Yet, although these changes have all ended in a recurrence to the old plan, as possessing the most good qualities with the fewest disadvantages, the original objections to it are by no means removed. It is still an universal complaint with horsemen, that the feet of our horses are completely ruined, and the animals rendered unserviceable, before half the period of their natural lives is expended, or their bodily powers are much impaired; and so general is the evil, that by many it is overlooked, and considered as unavoidable, or somehow a consequence of age. All that have worn shoes are suffering from contraction, in a greater or less degree; but its effects are more manifest with blood-horses, from the beauty and delicate organisation of their feet, than with those of coarser breed, which has obtained for them the character of being short lived and unstable, which, in their native plains, with feet unshackled by the officious care of man, they are by no means found to deserve.

Contraction has constantly been ascribed to some particular shape of the shoe; but the *innumerable* alterations, in this respect, have all failed for want of understanding the principle on which they should be made; and were another argument wanting to show that these slight differences can never constitute a change of principle, or be of effectual service, we would only observe, that in no two countries of Europe is the iron shoe made alike, yet in all, its effects are nearly the same, allowing for the variations in the breeds of horses, and other modifying circumstances. It appears, then, that there is a specific mischievous tendency in the principle itself of the common shoe, independent of make, shape, or circumstance, which invariably induces contraction; and this opinion is confirmed by the fact, that in countries (as Arabia or western America) where its use is unnecessary or unknown, the inhabitants are strangers to these distressing evils, and the horses feet so invariably sound, that a purchaser never thinks it needful to examine them. Vegetius, a Latin veterinarian author of the fourth century, before the invention of this destructive mode of defence, described with great minuteness and accuracy, every disorder to which the horse was then subject; but neither he, nor any other ancient writer, has once hinted at such a complaint as contraction, or any of the diseases which follow in its train which swell the catalogue, and often baffle the skill of the modern veterinarian. The hardness of British roads has been said by some to occasion the evil; but this futile argument, which would imply a defect of nature, is removed, when we learn that the Romans rode their unshod horses without fear or danger on paved causeways, exactly similar to the flagged foot-paths of our streets, the remains of which are still to be seen in many parts of this kingdom. The unaccountable consequences which result from shoeing, (in itself a very simple operation,) have led to a general belief that there is some hidden mystery or difficulty in the art, an apprehension which has been encouraged by the conceited knowingness of the working smiths, who talk of good and bad shoeing, as if there were some indefinable secret in the business, though, in reality, they never could comprehend or account for the effects of their own measures, and merely assume this mysterious air to impose upon the public, finding that their utmost care and skill is insufficient to prevent or cure the fatal mischief of contraction, and that although a slight change of system may perhaps afford some relief for a time, yet it cannot guarantee success.

The various abuses which these men practise have often called down deserved censure, and been brought into account for this malady; they undoubtedly accelerate the destruction of the foot; but the shoe alone, when all these causes have been remitted, is proved to be almost equally injurious.

Men of science and talent have been deterred from making this art their study, by the appalling view of its difficulties; the prospect was, indeed, uninviting, when the belief was general that there was a mystery in the shoeing business which none could unravel, and that the glaring errors and abuses in the treatment of horses, which have often attracted the notice of the humane, admitted, in practice, of little palliation.

Custom has made the public so familiar with these effects, that we see without thinking of them, and a horse in this country is considered incomplete without shoes; but abstractedly considered, it is a most unnatural measure to fix an extraneous body firmly and for life, to the foot of a living animal; it is an act which has no counterpart, and it is not surprising that its consequences are complicated and ruinous.

In almost every branch of the veterinary art, and in several departments of natural history, Mr. Bracey Clark has enriched our stock of knowledge. And we shall, for a time, leave the College, in order to review this gentleman's labours, but shall recur to it again to see in what manner its Professor has received them.

To some, it may seem a little irregular to notice the works of private individuals, before those of Professor Coleman; but until truth is made manifest, we have no means of judging of error.

CANCER.

Extraordinary prevalence of Cancer in certain districts of Sussex, near to Tunbridge Wells.

Dr. Forster of Hartfield, Tunbridge Wells, has of late observed, and has communicated to us, the very extraordinary prevalence of cancerous diseases in certain districts of Sussex, not far distant from the above place. In the small parish of Hartfield, he has seen six or seven decided cases during the course of his practice in that neighbourhood, now only of about six years standing, and observed, that if he were to include such only of the neighbouring villages and hamlets whose conjoint population should amount to 2500 persons, he could enumerate fifteen cases of distinct cancer that have fallen under his notice within the above mentioned period. This is a very large proportion, but the list would be greatly swelled if Dr. Forster were to include cancers of the lips, and also certain malignant tumours closely resembling cancer. The cases have in general been cancers of the breast, frequently extending to the axilla, and sometimes appearing both in the mammary gland, and in the axilla, at once. Five operations have been performed, and all of them *successfully*, by the surgeon of the village of Hartfield. The diseases have, in every respect, resembled cancers in general; and on consultation it has always been found expedient to remove them. They have been removed in various stages of the disease, with manifest success. Dr. Forster has not only paid attention to the nature of the diseases, so as to identify them as cancers, but has promoted and followed up an inquiry into the particular constitution, diet, and habit of the patients, without being able to discover anything particular that could lead to the cause of an unhealthy diathesis. Moreover, there are certain neighbouring districts wherein this disease is very rare, particularly those places laying nearer to Rottingdean and Brighton, and on the sea coast in general. They are most common on the clay soils covered with marl, as Hartfield, Urthyam, Cowden; and are more rare at Uckfield, Houthly, and hence to the Downs. In order to compare cancer with other diseases, the Doctor has ascertained cases of stone to be remarkably rare here, while in Norfolk they are excessively numerous. Inflammations and tumour of the glandular system in general, deafness from obliteration of the Eustachian tube, and apoplexy, are rather to be considered of frequent occurrence in the district alluded to. And it is a remarkable fact that the *cancer scroti* of chimney sweepers, as well as destructroi sclerocele of the testes, have occurred more frequently than we should feel warranted from hospital experience to expect in an equal number of persons in the neighbourhood of London. This subject is sufficiently important and interesting to justify our endeavour to call it into more general notice, and to excite the collateral observations of practitioners in other counties.

COLLEGE OF PHYSICIANS.

To the Editor of The Lancet.

Sir,—I consider your widely circulated Journal, as one of the most useful periodical publications of the day; and I observe, with pleasure, that it is working, though slowly and gradually, a beneficial change in the character of the medical profession, in all its branches. To expose a nefarious traffic in human misfortunes, to root out "hole and corner" practices, to divest the high character of physician from the odious trammels of bigotry, and to exonerate medical institutions from the incumbrance of superannuated and oppressive laws and regulations, has been the fortunate, and, to a certain extent, the successful province of The Lancet. Among those distinguished medical practitioners whose open character and scientific views have justly rendered them the subjects rather of the encomium than of the censure of your Journal, I recognise my most intimate friends, and many of the companions of my earliest medical studies. And I have noticed, in your pages, the total absence of that many headed hydra of human calamity and degradation—superstition; which, even in these improving times, disgraces the pages of other medical journals, by intermixing a base and senseless fanatical jargon with the most ordinary hospital reports. Impressed with the useful character which The Lancet has assumed, from the combined influence of these several constituent parts of its character, I have selected it as the best vehicle for calling the attention of the medical public to the enormity of many existing abuses.

The constitution of the Royal College of Physicians stands foremost among the abuses of the medical profession. Founded at a period when superstition still held the mace of power over mankind, and when professional character was another name for professional humbug; supported by members who, however great their abilities as disciples of Galen and Hippocrates, dared not to think for themselves on any subjects, nor to act on their own responsibility alone; the College of Physicians has come down to our days, a perfectly gothic absurdity.

Unfortunately, however, it is an absurdity that exercises a certain control over physicians, and has it in its power to repress the rising genius of the age, by preventing, by its excluding laws, a large class of useful medical men from arriving at the highest *pretended* honours and emoluments of the profession; and thus it stands up a wretched and pitiful obstacle to improvement, in the vast area of universal emulation. To become a regular practitioner in the capital of a country which can boast such a number of enlightened men as England, who would believe that it was necessary to *subscribe to the thirty-nine articles of the church?* invented and established as they were by the Roman Catholic Annals of the early part of the dark ages, and cut and mutilated, and adapted to a local kirk in England. And when it is recollected how very few of the medical profession know, care, or believe anything about these articles, how dishonest a proceeding must it be to subscribe to a solemn belief in them on oath, as a necessary step to the practice of the healing art. But this is not all; a physician must take the sacrament according to the form prescribed by the 8th of Queen Elizabeth, and pay fees and expenses at one of the universities, and, afterwards, at the London College, to the amount of about 700*l*. Besides all this, Scotsmen and foreigners are totally excluded, and other rules and regulations in force of so injurious a character, and so obstructive to the march of medical science, that the whole sum of the abuses taken together make up an evil so alarming and effective to the total destruction of all medical improvement, that no apology need be offered for my attempts to bring it before the more general notice of the profession, which I hope still further to do in a series of letters, to be inserted, with your permission, in THE LANCET from time to time; and, indeed, I may say, till such time as measures shall be taken to set the profession free from its shackles, and place it on that fair and honourable footing that the College of Surgeons *must* stand on, by your efforts, conjointly with those of by much the most intellectual and skilful portion of that branch of our profession. I assure you that these opinions have not proceeded from any disqualifications. I am neither a Scotch or a foreign healer of the sick, but a regular graduate of an orthodox English university; and one who feels that individual exertion towards ridding the members of his calling from the paralysing effects of such institutions as the one described, is a paramount duty which he owes to himself, to the profession, and to society at large. Of the injurious nature of exclusive privileges in general, much may and will be said; and I trust that the advice I am about to give will be followed, when I recommend that a large meeting of physicians, surgeons, and apothecaries, generally, may be convened, or if thought more proper, of physicians only, either to establish a new and more liberal College of Physicians and Examiners, or to ameliorate and rescind the offensive regulations of the old one, by a petition to the government for some legislative interference in behalf of the profession at large, now so shamefully excluded. I am Sir, yours truly,

MEDICUS.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CASE OF HÆMATOCELE, OCCURRING SPONTANEOUSLY.

THE following case affords an example of extensive effusion of blood taking place within the cavity of the tunica vaginalis testis, in the absence of those causes usually productive of hæmatocele, such as a blow on the part, or wound of a vessel in performing the operation of tapping. It will be observed, on perusing the case, that the testicle had been, for some time previous to the extravasation of blood, in a state of enlargement, and probably, from this cause, the vessels ramifying within the vaginal tunic were in a varicose state; one of these vessels suddenly giving way, filled the cavity with blood, and constituted the disease in question.

Robert Johnson, ætat. 49, a stout healthy-looking man, was admitted into the Hospital on Wednesday, November 8th, under the care of Mr. Morgan, on account of a swelling on the right side of the scrotum. He stated that the right testicle was enlarged upwards of four years; that it gradually increased in size, and was unattended with pain. On the first of November, as he was walking about, not using any other exertion, he felt a sensation of something giving way in the right side of the scrotum, and he experienced an easiness, or relief, as if that which was before tight had suddenly relaxed, and, in lieu of a hard substance in the scrotum, there was a soft mass now to be felt. The swelling soon attained great size, and the integuments of the scrotum became exceedingly dark-coloured—ecchymosed, according to the patient's description; this symptom occasioned much alarm, and the advise of a neighbouring surgeon was in consequence obtained. The only measures pursued were the observance of the recumbent position, and the application of a cold lotion, until the time of admission into the Hospital, which it will be seen was seven days after the appearance of the symptoms.

On examination there was found to be a swelling of about the size of a double fist, occupying the right side of the scrotum. The tumour was soft, yielding to moderate pressure, but elastic; the testicle could not be accurately distinguished in the mass, and the integuments were free from discoloration; the swelling extended some way up the chord; the opposite testicle was healthy.

The same day on which the patient was admitted, Mr. Morgan made an incision into the fore-part of the tumour with a lancet, and evacuated nearly a pint of blood, partly in a fluid state and partly coagulated. Warm poultices were ordered to be applied to the part, and the patient to observe the recumbent position. On the following day Sir Astley Cooper, in going round the Hospital, had his attention directed to the case; the swelling at this time was not much reduced in size, notwithstanding the previous evacuation of blood. Sir Astley recommended a more free incision to be made.

Nov. 10. On visiting the patient this morning, we find him complaining of great pain in the scrotum, and labouring under considerable febrile excitement. The pulse is quick, the tongue furred, skin hot; he complains of thirst, and has obtained no sleep during the night. The whole of the scrotum is very much swollen, apparently from effusion into the cellular substance of the integuments, which are red and shining. Mr. Morgan made a very free longitudinal incision through the integuments of the scrotum, and having laid open the cavity of the tunica vaginalis, he found it much distended with blood. Large portions of coagulum were scooped out, which had become adherent to the surface of the tunic beneath, and the cavity was completely emptied of its contents. The vaginal tunic was evidently much thickened, but the testicle only appeared to be somewhat larger and more indurated than natural. A linseed-meal poultice ordered to be applied over the part; a dose of colocynth and calomel to be given directly.

11. Much relief has been experienced from freely laying open the tumour; the constitutional irritation has in a great measure subsided, and the swelling of the scrotum, arising from the loaded state of the cellular membrane, has greatly diminished. The bowels have been relieved only once. Ordered a saline aperient mixture, and to continue the poultices.

13. In every respect going on well; the parts are free from pain, and the swelling is still further reduced. Partial suppuration has commenced in the wound of the integuments. The poultices continued.

15. The poultices omitted, and strips of adhesive plaster applied over the wound. The testicle feels hard and is enlarged, but is not painful or tender on pressure. The swelling of the cellular membrane, consequent upon inflammation, being now relieved, and the cavity of the tunica vaginalis emptied of its contents, the parts have resumed their natural appearance and feel. The patient observes the recumbent posture, and the scrotum is well supported.

25. From the date of our last report the patient has gone on well; the wound progressively healing. We find him to day walking about the ward, only a small portion of the wound at the upper part remains unhealed. He is looking forward to leave the Hospital in the course of a short time.

The list of patients admitted by Mr. Key, on the 1st of November, presents the following cases, which we consider as worthy of a brief notice.

FUNGUS GROWING FROM THE SOLE OF THE FOOT, FOLLOWING A PUNCTURED WOUND.

The patient, a middle-aged woman, received a wound in the sole of the left foot from the point of a rusty nail, about eighteen months previous to her admission into the Hospital. The opening did not close, but there was a discharge, more or less, issuing from the part until Christmas last, when a small hard fungus made its appearance at the wound. This excrescence continued gradually to enlarge in spite of various measures that were adopted, until the time of the patient's admission. She had attended at the Hospital as an out-patient, under the care of Mr. Callaway, for the space of five months, during which time different kinds of caustic were repeatedly employed, but only with temporary benefit. When the part was examined by Mr. Key, there was a fungus of the size of a crown piece, situated just below the head of the metatarsal bone of the little toe; it was round and flattened, and was very firm to the feel; it had a broad base, and bled on being touched with the probe; it was not particularly sensitive, and there was no opening to be detected through which the probe could pass.

Mr. Key ordered a solution of the arseniate of potash to be applied to the part by means of lint; but a few days after the woman was seen by Sir A. Cooper, who directed that the fungus should be cut off, and that afterwards a tolerably free incision of the plantar fascia should be made, so as to enlarge the opening through which the fungus protruded. Sir Astley Cooper was of opinion that the fungus was of a simple kind, not growing from the under surface of the plantar fascia, but issuing through the original wound of the part, and being, as it were, constricted; the principle of cure, he thought, was to liberate it by enlarging the opening in the fascia.

CLOSURE OF THE MOUTH, FROM ADHESION OF THE CHEEK TO THE GUMS.

The patient, in this case, is a boy seven years of age. The inside of the right cheek has become so firmly adherent to the upper and lower gums, that the mouth is closed, and the motion of the jaw rendered very slight,—a little lateral or grinding motion only is allowed. The only method by which the patient can take food, is through an opening occasioned by the removal of one of the incisor teeth; and it is truly distressing to witness him when eating, cramming the food, by means of his fingers, through this small orifice. It appears that he has been thus afflicted three years, and that it followed a severe attack of small-pox; whether any preparation of mercury was exhibited to the child during the progress of the disease, we cannot learn.

The child was admitted on the 1st of November; consequently, at the date of this report, November 23, has been in the hospital nearly a month, but nothing has yet been done for the case.

Mr. Key, we hear, is "*thinking about*" dividing the adhesions between the gums and cheek; if the atmospheric influence of the hospital shall not have previously dissolved them.*

CASE OF NOLI ME TANGERE, OR LUPUS, BENEFITED BY THE APPLICATION OF A SOLUTION OF ARSENIATE OF POTASH.

The disease under which this patient labours, is a specific sore on the end of the nose, occasioned, as Sir Astley Cooper remarks, by "ulceration of the sebaceous glands or follicles of the nose."

The patient is a woman 51 years of age; the sore is of sixteen months standing; it commenced as a pimple, and has gradually extended itself over the end of the nose; the greater part of the ulceration, however, is still on the side at which it commenced. It is superficial; and, at the time of admission, covered with a yellow crust.

Mr. Key directed a poultice to be applied for the purpose of removing the incrustation, and then a solution of arseniate of potash, two grains to an ounce of water, to be applied to the part by means of lint. Half a drachm of the carbonate of iron to be taken three times a day.

This plan of treatment has had a most decidedly beneficial effect; the ulcer appears to be healing very fast. The solution is now, Nov. 23, discontinued, and the white precipitate ointment applied, spread on lint.

Two Cases, in which the Patients have received an extraordinary number of Fractures, in consequence of having the disease called Fragilitas Ossium, or Brittleness of the Bones.

There are at present in Guy's Hospital two remarkable instances of morbid brittleness of the different bones of the body, from which cause one of the patients has sustained thirteen, and the other fourteen fractures. In both cases the bones are so fragile, that they are broken from the application of a very slight force. This state of bone has been remarked upon by many authors as occuring in bad cases of scurvy; also in syphilis, and in persons long affected with cancerous disease, or in extreme old age. In the present instances, however, there are no such circumstances, and the disease in one case appears to have been connate.

CASE 1. The patient is a cooper, 32 years of age, and not more than five feet in height, having been reduced seven inches and a half, according to his own statement, by the fractures which he has received. The right leg was fractured at a very early age; the right femur has been broken five times (only two months intervened between the two last fractures). The left thigh has been broken three times; the right humerus, three times broken, and the left humerus once. He was admitted into Accident Ward, under the care of Mr. Morgan, about three weeks since, with fracture of the neck of the right scapula. The patient states, that all the fractures have been occasioned by slight causes, such as a trifling blow on the part, or from his foot slipping when walking.

The union of the bones of the arm is tolerably good, and also of the leg, but in both thighs the bone is bent forward in a remarkable degree; in fact, the broken ends of the bone have united in such a manner, as to form an obtuse angle. It appears from the man's account, that a few years ago only one of the thigh bones was thus united, and that consequently the limb was several inches shorter than the opposite. Whilst in this state he broke the straight thigh, and came to Guy's Hospital, under the care of Sir A. Cooper, at the time in which Mr. Tyrrell was dresser. Now Mr. Tyrrell is an *ingenious* man, as every body knows, and, in his version of the case, says that he considered it would be right to join the broken bone in such a manner, that it should be of the same length as the other. This was effected without much difficulty; in fact, by treating the patient in the usual hospital manner, what Sir A. Cooper terms a "ram's horn," was produced, and the patient was shorn of his stature some few inches. In conclusion upon this case, it may be proper to remark, that the man's health has always been, and continues, very good.

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* We know that the Hospital air shuts up many men's mouths, but we never heard of its opening any, except at some of the dronish and long winded lectures. Perhaps it would be worth the experiment, to send the boy to hear a lecture; it would be invidious to say where.

CASE 2. This patient is 50 years of age, and obtained his livelihood for many years as a market-man. He slipped down on the pavement when 21 years of age, fractured the left femur, and was in Guy's Hospital under the care of Mr. Cooper. After this time he fractured the same femur six times from slight causes, the left femur three times, and the left tibia twice. He was admitted last week into Cornelius' Ward, under the care of Mr. B. Cooper, with fracture of the left tibia, which constitutes the thirteenth fracture received since the patient attained the age of 21. Both thigh bones are much distorted; the right is curved outwards, whilst the left is bent forwards. This patient also states his general health always to have been good.

A few days since, when at the Hospital, we were favoured with the sight of a large urinary calculus, weighing upwards of nine ounces, which had ulcerated through the bladder into the vagina, and was found plugging up the os externum. The patient was under the care of a private practitioner for only a short period, so that but little is known of the particulars of the case; she had been for many years suffering, and died soon after he commenced his attendance. Her name was Mary Dell, and she was, it appears, about five years ago, for some time in the CANCER WARD! of the Middlesex Hospital, under the care of Mr. Cartwright, and was said to have *cancerous disease of the neck of the womb!*

OPERATION OF LITHOTOMY.—PECULIAR SITUATION OF THE STONE.

On Tuesday, Nov. 28, Mr. Morgan performed the operation of Lithotomy. The patient, a delicate looking boy, six years of age.

The instruments employed on the occasion were, the straight staff and scalpel as used by Mr. Key.* There was a remarkable peculiarity in the case, which had the effect of rendering the operation somewhat difficult,—namely, that the calculus was partly situated within the bladder, and partly in the prostatic portion of the urethra. There was, in consequence of the stone being thus placed, much obstruction to passing the staff through the neck of the bladder; the instrument went readily down as far as the prostate, and here struck upon a hard substance, evidently a calculus. At length, with much difficulty, the staff was passed by into the bladder, as was denoted by a flow of urine. Mr. Morgan proceeded with the operation, making the usual incision in the perineum, placing the point of the scalpel in the groove of the staff, and carrying it onwards to the neck of the bladder. In attempting, however, to make the proper lateral section of the prostate gland, the knife was thrown aside by the stone; and, consequently, the opening in the bladder was limited.

Several minutes elapsed in extracting the stone, and it required considerable force to extricate it. It proved to be of an oblong shape, of about an inch and a quarter in length, and equal in thickness to a moderate sized thumb. On its fore-part there was a protuberance of the size of a nut, and the upper part of this was broken and irregular; this protuberance was supposed to have been lodged in the prostatic portion of the urethra, with the broken portion upwards. Immediately behind this was a narrow or contracted part,—a kind of cervix, and proceeding backwards the stone again was expanded. The narrow portion, it is conjectured, was placed directly at the opening into the bladder, whilst the expanded portion was within.

We are gratified to state that the little patient, at the date of this report, Dec. 2, appears to be going on well.

UNREDUCED DISLOCATION OF THE HUMERUS.

A poor man, 63 years of age, presented himself at the Hospital for admission during the last week, with dislocation of the humerus in the axilla. The accident occurred seven weeks previously, and the patient had not had recourse to medical advice, regarding it only as a sprain. There were the usual symptoms present, which are diagnostic of this species of dislocation, viz. the flattening of the shoulder, and the lengthening of the arm, with the elbow thrown from the side. The motion of the shoulder was very inconsiderable.

Notwithstanding the great length of time which had elapsed from the receipt of the accident, taken in conjunction with the age of the patient, yet Mr. B. Cooper thought proper to make an attempt at reduction. It was not considered necessary to draw blood from the arm previously, because the man did not appear to be very robust. Tartar emetic was administered in nauseating doses, and when the effect was fully produced, the pulleys were applied in the usual manner. Forcible extension was continued for a considerable length of time, but without producing any alteration in the situation of the bone.

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* The gorget is entirely abandoned at Guy's Hospital.

HOLE AND CORNER WORK AT GUY'S HOSPITAL—MR. KEY'S SECRET OPERATION OF BREAKING DOWN A CALCULUS IN THE BLADDER.

A poor man by the name of King, 52 years of age, was admitted into Job's Ward on 1st of November, under the care of Mr. Key, on account of calculus in the bladder. There was nothing remarkable about the case, and therefore, on passing round the Hospital on the following day, for the purpose of seeing the patients admitted, we simply noted down the age of the patient, that he had the usual symptoms of stone, and had laboured under the disease for several years.

On visiting the Hospital a few days after, we learned, *by accident*, (for the fact was carefully concealed,) that Mr. Key had attempted to break down the stone. The operation we understand, was performed on the 6th, between two and three o'clock in the afternoon, when all the pupils were at the anatomical lecture; Mr. Key, and two of his dressers, the inventer of the instrument, and a Mr. Cock, being the only persons present. After various ineffectual attempts, occupying upwards of an hour and a half, the patient was put to bed.

On the 14th, Mr. Key made a second attempt—it was equally private with the former; none of Mr. Key's colleagues, nor any of the pupils, were made acquainted with the intention of performing the operation. It was undertaken between the hours of two and three, as before; the patient was put into the warm bath, *the doors of the place were locked*, and the only persons present were Mr. Key, the inventer of the instrument, Mr. Cock, and a pupil, whose name we are not at liberty to mention.

With respect to the particulars of the operation, we learn, that although the stone was grasped, and two holes were said to have been drilled through it, yet the calculus did not break, and consequently nothing was gained by this *Macadamizing* operation. Upwards of an hour and a half elapsed in *fishing* for the stone, and *drilling*.

On the day following the operation, (15th,) we found, on visiting the patient, that his pulse was small and feeble, his tongue furred and dry in the centre. He did not complain of any particular pain in the bladder, but said that he felt sore, and he evinced tenderness on making pressure about the pubes.

On the 17th, he seemed very much depressed, being with difficulty roused; the tongue continued dry, and the pulse was feeble. There was no clear symptom of any organic disease going on in any part of the body—the bladder did not appear to be suffering from inflammation; in fact, the leading feature seemed to be a depressed state of the vital power, but on what this immediately depended, was not very evident.

On Tuesday morning, (21st,) finding that he became worse, he was taken away by his friends, and we understand that he died four days afterwards.

We have heard that the body was examined by Mr, Key, but we cannot vouch for the accuracy of this statement; at any rate Mr. Key has not thought proper to mention the case to his colleagues, (who we know, feel somewhat surprised thereat) or to any of the pupils.

BARTHOLOMEW'S HOSPITAL

CASE OF VERY EXTENSIVE FRACTURE OF THE CRANIUM.

On Tuesday, September 12, John King, ætat. 45, was admitted into Colston's Ward, about 10 p. m. He was a man of very full habit of body, and from his occupation, which was that of a brewer's man, was accustomed to pay his devotions to the jolly god pretty freely. We understand that about three gallons of porter, and a preportionate quantity of gin, were his accustomed daily ration. Having indulged a *little* more freely than was his *common practice*, and his vision not being so acute as usual, he was thrown down by a runaway horse, and in the fall fractured his os frontis. There was an external wound on the forehead, about an inch in length, immediately over the right eye-brow; and the os frontis was fractured in the situation of the frontal sinus of the same side; he had received considerable contusion, both eyes were closed with effusion of blood into the eyelids, and the left shoulder and arm were bruised. He was in a comatose state on his admission, with the usual attendant symptoms,—insensibility, pupils negligent of the stimulus of light, breathing almost approaching to stertor, pulse slow; by degrees he recovered from the immediate effects of the injury, and by the morning was sufficiently sensible to give his name and occupation. Soon after his admission he was bled to ℥xx., a purgative, consisting of cal. grs. vj., jalap xii. administered, and cold cloths applied to his head. In the morning, about eleven o'clock, when we saw him, he had again become regardless to slight impressions, but was by no means insensible; his pupils very decidedly contracted on the application of light; an attempt to open the eyelids made him irritable, and called forth expressions of dislike at being disturbed. He has been very restless, tossing about in the bed, and frequently cries out as though in pain; blood buffed and cupped; his bowels have been freely opened during the night; he has vomited a considerable quantity of bloody matter; the pulse 100, and beating powerfully; the dresser has again bled him to ℥xx. this morning. An attempt had been made to give him the saline mixture, with liquor antimonii tartarizati, but he refused to swallow it.

He continued in the same state of stupor the whole of Wednesday, the blood exhibiting the same appearance as on the first occasion; he made frequent attempts to vomit, without success, and possessed sufficient recollection to sit up in bed, and hold the basin; he was again bled to ℥xx., and another dose of calomel and jalap administered. He passed a sleepless and restless night, muttering incoherently, and vomiting the same bloody coloured fluid as on the previous night; blood less buffed and cupped.

On Thursday morning, he was exactly in the same state, when another dose of calomel and jalap was given. In the afternoon, he retained so much sense, as to get out of bed to pass his urine; from this time, he gradually became more insensible; his motions and urine passing involuntarily. His pulse becoming rapid in the evening, 130, he was again bled to ℥xx.

On Friday morning, his life was evidently nearly closed; his breathing difficult and rapid, and accompanied with stertor; his pulse 135, weak and intermitting; his pupils, however, still visibly contracted on the application of light, until within two hours of his death, after which time we did not see him; he died about noon.

Post-mortem Examination.

On Saturday, at 12, the body was examined. On removing the scalp, an extensive fracture of the os frontis was discovered, commencing at the external ends of the sinuses, the external plates of both were driven into their separate cavities; and extending in numerous directions over the whole of the right side of the frontal bone, and into the parietal bone; several pieces being isolated and loose, but not depressed above one or two lines; the fractured bones resembled a cracked pane of glass; on removing the upper part of the cranium, and looking at its internal part, the same appearance was presented, the fracture, or rather the numerous fissures, extending through both tables. Beneath the dura mater, and upon the arachnoid, was effused a small quantity of pus; at the anterior part of the anterior lobes, corresponding to both orbits, a portion of the brain, about the size of a walnut, had lost its natural appearance, and was softened and of a red colour, presenting the same appearance as when blood has been effused into its substance. At the posterior part of the brain, but more especially on the right side, a considerable quantity of blood had been effused between the arachnoid, and pia mater, presenting a dark red mottled appearance. The vessels on the surface of the brain were exceedingly turgid, and its substance when cut into, presenting numerous red points. The rest of the brain was natural. On examining the base of the skull, it was found that the right orbitar plate of the frontal bone was broken into numerous pieces, and pressed downwards into the orbit; that the fracture extended transversely in an arch-like manner from the right orbit through the frontal bone, to the left orbit, and thence completely backwards through its orbitar process; and by another fissure backwards, through the ethmoid bone, and downwards through the same bone, through the nasal process of the superior maxillary bone on one side, and on the other through the os nasi, and nasal process of the maxillary bone; the internal plates of the frontal sinuses were broken into numerous pieces, and driven into the sinuses.

The fracture, after proceeding backwards through the ethmoid, passed through the body of the sphenoid, exposing the sphenoidal cells, then through the basilar process of the occipital, into the foramen magnum; this fracture ran so completely through the basis, that the two sides of the basis of the skull were easily moved, and the edges of fracture separated to the extent of an eighth of an inch; neither the eyes nor the optic nerves seemed to have sustained any injury. To give an idea of the great extent of the fracture, we shall describe a portion of bone in the upper part of the face, which was completely isolated, and so moveable as to be detached by dividing the soft parts merely with a scalpal.

On the left side, a small portion of the lower, and middle part of the os frontis of the size of half a crown; the os nasi, and about an inch of the nasal process of the maxillary bone, with part of the os unguis; on the right side, half the os nasi, and about half an inch of the nasal process of the os maxillare; on the inner side of this portion of bone, were seen parts of the frontal spine; the crista galli of the ethmoid, and a triangular portion of the anterior part of the perpendicular plate of the same bone; these various parts were all firmly united in their natural manner, but completely separated from the rest of the cranium, a fracture running entirely round them.

This case appears to us to be interesting, when we consider the immense extent of the injury, at the same time recollecting the degree of sensibility the man retained to within a few hours of his death.

He gave his name and occupation on the morning after the accident, answered questions sensibly, and expressed in pretty strong terms, his sense of pain, on any attempts to examine the injured part, or the state of his pupils; which last, visibly contracted on the admission of light, to within a few hours of his death; he also arose from his bed on the second day to make water.

PHARYNGITIS, WITH ERYSIPELAS.

August 10. A girl, æt. 23, was admitted into the Hospital labouring under gonorrhœa, under Mr. Lawrence; and, in attending as an out-patient previously, had got completely wet through. Upon examination, the tongue was dry, and had a light brown glazed surface; the roof of the mouth in a similar state. The fauces and soft palate were of a deep red colour, and covered with a thick viscid and tenacious mucus, which was, with difficulty, dislodged, even with the assistance of repeated gargling; the right ear and adjacent part of the cheek are considerably swelled and red with erysipelas; vesications were observable in the former, and the meatus, being in some measure obstructed by the tumefaction; pulse extremely rapid and feeble, beating 152 in a minute. She was unable to stand without support; her tongue tremulous, obeying the will very imperfectly; bowels torpid for the two days previous to admission. She was ordered four grains of calomel, and ten of jalap statim, and senna mixture afterwards; doses of the subcarbonate of ammonia every four hours, and a little port wine largely diluted, if the debility should indicate it. Towards evening the bowels having been freely opened, a state of insensibility nearly approaching to coma came on; the pulse still rapid and feeble; the head to be shaved, and cold lotion constantly used, and a large blister applied betwixt the shoulders; the ammonia and port wine to be discontinued.

11. Left ear and cheek erysipelatous, and the patient completely deaf; the senna mixture and cold lotions continued; the patient had three or four motions during the day.

12. The debility alarmingly increased; erysipelas extending; bowels open; the subcarbonate of ammonia every four or six hours, and wine and water.

13. The erysipelas has spread over the face and head; six doses of the subcarbonate, and a few table spoonfuls of wine, have been taken this morning; the latter seems to have caused an injurious excitement; bowels open; wine discontinued; ammonia continued.

14. Bowels have been freely evacuated; passed a restless night; five grains of hydr. c. creta every eight hours, ad tertiam vicem; the ammonia continued.

15. Slept well; free from pain; pulse quieter, but still feeble; erysipelas has not extended; bowels have been moved six times; discontinue the hydr. c. creta; the ammonia to be continued.

16. Bowels freely evacuated; throat well; tongue moist, and nearly clean; the erysipelas quickly subsiding; sulphatis quininæ, gr. ij. in infus. rosæ quarta quaque hora ad quartam vicem.

20. The face and head have desquamated, and the patient has almost recovered her strength; pulse quiet; tongue clean; she has not taken medicine since the 16th. A few days subsequently she was discharged, cured.

CASE OF ANOMALOUS APPEARANCE IN THE IRIDES AND PUPIL OF A PATIENT.

A woman came to the Hospital on Tuesday, Oct. 10, by Mr. Lawrence's desire, who exhibited a most peculiar appearance in her irides. The right was of a dark black colour, whilst the left was of a light grey. In the left eye was seen a capsulo lenticular cataract; the opaque streaks of the capsule being very observable, Mr. Lawrence remarked that a change in the colour of the iris would impress one with the idea that it had, at some distant period, been subjected to severe inflammation; but, in the present instance, there had never been either pain or inflammation. A change of colour was sometimes seen to follow a cataract, where the lens was in a soft state, and the capsule opaque; but, from the history of this case, it appeared the change of colour had preceded the occurrence of cataract; so that there was no accountable cause for this appearance. The right pupil presented a greenish appearance, as in glaucoma, but there was not the least imperfection of vision. Mr. Lawrence said, that this appearance generally resulted from an affection of the vitreous humour; but, in some cases, and especially in old people, it is now and then observed without any alteration of that structure, and with unaltered vision.

THE LANCET.

No. 172.] LONDON, SATURDAY, DECEMBER 16. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

On the Muscles of the Abdomen.

Enough was said, in the Introductory Lectures relative to the structure and office of muscles, to enable a person who pretends to teach anatomy, to go on showing the muscles that are found in the different parts of the body: and I shall begin with those muscles which are the most apt to decay, namely, those in contiguity with the viscera. It might be said, take the simple muscles at first, and these are unquestionably not the most simple in the body; but I always like to begin with the most difficult parts first, because if you once master them, all the rest is easy. And as to talking of difficulty, why there is absolutely no such thing as difficulty about anatomy; at least all that we know of it is easy, and not difficult.

Well, in describing the muscles, we make use of the words—*origin* and *insertion*: now, these are not good words to be used; we ought rather to say, the *attachment* of the muscles. But people will make use of these expressions, sometimes applying the names to the actions of the parts. Muscles, however, in acting, are not conscious of what they do; they simply contract at one part, and bring the more moveable part to which they are attached towards that part at which they do contract. Now, notwithstanding these terms are inaccurate, yet, really, we should *boggle* very much in the description of the muscles, if we were not to use them; and therefore they may be, for the sake of convenience, continued. Now the muscles of the abdomen are ranged in strata at the sides of the belly; there are three strata, and the fleshy portion of those terminates in sheets of tendons—sheets of sinews, which are technically called *aponeuroses*; and these aponeuroses separating, enclose others in a sort of sheet. Well, then, we shall begin with the external stratum; and when you see it exposed to you, you will find that the muscle runs obliquely. It has been called *obliquus descendens abdominis*; but that depends upon which part you take the attachment to be at. However, there is no objection to the term, and it is described as follows:—

Mr. Abernethy went over the description of the muscle, and then said:—

Well, there's the description of the muscle. You may get the descriptions much more accurately than I teach them; but I would have you to learn them first as I teach them, and then you may learn them more minutely afterwards, if you please. But now, after this general description, I come to certain particulars that it is important for surgeons to attend to; and one of those particulars is, the formation of an aperture through which the *spermatic chord* passes in the male, and the *round ligament* of the womb in the female subject. Now, to know how this opening is formed, it is necessary that you should understand how the aponeurosis is formed.

Mr. Abernethy described the aponeurosis, and continued:—

Now, a knowledge of this opening, I hold to be a very important point: ruptures are often taking place there; and what would you think of a surgeon who would take hold of a rupture in this place, and who would use all his might to push it in through the very walls of the belly, to the belly itself. Then it is important to know how to find that aperture; and you may always know that, if you recollect these anatomical facts. I will venture to say, there is no subject so fat, that you cannot distinguish the angles of the pubes, and the jutting parts to be found there;- then, knowing that, by poking your finger along the bones, near to the angle, push it a little upwards, and then it goes into the abdominal ring. Let the skin be off or on, and I do the same thing with my finger. Now here I begin to say, what

I shall often repeat, I dare say, that it is really necessary, as far as I am capable of determining, for gentlemen to come to London, or some large school, where they may have opportunities of dissecting and understanding the structure of the body: but there is a great deal of anatomy, and the very best part of anatomy, for *practical* purposes, that you may always remember without a subject, by recollecting that you continually carry about with you a subject in your own persons; and, *egad*, I hope you will all put your fingers into your abdominal rings, and learn for yourselves. And if you reduce a hernia by piecemeal, poking it in bit by bit in this aperture, then that is the mode of proceeding.

Mr. Abernethy gave a further description of the aponeurosis, as being connected firmly to Poupart's ligament.

Well, now I have described the muscle, and dwelt most upon those parts which seem to me to be of most importance, and now then for the *use* of it:—

What's the use of the external oblique muscle? Why, no one can tell what use it is of, but upon the supposition, that one part of it is fixed and the other moveable. Now grant that the pelvis is the fixed, and the ribs the moveable parts, why it will unquestionably draw down the eight ribs to which it is attached, and by so doing it will be an expiratory power: but having drawn them down, it will bring the ribs to the pelvis, and it will bow forward the whole front of the body. But granting that one muscle acts with superior power, or without the power of the other, then it must be evident that this, the external oblique, will draw the ribs towards the front of the body, behind the trunk indeed, but behind it with an inclination to the opposite side. Now all this is upon the presumption of the pelvis being the fixed part. You have seen a little tumbler throw himself on his back, and cant his pelvis over his head; and no doubt he used the abdominal muscles in doing that. I say the effect of the actions will be various, but it is utterly—utterly impossible for any one to understand the action of the abdominal muscles, until he has seen the actions of the diaphragm. I never attempt to speak of the use of the abdominal muscles at this first demonstration, and therefore you must postpone the full knowledge of that subject till you have seen the diaphragm.

Well, now, so much for the external oblique muscle; and then having examined this, the next thing you do in dissection is, to raise it. What's meant by *raising* a muscle? O, you cut away the different slips from the different ribs to which they are attached: here's a slip, here's a slip, here's a slip, which you cut away, and which you do, till you have cut away the eight slips; then you turn it back, and you expose beneath it another stratum of abdominal muscles, another stratum, another *steak* of fleshy matter, (laughter,) as I may call it. Here that muscle is, the fibres of which are oblique, but in an opposite direction to the others—*obliquus internus abdominis*, that's the name of it.

Mr. Abernethy described the muscle. So far for the general description of the muscle; and then, as to what I call the most important point to surgeons. Attend to the lower margin, half way up, below Poupart's ligament. A surgeon operates for an *incarcerated hernia*; he slits the ring up; he frees the stricture; he pokes back the hernia, and, *egad*, he feels a strong transverse portion of flesh running athwart the belly, running under the margin of that muscle. It is often necessary to pass the finger freely into the abdomen, because there's often stricture higher up than the *external*. It is at all times advisable to put your finger freely into the abdomen, to see that the bowels you are to return have no attachment, no adhesion to other parts, which from inflammation they may have. Now I say, that is important in an operation for hernia; but you are further to understand, that where the spermatic chord passes under the edge of the internal oblique muscle, it does pass through another sinewy aperture,—it does pass through another sinewy aperture; there is a *fascia* extended up from Poupart's ligament that lines the lower surface of the abdominal muscles; it is a firm fascia, and has an aperture in it for the transmission of the spermatic chord, just half way up Poupart's ligament. This is called the *external ring*; that you will understand; and there is sometimes stricture there. But what I want you to consider the subject for now more, with respect to the physiology, is this: you see the spermatic chord, a large chord, is not made to pass right out of the belly through any one aperture. If it had, what would have been the consequence? A weakness in the walls of the belly about that part, and in the straining actions we are perpetually undergoing,—*egad*, some of the contents would have burst out. But not so; the spermatic chord goes through an oblique canal from the internal to the external; it is called the *inguinal canal*. You have sometimes hernia in the aperture, which never comes out of the ring, and that is called *incomplete*. Again, you may have hernia coming out of the external ring, which is not strangulated by the canal.

Moreover you may be called upon to tie the *external iliac artery*, before it passes down under Poupart's ligament. Well, but I do not think you can get at it while this muscle remains stiff and firm; and it is necessary therefore to divide it, that you may he able to pass your finger down, and clearly ascertain it.

Now, having dwelt on this, what is the *use* of the internal oblique muscle? It being fixed to the ribs, and as it draws the ribs down to that part to which it is attacked, so far it is an expiratory muscle; but as the fibres go obliquely in a contrary direction to those of the external oblique, so the left internal oblique, and the right external oblique, will join in twisting the body to the right side.

I have no more to say about that muscle, and therefore raising it, we bring into view another stratum of muscle, the fibres of which are not oblique, but transverse; and so it is called the *transversalis abdominis*. The transversalis and the internal oblique are so connected together as to make it very difficult to separate them, and to say what portion you should leave to the internal oblique and what portion you should leave to the transversalis.

[Mr. Abernethy described the muscle more particularly.]

Well, here's a muscle that won't move the pelvis to the trunk, or the trunk to the pelvis, and what can it do? O, simply—simply embrace and support the abdominal viscera. It does that which the other muscles do, but this is its especial office, to support, and occasionally to compress the abdominal viscera.

Now there would be no use in raising this muscle, for if we attempted to do it, we should find no flesh beneath it. What should we find, then? A membranous bag, which seems to hold the bowels—the bag of the *peritoneum*, that's what we should find—the bag of the peritoneum, with cellular substance on the outside of it; and if I look where the spermatic chord passes out, I shall find at that part that there is a sinewy substance lying upon Poupart's ligament.

Now, then, there was one muscle which I omitted to mention; where the spermatic chord goes under the edge of the internal oblique, muscular fibres are sent off from it, to cover the spermatic chord, which run down in front of the spermatic chord, and as they descend gradually separate round the spermatic chord; but when they come to the testicle, they separate and encompass the testicle, as in a bag: you will see that when you come to examine the testicle. This is called the *cremaster*, or suspensory muscle of the testicle. That it can have this effect, no one can doubt. Every one will admit that Poupart's ligament is the attachment of the muscle, and that the testicle is the moveable part. But then it is a muscle not under the command of the *will*. It certainly cannot be said to support the testicle by any will. There are people in ill health, where the testicle hangs dangling half way down the thighs. (Much laughter.) The testicles seem to be very important parts, and this muscle does seem to act involuntarily. It's curious that in an ancient statue, this action of the cremaster has been expressed by the statuary, which only shows what observing fellows those Greeks were. It is a muscle which acts at the time of copulation, and under the excitement of the venereal desire. It draws the testicles up towards the abdominal ring, and compresses them, as it were, to urge forward the fluids. I say it is a muscle, however, over which the will has no influence. I have known it act involuntarily and spasmodically, to the great annoyance of the patient. I remember one patient who had *hernia humoralis*, and, *egad*, this cremaster, every now and then, drew up the testicle, squeezed it, and kept the fellow bellowing out for an immense length of time. (Laughter.) It is a suspensory muscle, and it acts in compressing. Now, I never tried to make any minute examination of the nerves that supplied this cremaster muscle, for I did not think it necessary: I am perfectly well satisfied, they are filaments of the lumbar nerves which supply the muscles in the neighbourhood; but these very same nerves supply muscles over which the will has the most perfect command, and yet they supply those over which it has no command. If you prove to the contrary, you will show us something that may be done, I suppose. For my own part, I don't know, but I believe it is supplied by the branches of the lumbar nerves, passing between the strata of the abdominal muscles.

Now then I have done with the three strata found at the sides of the belly.

[Mr. Abernethy then described the *rectus* muscle.]

Besides, there are three muscles about this part in a sheath, attached to the *symphysis pubis*, and going up to be connected to the *linea alba*. They are called *pyramidales*; there are, however, no such things in the subject before us, and as they are sometimes wanting, they must only be *coadjutors* to the other muscles, and are not of much importance, or they would not be wanting, you may depend upon it.

Well, now, what is the *action* of the rectus? It supports and compresses the abdominal viscera. Well, and what's the use of those transverse bands? Probably to allow the different portions of this muscle to act separately, for I think you may put the upper part of the muscle into action without engaging the whole of the muscle; for instance, you can bend your body forwards and take in part of the muscle, but the whole of it does not seem to act at the same time, which probably it would do if it were not for these transversed bands; and I have perceived myself, a man put the operation of the muscles, on both sides, into action, and exhibit an appearance which was perfectly astonishing to all his medical attendants. The man was a madman, and, which is no uncommon thing with such persons, he thought he had got some monster in the inside of him; and when a man has once got that notion into his *noddle*, the very growling of his guts is as a tremendous rumbling to him. (Laughter.) But this man could not only hear his guts rumble, but he could see them move. He put his hands upon this part of his body; some thought he had an *aneurism;* what he might have done I don't know, but I am convinced that this was the only rational solution of the phenomena.

Well, now, this rectus muscle goes down in a sheath, and it is connected to the sheath by nothing more than cellular substance, save and except where those transverse bands join the cellular part; so loose is it, that I can put my finger behind it and strip it up.

Well, now, wherever matter forms beneath an aponeurosis, it is a case that should, and that does call for the surgeon's attention; because an aponeurosis, a sinewy expansion, is by nature *indolent*, and it forms a sort of separation between the matter and the skin, and if the skin don't break, the matter will go on separating the cellular substance by which it is confined to the sheath, to an enormous extent. Now I am perfectly convinced that I once saw a case of this kind in an hospital in this town. A woman had been a physician's patient; she had had great pain about the stomach; the symptoms were rather abated, but she could not be prevailed upon to get up and move about; what was the nature of the disease the physician could not very well make up an opinion; she still lingered, as it were, in bed, though she acknowledged that she had no violent pain, but only was unable to move. A considerable lapse of time took place, and then the lower part of her belly grew bigger on one side; she remarked it, spoke of it to the physician, and the physician said, you must let the surgeon see this. The surgeon came, saw it, and said, there's a *fluctuation*—a fluctuation! What will you do with it? Why, put a lancet into it. The lancet was put into it, and out came an enormous quantity of matter. The surgeon made a good gap, put his finger into it, shut up the wound, put the patient to rest in bed, and said you must keep yourself very quiet, for he thought there was some horrible mischief likely to ensue from his operation; but the woman got well, and there was an end to it.

I will turn down the rectus muscle, and that will show you what seems to be important with regard to this sheath, which is, that it will show you the *front* of the sheath is very *thick*, and the back part of it not near so thick; it will show you also that the back of the sheath is very thick above and very thin below. I say that's important. They may make what *fuss* they please about the suppuration of the aponeurosis, but this is important, that the surgeon should remember the sheath is much thicker in front than behind; but it is thick above behind, yet as you go down there is very little sinewy matter, so that you see through it. The different degrees of thickness of the surface is what every body should remember; but I have turned down this muscle for another purpose still. If you wish to see the situation of the *epigastric artery*, you will never see it so well as now; if you wish to have a distinct view of that, you must not look at an injected subject, but you must dissect a subject for the purpose. It is to be met with at about two-thirds from the inner edge, and about one-third from the outer edge of the muscle; this is the main branch of the epigastric artery. Well, these vessels you should very carefully avoid in *tapping* a patient. I will venture to say that I have known wounds of this artery in tapping *thirteen* times in the course of my life.

People, when I was young, always used to tap where they were likely to wound the epigastric artery. What was the rule for tapping? Some said, wishing to tap in the linea alba, you are to tap between the *umbilicus*, and the superior anterior spine of the ilium; accordingly they used to tap there frequently, and hence came those wounds. It happened that a surgeon in this town, going on in the old practice; he, an anatomist too! did wound the epigastric artery; he drew off the water, and knew nothing of what he had done. The woman died of internal hæmorrhage into the abdomen. The surgeon afterwards had the manliness to tell the case, and every body after that time tapped in the linea alba, where they could have no chance of injuring this artery. But you cannot always tap in the linea alba; you have to tap in dropsy, in the *ovaria*; you must tap where the fluid is; you must tap at the side, but if you do, take care to keep fairly on the outside of the rectus muscle. How shall I know where that is? Why it's a very difficult thing to say, for the rectus muscle yields in a most uncommon manner over any accumulation in the abdomen. Water accumulates in the abdomen, and the rectus muscle spreads itself over that water. It is really a very curious thing to see this muscle spreading itself over some tumour below it. I have seen the *sartorius* muscle spread out to a most uncommon breadth, in the case of a tumour in the thigh. The rectus muscle also does it in a most extraordinary manner, and we make ample allowances for it. You must not suppose, if you go on tapping at the side of the linea alba, that that will be sufficient. What I tell you is a fact, which I am sure you will all see and feel at once, that the rectus muscle yields in a particular manner. All parts don't yield in the same manner: you don't see fat peoples' parts yielding in this way; you have seen *Punch's* belly pretty fat, I am inclined to think; and what is it that yields there? Why, the muscles are kept in, but the front of the belly yields, so that Punch could lay his belly on the table. And, therefore, I cannot tell you exactly where you are to tap at the side; but, I say, make ample allowance for the yielding of the rectus muscle.

Linea semilunaris (Mr. Abernethy described this). Well, what is the linea semilunaris? What is it but the three sinews appearing together without muscles intervening on the outside of the rectus? Now the rectus muscle going down, reaches the lower end of the symphysis pubis, and the outer edge gradually tucks in; so that it is the *tucking in*, as I have called it, which occasions this semilunar sweep, in the white appearance. *Semilunar* it ought not to be called; it is but one horn, one half moon, or horn.

There are, sometimes, *ventral* herniæ; sometimes, from great exertion, those sinewy chords are rent, and, at the gap made in them, the bowels come out. There was one woman brought into the Hospital, who, from the straining of parturition, tore both her linea alba and linea semilunaris; the bowels came out *en masse*, as the Frenchman said. I never saw such a thing in my life; an immense quantity of her bowels. She got sent to this Hospital; where the plague she came from, nobody could tell, and it was not till after a great deal of labour and attention that we got a great portion of her gut back through the linea alba. When that part was restored, some one put his fingers into another gap, and so the whole was reduced. Of course bandages were applied; and it was a case that could not be expected to have been got well in a sudden; but the woman did get well, and she went out of the Hospital, as she thought, pretty comfortable.

Well, so much for the importance of these parts; and what I have said with regard to ventral hernia, is only said for this reason: to show how every fact of anatomy ought to be attended to, because they are applicable to every step in surgery.

LECTURES
ON THE
Diseases of the Nervous System,
BY
DR. CLUTTERBUCK.

Lecture IV.

On the Varieties of Inflammation of the Brain.

I am now to treat of the various forms of *encephalitis*, or inflammation of the brain, both *acute* and *chronic;* these we shall find to include a great number of diseases to which different names have been given, but which are all of the same general nature, however different in their external characters. I shall first present you with a *theoretical* outline of the subject without regard to names; for these have in general served little other purpose than to render the matter more obscure.

Inflammation of the brain is to be studied like that of any other organ; taking care not to give undue importance to symptoms merely, but to look always to the disease itself, out of which the symptoms arise. This is the more necessary here, because the attention of practitioners has been generally otherwise directed; the names employed to designate brain affections, having a reference for the most part to symptoms only; at the same time that these have been made the chief object of attention in practice. Thus, if a patient is suffering acute *pain*, without any obvious topical inflammation; or is affected with *convulsive action* of muscles; or *watchful;* or *delirious;* or is the subject of any anomalous affection; he is supposed to labour under *nervous irritation*, as it is called, and *stimulants* and *opiates* are probably prescribed, with little if any reference to the primary cause of such affections, and which is frequently an inflammatory state of some part of the *encephalon*.

Now, as in the case of other organs, inflammation of the brain may affect its membranes or coverings merely; or it may be seated in the cerebral substance: and it cannot be doubted, that the symptoms will differ in the two cases. The membranes, not being essential to the performance of the functions, will give rise, when inflamed, to but few and simple symptoms; as in the analogous case of *pleurisy:* while, if the substance of the brain be the seat of the disease, it will be seen principally in the disturbed state of its functions. It is not often to be expected, however, that the disease will be so exclusively confined to either the *membranes*, or the *cerebral substance*, as not to spread in some degree to the other. Accordingly, in actual practice, we commonly meet with mixed cases, the *membranes* and *cerebral substance* being affected at the same time; as the symptoms will generally denote. The subject, however, will be best understood, by considering them apart.

The first division, then, of *encephalitis*, will be into the *membranous*, and the *parenchymatous*. The former, when it does not spread into the substance of the brain, is sufficiently simple in its characters, and, in all essential respects, analogous with *pleurisy* and *peritonitis*. This it is which lays the foundation for *hydrocephalus* or dropsy of the brain, one of its most frequent consequences, at least, in infants; and under this title, the subject of *membranous* inflammation of the brain will be fully considered hereafter. The second, or *parenchymatous* inflammation will be characterised by an imperfect or disordered state of the *sensorial functions;* accompanied, in many cases, with disorder in other parts of the system, according to their dependence upon, or disposition to be influenced by, the brain. The signs or symptoms are to be looked for, therefore, *in the first place*, in the state of the different organs of sense, in that of the *voluntary power*, and in that of the *mind* or *intellectual functions;* and, *secondly*, in the state of the general system, but especially of the *stomach*, (a part nearly as much under the influence of the brain, as the *organs of sense*.) Nor must it be forgotten, in the consideration of this subject, that from the confined state of the organ, as I have before observed to you, an expansion or swelling of one part, or even any unusual fulness or distension of the blood-vessels, whether general or partial, will occasion pressure upon other parts, so as to impair their functions, if not wholly suspend them. Thus in apoplexy, arising from extravasation, the effused blood, by the pressure it makes in all directions, has the effect of suspending for a time all the *sensorial functions*. Hence it is, also, that, in extensive inflammations of the brain, it often happens that, though the functions are at first excited and actively disturbed, they come at length to be oppressed and impeded, in consequence of arterial fulness, and which, in very violent cases, may take place from the commencement, or at a very early stage of the disease; as is seen in some instances, both of *phrenitis* and of *ordinary fever*. But where the disease is partial and limited in extent, the functions may suffer individually, with or without general febrile excitement, according to the violence of the disease, and the disposition of the system to be influenced by it.

Inflammation of the cerebral substance will differ, according to its extent, and the particular seat it occupies. Now, as the brain is a very diversified structure, consisting of many parts, each differing from the rest in structure and in function; and as each is liable to inflammation singly, or in combination with others, it is plain that there is room for great diversity in the character of its diseases, each of which will be marked by its appropriate symptoms. Thus, either of the *senses* may be impaired or obliterated; as in *gutta serena*, or in *deafness;* the consequence of disease situated at the origin of the nerves of sight and hearing. Or the *muscular power* may be lost or impaired, to a greater or less degree; as in *palsy*. Or the *mental powers* may be disturbed, without any disorder in the other functions of the brain; as is observed in many cases of *insanity or mental derangement*. In other cases, from more extensive disease in the brain, different functions may be affected at once; as in *epilepsy*, where the *voluntary power* is violently exerted, while *sensation* and *intellect* are obliterated for the time; and *apoplexy*, in which all the *sensorial functions* are at once suspended. To these, I might add a host of *anomalous* affections, that baffle all attempts to describe them, and which are commonly called *nervous*, a term that every body uses, but no one can define. All these you will readily understand, if you have a previous knowledge of the physiology of the brain, or *nervous system*, but which are otherwise unintelligible.

Inflammation of the brain, frequently leaves behind it alterations of structure, which, according to their degree and extent, may impair or destroy the functions of the part, and that permanently: as when *palsy* or *fatuity* follows *fever*, as they often do; or when *mania*, or permanent insanity, succeeds to *phrenitis*, as is likewise frequently the case. Sometimes the change of structure is so slight, as to be compatible with a tolerable performance of functions, under ordinary circumstances: but when any fresh cause of excitement is applied to the brain, the functions become disordered in a high degree. And thus may be explained the recurrence of the paroxysms of *epilepsy*, *mania*, and other periodical affections of the brain.

Another division of inflammation of the brain is into the *acute* and *chronic*, or *febrile*, and *non-febrile*, where the difference is founded on the *degree* of the disease, rather than its *extent*.

Of the *acute* or *febrile* inflammations of the brain, that termed *phrenitis* by authors, may be regarded as the simplest instance; because, in general, one of the *sensorial functions* only is disturbed, namely, the *mental*;

although, as in the case of *membranous* inflammation, the disease may spread into the surrounding parts, so as to render the symptoms more varied and complicated.

Idiopathic fever is another, and by far the most frequent, of the *acute* inflammations of the brain; in which, judging from the more general disturbance of all the functions at the same time (though unequally and in different degrees,) it may be presumed that the disease extends pretty generally throughout the organ. Of this form of inflammation of the brain, namely, *idiopathic fever*, the varieties are extremely numerous, depending upon the degree and duration of the disease, the habit of the patient, the treatment pursued, the season, climate, and peculiar nature of the exciting cause; and, lastly, upon its complication with other diseases. And thus you will easily be made to understand the *inflammatory*, the *mild*, and the *malignant* forms of fever, as well as others; and which are less to be considered as distinct *species* of the disease, than as *varieties* merely; likewise the different *specific* fevers, all of which differ essentially from *common* or simple fever, as well as from one another.

The *chronic* or *non-febrile* inflammations of the brain, are still more numerous than the acute; embracing the *comata*, the *vesaniæ*, and many of the *spasmi* of Dr. Cullen and other nosologists. The arrangement of these, for the purposes of practice, is a matter of no small difficulty. If we knew the precise uses of every part of the brain, we should be able, by merely attending to the symptoms, to assign the actual seat of disease, or the particular portion of the organ affected. But this can only be done to a very limited extent. It seems to be ascertained, both by direct experiment, and by the effects of disease and injury, that the *hemispheres* are more especially connected with the *mental* functions; and that certain parts towards the basis of the brain, and the *medulla oblongata*, are devoted to the *senses* and *voluntary power;* while the *cerebellum* appears to govern the movements of the heart, and the muscles of respiration. But we are still ignorant of the particular uses of the greater number of parts. If you found a person complaining of loss of *sight* or of *hearing*, where no disease existed in the external organs of these senses, you would have no difficulty in concluding that these parts of the brain where the *optic* or *auditory* nerves originate, were, from some cause, rendered incapable of performing their functions. Still, these parts might not be either of them the actual seat of the disease, but might be influenced by it in a secondary way only. An inflammatory tumour, for example, being formed any where in the neighbourhood of those nerves, might, by pressure simply, destroy their functions.

From what I have now said, you will easily see that it must be difficult, if not impossible, in the present state of our knowledge, to arrange the diseases of the brain upon strict *anatomical* principles, that is, according to the parts particularly affected. Instead of this, the arrangement usually adopted is founded upon the functions that are observed to be disturbed; whether it be that of *sensation*, of *voluntary motion*, or of *mind*.

According to this principle, the following order might be adopted.

1. *Diseases of sensation*, or affections of the different *senses*; not arising from any defect in the organ itself, but originating in the brain. To these affections, different names have been given, according to the particular sense that is vitiated or lost; such as *amaurosis*, *dysecoea*, *anosmia*, *agheustia*, *anæsthesia*, with many others, for which I would refer you to the writings of the nosologists.

2. *Diseases of the voluntary power*; including *spasm*, *convulsion*, *paralysis*, *tremor*, and the like.

3. *Diseases of the mental function;* as *mania*, *melancholia*, and *hypochondriasis*, with all their varieties.

In some cases, the functions are disturbed singly; as in the case of *gutta serena*, where *sensation* only is lost; in *paralysis*, where *muscular motion* is destroyed; and in *mania*, where the *mind* alone is disordered. In other cases, two or more of the functions are affected at the same time, though in different ways: as in *epilepsy*, where the muscular power is exerted in a violent manner, while *sensation* and *intellect* are lost: and in *apoplexy* again, where all the sensorial functions are at once abolished.

Various, however, as are the affections of the brain in regard to their external signs or characters, their *pathology* is not difficult; while their *treatment* is, for the most part, very simple. Most or all of them originate in disordered arterial action, and that mostly of an inflammatory kind; or at least are consequences of this. The general line of practice, therefore, is sufficiently obvious, and will be particularised as we proceed. The different diseases of the brain, might, I think, be exhibited with advantage in a *tabular* form, by which the whole might be comprehended at a single glance. Something of this kind it is my intention to present you with hereafter. At present, we go on to speak of the diseases individually, according to the plan chalked out; taking, as our first subject, inflammation of the *membranes of the brain*, or, (as from its frequent termination it is called) *hydrocephalus*, though this is by no means a necessary or constant result.

Of Hydrocephalus, or Membranous Inflammation of the Brain.

Hydrocephalus, or a preternatural accumulation of aqueous fluid within the skull, is so generally and obviously a mere consequence of inflammation of the membranes of the brain, that I have no hesitation in considering them as identical, or rather as *cause* and *effect*. This is in exact analogy also with dropsical effusion into the other cavities of the body, and which, in most cases, can be traced to inflammation of the serous membranes as their immediate cause. *Dropsy of the Brain*, no doubt, sometimes comes on insensibly, and is even connate in some instances, so that it is difficult, at all times, to connect it with inflammation. These, however, are not conclusive objections; and, at all events, are only exceptions to the general rule.

Inflammation of the membranes of the brain has been called by different names; as *meningitis*, in allusion to the *meninges* or coverings of the brain: *arachnitis* is another new-coined appellation given to this disease; upon the supposition, I imagine, that the *arachnoid* membrane is affected, exclusive of the *pia mater*. This is an assumption, destitute of all probability. The *arachnoid* may be considered, indeed, as an external lamina of the latter membrane; and I have never seen it exhibiting the usual marks of inflammation without observing at the same time a corresponding state of the *pia mater* itself. The term *arachnitis*, I consider therefore, as an innovation neither just nor necessary, and ranking with the modern term *iritis*; both of them solecisms in language, and useless in regard to practice.

To understand inflammation of the membranes of the brain, you must consider these as *serous* membranes, the counterpart of the *pleura* and *peritonæum*, and others lining the different cavities of the body. The signs of inflammation in these structures, are few and simple, consisting in little more than *pain* and *heat* in the part, with more or less of *pyrexia* or general febrile action, according to the degree and extent of the inflammation, and the susceptibility of the general vascular system. In itself, this disease can hardly be considered as dangerous, though it may lead occasionally to fatal consequences. For the inflammation may spread to the cerebral substance, and, by disturbing its functions in a high degree, immediately endanger life. Or it may end in accumulation of serum, giving rise thus to *hydrocephalus*, or dropsy of the brain, an event much more frequent in infants than in adults, and which is indicated by marks of oppressed brain, combined, in most cases, with more or less of those that denote the presence of inflammation.

Symptoms of Hydrocephalus.—Employing this term, as I have just stated, to denote inflammation of the membranes of the brain, (which is in reality the disease, and of which the dropsical effusion is only a consequence, and that not a necessary one), we should first consider it in its simplest form, that is, without any corresponding affection of the brain itself. Now there are many such cases, both in children and in adults; and in both, the disease is easily recognised. I shall speak of it chiefly as it regards infants, where it is of most frequent occurrence, and attended with greater danger.

The essential signs of the disease are few, and readily understood. The head is hot, the face flushed, the eyes dull and inexpressive. The arteries in the neck as well as in the temples, pulsate strongly. The child is restless and fretful, evidently suffering pain, which both the countenance and the hand of the patient refer to the head as its seat. A febrile state of system accompanies the disease, though in different degrees. The pulse is accelerated, the skin hot and dry, and the tongue covered with a white fur. The appetite is lost, and sometimes there are sickness and vomiting. The bowels are in general constipated, though sometimes the reverse.

Now these are all the symptoms that properly belong to the disease, in the early stage. They have been often mistaken, and attributed to wrong causes: such as *teething*, or *worms*, or other irritations in the *primæ viæ*, though seldom with any just foundation. The disorder has been called, also, the *infantile remittent fever*; as if it were a general affection of the whole system, instead of a local disease.

Causes.—These, in most cases, are not perceptible, this inflammation, like others, appearing to come on spontaneously. The obvious causes are *exposure to cold*, or *injuries of the head*; such in fact as are common to other diseases. The pain of *dentition*, or *worms*, or other irritations in the alimentary canal, may possibly induce it at times; but these are only to be considered in the light of *causes*, and not as the *disease itself*, as is often done; such causes seem more likely to irritate and disorder the brain itself, than its membranes.

Progress and termination.—Inflammation of the membranes of the brain, like others, is often slight in degree, and terminates quickly in health. If it be long-continued, though slight, it often ends in serous accumulation, which is known or suspected by the marks of oppressed brain that take place. The pulse then loses its frequency, and often becomes preternaturally slow; the pupils are dilated; there is torpor of the bowels, and indeed throughout the whole system. The inflammation now frequently declines or subsides altogether, the heat of head, and of skin, disappearing; and the tongue becoming clean. More frequently, however, the continuance of the febrile symptoms shows the continuance of the inflammation, but in very different degrees. If the child is very young, so that the bones are not firmly united, the head gradually enlarges in its dimensions, and becomes misshapen in its figure; and that so obviously and variously, as not to require being described. The extent to which the enlargement goes, is very various. Sooner or later it generally stops by the bones uniting, the head remaining afterwards through life preternaturally large. In this case a quantity of fluid remains, without seeming (in many instances at least) to interfere with the proper exercise of the *sensorial functions*, or even with the general health; except that the body is commonly stunted in its growth. Such subjects are always liable to repeated returns of inflammation in the brain or its membranes, and which, sooner or later, in many cases, proves fatal. The *ventricles* are always, I believe, the principal seat of the serous accumulation, and they become enlarged and distended in consequence. In most cases, though not in all, there is fluid found between the *dura mater* and the *arachnoid* membrane; and in this case, it makes its way to the basis of the brain, and down the spinal canal. The enlargement of the ventricles appears to take place from a kind of evolution of the brain, without any material injury to the structure, if we may judge from the perfect way in which the functions are sometimes carried on in these cases. The cerebral substance, in extreme cases of this sort, becomes so attenuated by the expansion as hardly to equal a line in thickness; which has led to the mistake of supposing that in such cases the brain had wholly disappeared.

Such is the progress, in the milder forms of membranous inflammation of the brain. On many occasions, the disease assumes a more active character, and soon spreads to the substance of the brain; as is known by the great disturbance of functions that ensues. Then it is, that the restlessness becomes extreme, irritability both of mind and body is excessive, the expression of the countenance is altered, and especially that of the eyes, which are often directed irregularly, with the pupils unequally dilated. The eyelids remain half open, if the child sleeps; there is often delirium, as far as this can be observed in infants; the muscles of the hands and feet are in a state of contraction; and frequently general convulsions take place. The fur on the tongue becomes thicker, and of a darker colour; somnolency or stupor follows; and death ensues. The disease often proves fatal in two or three days, and, in very young infants, sometimes at the very commencement of the inflammation; and then commonly with convulsions. Sometimes the disease is protracted to two or three weeks before it proves fatal, depending chiefly upon the age of the patient. If the disease is thus protracted, it wears at first merely the appearance of ordinary fever; which, indeed, it is. As the disease advances, the brain begins to be *oppressed*; partly from some degree of serous accumulation, partly from the arterial excitement and consequent distention: so that there is a mixture of the symptoms of *inflamed*, with those of *oppressed*, brain. In many instances towards the end, a *paralytic state* of one side of the body is observed; while the limbs on the opposite side, perhaps, are convulsed.

Prognosis.—The danger in all these cases is very great, although many recover; more or less perfectly, however, for they are often left paralysed in different degrees; or with the mental functions impaired, and sometimes nearly lost.

When these cases prove fatal in the way just mentioned, the appearances observed on dissection are comparatively slight; and the more so, the sooner the disease has proved fatal; because time is not then given for any material alteration of structure; nor is the accumulation of fluid at all considerable. Instead of this, there is observed great turgescency of veins on the surface of the brain, and also in the *medullary substance* when cut through. The same appearance is generally observed in the ventricles. In those recent cases, also, the arachnoid membrane is commonly found thickened and opaque, with serum in the cellular texture that connects it with the *pia mater*. This latter membrane is often observed to be reddened by the inflammation; but this is much more remarkable with regard to its under surface; as may be seen by stripping it off the brain, and drawing it out from between the convolutions.

Treatment.—The treatment of *hydrocephalus*, or inflammation of the membranes of the brain, is as simple as that of any other of the *serous* membranes: and you are to be governed in your practice by the same general rules, which I have so repeatedly pointed out; namely, by the stage of the disease, the habit and general strength of the patient, and, in some measure also, the violence of the disease. Upon the last point, however, (the degree of violence,) some caution is required. The most fatal cases often set out with very mild symptoms; by which we are liable to be deceived and thrown off our guard. Considering the great danger of the disease altogether, and the little power we have over it when far advanced, it is necessary to be very watchful even of the slighter cases; and it is better, because safer, to be more active than necessary, rather than the reverse.

There are few cases where *bloodletting* is not proper; and when it is so, *general bloodletting*, either from the arm or, (which probably is still better), the jugular vein, is much to be preferred to *leeches*. *Cupping* is a good remedy, though inferior in effect to *venesection*. There is a great objection to the use of leeches, independent of the uncertainty in regard to the quantity of blood lost, and the less efficacy of this mode of drawing blood; which is, the great *mental irritation* they occasion in infants, and which is continued often for an hour or two. This is particularly injurious in *brain affections*, and will often counterbalance any good effects they might otherwise produce. The quantity of blood requisite to be taken, is of course very different in different circumstances. In an infant of five or six months, previously healthy and strong, three or four ounces may be taken; while, in weakly children, an ounce or little more will suffice.

Cold should be applied to the head, where this is very hot. If otherwise, it is useful to stimulate the scalp by a weak solution of the *tartarized antimony*, (a scruple to an ounce.) The *cantharides cerate* may be rubbed behind the ears; or a mild *blistering plaster* applied to the back. A warm fomentation of the head, from time to time, is also useful, and is not incompatible with the use of *cold water* in the intervals.

Frequent *mild purgatives* are proper; and when the pulse is very rapid, small doses of the *digitalis* seem to do good. After the necessary evacuations have been made, and in the advanced stages of the disease, where great restlessness is observed, small doses of *opium* are proper; for instance, one, two, or three drops of the *tincture*, at intervals of four or six hours, in a child of six months: and so on, in proportion to the age. It is best to give the *opium* along with a *purgative*, such as the infusion of senna.

The utility of *calomel*, and other *mercurial* remedies, has been very much exaggerated in this disease. In general, they are not required, and are often hurtful; as where there is great irritability of system, indicated by restlessness and frequency of pulse. These circumstances generally occur in the early stages of the disease. In the latter stage, when *torpor* exists, the pulse being slow, and the pupils large, *mercurials* may possibly be of service. The *specific* character, however, which some have given them in this disease, is absurd.

When the febrile symptoms have subsided, and marks of *oppression of brain* only remain, little is required to be done. It is not proper to excite the system, either by *mercury* or any other means, for the purpose of producing absorption: for such means will be very likely to reproduce the inflammation, and can do no lasting good in the way of absorption. As the strength becomes recruited, by time, and by food taken according to the appetite, the balance between exhalation and absorption will be gradually restored. At all events, you must not deceive yourselves, by supposing that art can accomplish any thing of importance in such circumstances.

Our next subject, Gentlemen, will be *phrenitis*, as it is called, or one of the forms of inflammation of the brain itself.

To the Editor of THE LANCET.

SIR,—When candidates pass their examination at the Royal College of Surgeons, I believe they make oath to preserve the honour and dignity of the profession, &c.; and if I recollect right, for any egregious violations of its decency and decorum, they subject themselves to be struck from the list of its Members. Now, if this be the case, what does it not argue for the active *surveillance* and *watchfulness* of those honourable and upright gentlemen who compose the present Court of Examiners. I repeat, what does it not argue, when we see blazoned forth in every newspaper, the nauseous and disgusting paragraphs of those *quacks* in Bouverie Street, Bridge Street, Adelphi, Norfolk Street, &c., styling themselves *Members* of the *Royal College of Surgeons.*

Is it not a disgrace to be in any way connected with such a body? The question is an idle one—as the *thing* is at present constituted, we know that it is, and we also know that there is little hope of reformation.

I am perfectly aware, Mr. Editor, that what I have here complained of, will, (as we say at school,) long ere it reach *Olympus*, be scattered in empty air—but there is yet another saying, which may apologise for this intrusion, "Gutta cavat lapidem."

I am, Sir,
Your very obedient servant,
A. Z.

THE LANCET.

London, Saturday, Dec. 16, 1826.

Although Roderick, we would fain hope "the last of the Goths," has no "intention to read" our Journal in future, or at least has so averred, we shall not be deterred from our wonted analysis of his, being perfectly assured that the lucubrations and conduct of Messrs. Brodie and Co., the puissant instructors of youth of the West End of town, will always amuse the thinking part of the profession, and prove, at any rate, of negative utility. Dr. Macleod states that, "it would not become him to speak" of The Lancet "in the terms which it merits;" and when we consider that he is a species of Sancho Panza to the moon-eyed confederates of the West End Hospitals, to that detestable oligarchy which has ever been leagued against the freedom of the profession and the press, we verily believe that he speaks the truth. It would not, indeed, "*become*" *him* to re-echo the crimes which we have exposed,—to snarl at his patrons, nor to add *his* feeble breath to the far-resounding indignation which their deeds have raised; and, finally, it would not "become" him to give his dirty testimony on the side of truth and justice and equity, whose bread depends upon the duration of error and charlatanry, tyranny, oppression, and abuse. But we proceed to the journal, which is opened by our friend Mr. Shaw with "an account of the mode of treating distortions (of the spine) adopted in Paris;" and, as usual, by introducing the name of his brother-in-law, who, he says, has "nearly an hundred" morbid specimens in his private Museum, to which, however, as he confesses in the next line, and, doubtless, for very cogent reasons, "we need not refer." Mr. Shaw, we believe, has had considerable practice as a spine-doctor, and with the respectable modicum of anatomical knowledge which he possesses, may be allowed to know something more of spinal distortions than the merchant Milli of Paris, and other adventurers and machinists who have found their account in the craft. So far, therefore, Mr. Shaw stands forth more respectably than on former occasions. It appears that the merchant Milli, who was himself crooked, learned the method of stretching the spine from Heine, of Wurtzburgh, in Germany, who followed Venel, a practitioner at Orbe, in Switzerland, about fifty years ago, and who had described it in the Memoirs of the Philosophical Society of Lusanne. This Venel used a machine nearly similar to Levacher's, or to that known in this country as Jones's collar, and had a contrivance for keeping his patients in a state of extension during the night. But we insert what Foderè says (Journal Complementaire, May 1824, translated by Mr. Shaw) of the method pursued in an institution lately established by M. Humbert, which is merely a refinement of the practice of Milli and Wurtz:—

"Each patient," says Foderè, "was put into a separate bed. The placing them occupied us from nine until one in the morning: (there were twenty patients.) The beds had pulleys at the sides, and levers at both ends. Each patient covered with a flannel gown, which opened behind, was laid on a hair quilt, four inches thick, and without cushions or bolster. A large leathern belt, with rings for attaching the several cords, was put round the hips; and upon the head a cap, laced at the upper part, and fastened under the chin. This cap was attached to a long lever at the top of the bed. The patient being now laid at full length, the operator exposed the protuberance, (*bosse,*) worked it and kneaded it, (*la massè et la petrit,*) while he pushed it from the opposite side. He then insinuated a wedge of wood, prepared according to the form of the tumour, between it and the mattress, so as to push the swelling inwards. If the curve was (of) the shape of an S, this operation was done on both sides. On the side opposite the tumour, which is generally thin and wasted, dry friction, and even slight "*flagellations,*" were used to excite the contractility of the muscles. After these processes were completed, the body was, by cords passing from the girdle round the hips, fixed to the sides and ends of the bed, so as forcibly to pull down the trunk and pelvis from the head, which continued attached by the cap to the lever at the top of the bed. ‘ Cela fait, on souhaite la bon soir a la patiente et l'on passe à une autre.’

“ At four in the morning, a new order of operations commenced. Each patient in rotation was placed in a vapour bath, where she remained an hour ; after which her bosse was exposed to a water vapour douche (*de vapeur aqueuse*) for half an hour, it being *massè et petrit* at the same time, and the opposite side slightly *flagellè*. She was then taken to her chamber, and placed in a mechanical arm-chair, made on purpose for herself; a desk was added to it, to support her breakfast and writing or drawing apparatus, as she was to remain there four or five hours, without moving any part except her limbs ; the chair being so contrived, that the wedge called *debossoir*, and the continued extension of the neck and trunk, could be employed as in bed. The patient thus did not enjoy more than seven or eight hours of liberty; if, indeed, that can be called liberty, where she was not allowed to quit her long crutches.”

The professor continues :—“ I confess that, in the three or four first instances, I was quite overpowered at this species of torture, but I was soon able to bear the sight unmoved ; for, during all these operations, the patients did not even change colour, and each, in reply to the questions I put, *avec l'air de m'appitoyer sur elle*, said, smilingly, she did not suffer ; that she slept very well, although tied up ; and was so accustomed to the wedge, that she felt a want when it was not applied. I also examined the pulse and respiration, but there was no change in them ; ‘ *Tant est puissant chez les femmes le dèsir de paraître belles.*’ ”

The French capital abounds with institutions for the cure of spinal distortions, but it appears that the principles of extension are the same in all, the bands being applied to the head and pelvis. In this way, the cervical portion of the spine, which is rarely distorted, is more stretched than any other part, for “ although the force employed affects the whole spine, it strains that part most where the extending force is not impeded by friction.” The cervical portion of the spine too, is less encumbered with bulky connexions than the dorsal or lumbar. To remedy this inconvenience and defect, Mr. Shaw has contrived a moveable plane upon principles which will naturally occur to practitioners. A broad belt, attached to a *fixed* plane, is buckled round the waist, while another, attached to a *moveable* one mounted on rollers, is put round the hips. Any force applied to the latter must extend the lumbar part of the spine.

In a case of fracture of the neck of the femur *within* the capsular ligament, which did not unite by bone, Mr. Herbert Mayo observed, that “ some degree of ossification had taken place *externally to the capsular membrane*,” whence he concludes, that the “ *exclusion of cellular texture* from contact with the broken neck of the femur, is the essential cause of its imperfect restoration” ! What a blinking of the question ! Besides, if cellular texture be necessary to the formation of bone, then by the Windmill-street hypothesis of parts “ degenerating into cellular membrane,” there should have been no lack of it, either in the capsular ligament, or any other part of the old woman, whose case Mr. Mayo has related, and who, as he tells us, lived an idle twelvemonth or so after the accident! But while the old woman rested, *superfluous* bony matter had formed without the capsular ligament, and no part of the femur was converted into cellular membrane, so that this hypothesis and Mr. Mayo's, may fairly go down to the tomb of the Capulets together. If cellular substance be of any use at all in the union of fractures, it can only be so by the blood-vessels it carries, and where these are wanting it will be idle to look for ossific matter, or indeed vitality of any kind. Mr. Mayo says, that the “ ossification external to the capsular membrane,” “ *could* not extend to the seat of the fracture,” implying, if we mistake not, that had the capsule been lacerated, the cellular tissue would have crept in and united the neck of the femur by bone! We should recommend him to pioneer that way for it in the next case that may fall under his notice!

Dr. Venables has communicated a paper on the detection of poisons (arsenic, corrosive sublimate); but it is for the most, a compilation from Paris, Hume, Phillips, Marcet, Bostock, and Prout.

From Mr. Brodie's lucubrations, which Dr. Macleod has deemed either too valuable or too worthless to let out all at once, we select the following case of—

" *Encysted Hydrocele of the Testicle, cured by the introduction of a Seton.*

" A. B., a young man, in the year 1812, observed a small tumour connected with the right testicle. The tumour gradually increased during the three following years, after which it remained nearly stationary. In April 1818, he consulted me respecting it. At this time there was a tumour attached to the upper and outer part of the right testicle, nearly as large as the testicle itself, and evidently containing fluid.

" On the 16th of April, I punctured the tumour with a lancet, and about a quarter of an ounce of watery fluid escaped. I then introduced an eye-probe, carrying a few threads of silk into the puncture, and, having made a second puncture on the opposite side, I passed the probe through the counter opening, and thus drew the silk threads, as a seton, through the cavity of the cyst. A very slight degree of inflammation followed the operation. On the 18th of April, the seton having slipped out, it was re-introduced, and allowed to remain three days longer, when it was altogether withdrawn. Suppuration had taken place in the wound round the seton. The discharge of pus gradually lessened, and in a few days there was only a small solid tubercle left in the place of the original disease: and this had almost entirely disappeared, when I again saw my patient on the 9th of May following.

" As the cyst of the true encysted hydrocele is proved by dissection to be altogether a new formation, independent of the tunica vaginalis. it cannot be a matter of surprise that a disease corresponding to it should sometimes be met with in the groin of the female sex. I have lately seen a lady who has a cyst in one groin, immediately below the abdominal ring, as large as a hen's egg, containing fluid, to a certain degree moveable, and so entirely free from pain that the discovery of it was almost accidental."

A few cases of injuries to the thorax, treated by Messrs. Bell, Shaw, and Joe Burns, at the Middlesex Hospital, are as curious specimens of the ridiculous, as we have lately seen emanate from the surgeons of that or any other Hospital. In one place we are told that a lithotomist, "cutting into an empty and contracted bladder, *may* make an incision of frightful extent, before he is enabled to extract the stone"! In a case of fracture of the sternum, in which the inferior portion of the fractured bone was considerably elevated above, and "*overlapped*" the superior, the great Joe Burns attempted to reduce it "by pressing on the elevated portion during deep inspirations;" (he once did the like with a fractured clavicle!) whereupon Mr. C. Bell, in his Clinical Lecture, is made to say, rather invidiously, we confess, that "with respect to the attempts to reduce the fractured portions to their natural position (by pressure on the part which 'overlapped' its fellow,) that there was *very considerable danger in this practice*, of wounding the pericardium, or even the cava or sinus"! "In this *very* case, he said, the reduction was not necessary"! The bump remains and the sternum is shortened; consequently the patient's lungs are cabined, cribbed, confined, if he be alive, unto this day! Sing the praises, then, ye dolts, of the *head* surgeon of the Middlesex, and of the professor of anatomy and surgery to our Royal College!

Dr. Hewett, of obstetric notoriety, has his usual cases of fever.—Mr. Jewel, some remarks on volatile tincture of guaiacum, as an emmenagogue; and a Dr. Jaques, a case of neuralgia, cured by carbonas ferri.

The Discovery of a New Animal Poison. By JAMES HAMILTON, jun., M. D. Professor of Medicine and Midwifery, and the Diseases of Women and Children, in the University of Edinburgh.

> "There was one dapper little gentleman in dark coloured clothes, with a chirping, gossipping expression of countenance, who had all the appearance of an author on good terms with his bookseller. He made more stir and show of business than any of the others; dipping into various books, fluttering over the leaves of manuscripts, taking a morsel out of one, a morsel out of another. The contents of his book seemed to be as heterogeneous as those of the witches' cauldron in Macbeth. It was here a finger and there a thumb, toe of frog, and blind worm's sting, with his own gossip poured in like baboon's blood, to make the medley slab and good."

IN proceeding to notice this article, we beg to congratulate our readers on the re-appearance of an old author, after a silence, the duration of which alarmed us not a little! It must be gratifying to the profession, and particularly encouraging to its younger members, to observe individuals who are held in existence merely by the last embers of life, coming forward in support of science. In our respected New Contemporary of the Modern Athens, are published by James Hamilton, *junior*, M. D., *Professor of Medicine* and Midwifery, and the Diseases of Women and Children, in the University of Edinburgh, *Observations on a Peculiar Modification of Sore Throat*, which occasionally affects children. We trust our readers will excuse us if we take more than ordinary notice of these observations, a trouble we consider ourselves warranted to inflict on ourselves, from the length of time which the author has taken *to conceive them, and his appearance in a new character.*

We believe it is now nearly sixteen years since the Professor has appeared, *propria personâ*, in the pages of the Medical periodical press of the Intellectual City; but wonders will never cease, and it may not, perhaps, be difficult to account for his long silence. Most people are well aware that the Doctor has, for many years past, been actively engaged in laying the public under contribution, in the way of his calling; and that in addition to his occupation in this way, his pretended zeal for the advancement of science has, for the last three years, induced him to undertake a series of Phrenological Experiments on the Members of the Town Council of Edinburgh. The object of the investigations in question, was to determine how far these gentlemen were endowed with the *bump* of *amour propre*, which the Doctor flattered so effectually, that as a reward for his successful wheedling, he has been elevated to the dignity of Professor of Medicine. The detail of these experiments, in which the Professor speaks of his colleagues of the University with his usual benevolence, is addressed in a series of disreputable pamphlets, to the Right Honourable the Lórd Provost, Magistrates, and Town Council.

The Doctor, like all people versed in tricks of authorship, sets out in his observations with a quotation or two from his HINTS for the treatment of the Principal Diseases of Infancy and Childhood, by way of advertising a book, which has been so highly esteemed, that, except by the reviewers when it first appeared, it has scarcely ever been once noticed in any work of reputation. The Medico-Obstetric Veteran thus expresses himself:—"There is a very dangerous, but fortunately rare, modification of sore throat, which begins in the form of a whitish spot, like that of thrush (though more definite in its shape, being round or oval,) on one or both tonsils, unaccompanied at first by fever, and attended with only a trifling degree of uneasiness in swallowing. By-and-by this spot enlarges, its edges become of a florid colour; fever steals on; and the act of swallowing grows painful. A slough gradually forms, with evident ulceration at its edges; the fever increases; and headache and restlessness supervene.

"The partial separation of the slough, together with the rosy colour of the edges of the ulcer, with the moderate degree of fever for some days, promise a favourable issue. But very unexpectedly slowness of breathing, without either difficulty or wheezing, takes place, with excessive and sudden sinking of the living powers; and it generally happens, that, within a day from this change, the fatal event takes place. The breathing at first falls to eighteen respirations in the minute; then to sixteen; to twelve; and finally to ten or eight. Sometimes, with the sloughing, the tonsil swells; and in some cases both tonsils are affected."

Since the HINTS have been published, the Doctor has ascertained, that offensive fetor of the breath and cynanche trachealis occasionally attend this modification of sore throat; and he also thinks that it is infectious, although in the Hints, he entertained an opposite opinion.

It must astonish the reader, when he is told that the information afforded by the Professor, with all the appearance of novelty in the above passages, is pretty accurately detailed by an author of the fourth century,* as well as by many modern writers, from which we must conclude, either that the doctor is exceedingly ignorant of the history of his profession, or that he is in his second childhood and deserves some little indulgence on the score of impaired memory. Even in the Dictionary of Dr. Parr, a gentleman whom the Professor is perpetually idolising, we have a pretty accurate account of this peculiar modification of sore throat. The description of Dr. Parr, it is true, does not correspond verbatim with that given by the Professor, for it is very seldom that any two physicians agree in their symptomatological details of a disease; but between Dr. Hamilton and *some of his pupils*, there is at all times a most extraordinary concurrence in matters of this nature; for if the Doctor says a black thing is white, his dependents will swear to it. Nobody, however, can read Dr. Parr's account of the angina gangrænosa, p. 118, without being convinced that the medico-obstetrical veteran of the North has described the same affection; or, in fact, the disease styled by many authors cynanche maligna, which, without referring to any modern writer, was well known to Aretæus to terminate sometimes in inflammation of the larynx, as may be gleaned from the following passage, "*At si in pectus per arteriam id malum invadat illo eodem die strangulat.*"—Lib. 1., cap. 9.

The Professor has of late been so much in the way of experimenting, that he now wishes to palm on the profession an absurdity. This rant may do well in the midwifery class, but the Doctor's characteristic subtilty certainly got the start of his prudence when such a rhapsody of nonsense was allowed to appear in print.

In the next place, the Doctor communicates what doubtless he would wish us to consider another discovery, viz. that cynanche maligna is very fatal; and his explanation of the manner in which this happens is truly the only novel idea in the whole paper, and is in fact quite unique. Of all the contributions to our art this is certainly one of the most brilliant, and no one of his rivals for fame will have the hardihood to claim any share in the honours of his invention. After stating that this affection proves fatal in two ways, and admitting (what Aretæus had told us long ago) that this happens sometimes from the local inflammation of the *tonsils* and *uvula* extending into the *larynx*, after having affected the pharynx, he proceeds thus to account for the fatal termination. But the other, and as far as the author's personal observation warrants him to believe, the more common termination, does not admit of such a ready explanation. That which occurs to the author is, that the matter secreted by the ulcer being evidently of the nature of a morbid poison, may act by paralysing or otherwise influencing the *par vagum*, or the branches of the 8th pair of nerves of the *medulla oblongata*, on which Le Gallois has proved, by direct experiment, that breathing depends. The Professor imagines that both animal and vegetable poisons act through the medium of the nerves, an opinion which he thinks is satisfactorily established by the experiments of Fontana, Orfila, and Brodie. In support of the foregoing hypothesis, the Doctor relates the following cases of polypus uteri :—

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* Aretæus, lib. 1. cap. 7, 8, but particularly cap. 9.

" The first case was one where the medical attendants were induced to delay noozing the polypus, and where the patient sunk a few days after the consultation. The appearances on dissection elucidated at once the nature of the case ; all the viscera seemed perfectly sound, and from the quantity of fat on the abdominal muscles, and from other circumstances, it might have been considered that the patient had been in good general health, and had died from some sudden accident ; but an ulceration surrounded the root of the peduncle by which the polypus was attached to the uterus, and it was concluded that the matter of this ulceration had been absorbed and had acted as an animal poison."

" Case 2.—A stout woman, of middle age, was brought into the Royal Infirmary, with sudden protrusion of a double-headed polypous excrescence of the uterus ; a ligature was applied, and the tumour dropped in the course of four or five days. The woman seemed to be doing well on the following day, but forty-eight hours afterwards she was found labouring under peritoneal inflammation, and notwithstanding every means she died within two days. On opening the body, although the uterus was evidently thickened and enlarged, no connexion whatever between the inflammation of the peritoneal coat and the state of the uterus could be discovered."

Case 3.—An individual, aged 45, of rather delicate habit, was discovered to have polypous excrescence of the uterus, and a ligature was immediately applied : the tumour dropped on the fourth day. The day following she took a dose of ol. ricini, and as this did not operate at the expected time, a cupful of infus. sennæ to accelerate the operation of the oil. The senna occasioned griping and violent pain of belly. She was then, for the first time, seen by the ordinary medical attendant, who, finding that the pain was aggravated by pressure, immediately detracted about 20 oz. of blood. Oppressed breathing, and great rapidity and feebleness of pulse quickly succeeded, and she sunk within a few hours. In these two latter cases, it cannot be doubted that there must have been a state of system different from the healthy condition, and it is highly probable that it was the effect of the previous absorption of vitiated matter."

To afford further support to the foregoing extraordinary hypothesis, the Doctor has recourse to cases of *morbus coxarius*, which to use his own words, " perhaps afford a further illustration of the effects of the absorption of morbid animal fluids. In some cases, where abscesses about the hip-joint have been opened naturally or artificially in the thigh, and where from four to eight ounces of pus had, for a considerable time, been discharged daily, purulent diarrhœa has suddenly supervened, accompanied, at the same time, with a most remarkable diminution of the discharge from the abscess. Sometimes those changes have been so sudden that they have happened within a few hours.

To a superficial observer, it would at first appear that the abscess had burst into the gut, but both the phenomena during life, and the appearances on dissection after death, contradict this, for sometimes days intervene without any discharge by stool ; and, on dissection, no direct communication between the abscesses and the gut has been traced. The Doctor does not give credit to the notion, that the contents of an abscess are absorbed in any considerable quantity, and conveyed by the lymphatics into the general circulating mass, to be deposited in the intestines, as he says pus has never been seen in the blood. He thinks it more reasonable to suppose, that there is a very partial absorption of the matter of the abscess, which excites, through the medium of the nerves, a diseased action on the surface of the intestinal canal.

The foregoing hypothesis furnishes an example of the most extraordinary circumambulations we have ever heard of. The Doctor begins his course in the *fauces*, darts to the *medulla oblongata*, finds his way into the *trachea*, thence he makes a sudden spring to the *uterus*; then, by a quick manœuvre, he whips round to the *acetabulum*; and at last, instead of bringing matters to a conclusion in his usual way, by a series of scandalous pamphlets, he jumps at once into the intestines, where he gets completely involved in the *excreta*. The Doctor's cock and bull story reminds us of another, which we think even the Professor will remember, notwithstanding the morbid condition of his nerves. There was once a student (now a Professor in the modern Athens,) who, preparatory to his becoming a member of the University, aspired to the honour of a Degree from the Alma Mater; but, on entering the hall of judgment, he recognized among the togated crew, a figure of a herculean form, whose *unexpected presence* so affected the respiratory nerves of this aspiring youth, that he had not power to tell *ex quibus rebus constant Pilulæ Colocynthidis* Compositae? After this unfortunate rencontre, a thought traversed his cranium, that the easiest method to find his way into the University, was, first to betake himself to Aberdeen, and thence return to the intellectual city, an experiment which answered his fullest expectations.

But to lay all joking aside, we must beg to ask, what right has Professor Hamilton to draw the slightest comparison between himself and Le Gallois, Fontana, and Orfila? In our humble opinion he has none. We think he stands in the same relation to these eminent characters, as Dr. Slop does to Dr. William Hunter. What connexion is there between the opinion of Le Gallois, and that of the investigations mentioned, and the hypothesis of Dr. Hamilton. They are just thus far connected, that Le Gallois and those occupied in the same cause, have established, by a series of accurate and well conducted experiments, facts of great importance to the professional public; whereas the notions of the Professor are the mere effusions of his own brain, without an experiment or solid argument to support them. The Professor seems to be deserted by his usual logical ingenuity, when he attempts to show the analogy between the morbid secretions of the human body, and the poisons of the vegetable, mineral, and brute order of the animal kingdoms. The poisons obtained from these great kingdoms, are certainly and speedily deleterious in their effects, some of them, indeed, in minute quantity; whereas individuals may remain under the influence of the diseased secretions of the human body for years, and ultimately recover. We must not, however, forget to mention, that the Professor admits that there are certain morbid secretions, as those of scrofula and cancer, which have only a local effect; but even in this admission, he labours under a mistake. For cases of both these diseases, where patients have fallen victims to general contamination, must be familiar to the profession. We may well, indeed, exclaim with the Roman orator, " *O tempora, O mores,*" when we are told that the human body, while in life, is so sadly corrupted, as to be capable of generating matter equally destructive with the venom of scorpions and rattle-snakes! How has the Professor ascertained these extraordinary qualities of the matter generated in the throat and uterus; did he collect the matter and experiment with it on some of the lower animals, as he might easily have done; or did he acquire during his late trip to Paris, any new method of analysing animal poisons? *He* condescend to such petty experiments, or to study chemistry! No such thing; he acquires a knowledge of every thing by inspiration!

We humbly think that no subject affords less support to the extravagant notions of the Professor, than polypus uteri. All medical men must be aware, even those who do not pretend to the same knowledge of uterine diseases with our author, that polypous excrescences of the uterus have existed for many months, and been attended from the time they have acquired any magnitude with copious effusions from the passages, without proving very hurtful to the patient. Has the Professor proved by direct experiment that the secretion of polypus uteri differs from that of polypi of the nose, ears, throat, vagina, or from that of polypi of any other part? When he submits to the public his investigations on these points, we shall treat his opinions with greater deference. To speak in the language of the Professor, is it not more reasonable when women are seized with peritonitis soon after the tumour has been noosed, to ascribe the peritoneal excitement to the irritation produced by the ligature, than to anything vicious in the secretion of such productions? No impartial person can doubt the applicability of this notion to the Professor's two latter cases. In regard to the third case related by our author, the only explanation that can be offered of the speedy dissolution of this woman is, that when seen by the family medical attendant, the inflammation must have been so far advanced, that no man of ordinary prudence would have had recourse to venesection. It must, therefore, be concluded, that she sunk from the untimely use of bleeding, a circumstance we should think of no unusual occurrence, and not from the absorption of poison. Our author's third case can also be explained, without having recourse to that sink of vitiated matter into which the Professor has unfortunately plunged himself. We are told that the medical attendants delayed noosing the polypus for a few days after the consultation. Now we cannot positively say who these gentlemen were, whether they were John, Henry, or Adam, or all three of them; but sure we are, that were they asked why they delayed the operation, they would reply, that the patient's general health was so impaired, that no benefit could be expected from an operation. It is well known to the profession, that when cases of this nature have been neglected, the constitution is undermined, and the patient dies hectic.

Before we close our observations, we must throw a slight *coup d'œil* on the method which our author has adopted to neutralise this virulent poison. In this division of the paper, we have, as usual, a slight specimen of the Doctor's *benevolence* towards one of his colleagues of the University. Dr. Duncan, *junior*, the professor of materia medica, is censured for having in one edition of his Dispensatory, expressed a want of confidence in the powers of the sugar of lead, and refers to a modification that Dr. Duncan has made in that opinion regarding this medicine, which has been lately adopted by Dr. Hamilton among his numerous *nostrums*. But we may be permitted to ask, whether it is more creditable to keep pace with science as Dr. Duncan does, by changing his opinions according to the progressive improvements made in the various departments of medicine; or, like Dr. Hamilton, to remain so obstinately attached to all the prejudices which were instilled into his mind in his youth, as to be deaf to every improvement, except when it suits his whim or pique, as in the present instance.

Among the numerous obligations which the profession owe to Dr. Hamilton, none certainly can be more important than his discovery of an antidote to neutralise the animal poisons; and we should be sorry to be at all backward in awarding our mite of praise to the discoverer, or in joining in the congratulations of our brethren on so important an occasion. But as medicines have always accomplished such marvellous cures in the hands of the Doctor, we trust the profession will excuse us if we receive his reports with a respectable degree of caution. For example; Dalby's carminative when prescribed by the Professor, cures gripes and colic in children with a degree of celerity and effect little short of the magical efficiency of Prince Hohenloe. A case was communicated to us by a gentleman who once witnessed one of these extraordinary cures. The Professor had been requested to visit an infant fourteen days old, affected with icterus. The disease, however, was declared to be colic, of which the Doctor said the child would very soon recover; and after a few words in another apartment, and thus addressing the mother,—"Well, ma'am, you must give him a little of the Dalby, and he will be well to-morrow," he took his departure. The lady was electrified with joy, and it is to be hoped the child was well, for at six o'clock in the morning he was in eternity. The Doctor has great faith in Spilsbury's drops, and Roache's royal embrocation; we cannot say, however, that we have ever witnessed their effects, but we know that he was wont to recommend them from the chair!

We are well aware, that we have not half done justice to the observation of the Professor, but we trust to be soon favoured with additional remarks from his able pen, when we promise to make up for our defects in the present instance.

SKETCHES OF THE SURGICAL PROFESSION IN IRELAND.

No. XV.

THE COURT OF EXAMINERS.

When we see any phenomenon, even of rare occurrence, as an eclipse or a meteor, we feel no great surprise; the glass falls indifferently on our breast, and we may, perhaps, remark, that such things have been observed before. But if the sun were to darken for days, with a continued eclipse, or the heavens to blaze with a repetition of meteors, our curiosity would be at a low ebb indeed, if it did not search through the gloom for its cause, or, eagle-eyed, grapple with the lightnings to discover their origin. Such were the writer's impressions during the first progress of the subject involved in the title of this paper; and such are his intentions now that it has become a matter of general astonishment. While the facts connected with this question were few, and spoken of with reserve, it may be some palliation of this attempt to state, that he was silent; but now that they have grown numerous and notorious, taciturnity, he thinks, would be weakness rather than discretion. Like many others, he was deaf to the incipient murmurs of report, and conceived that they might have been but the stifled wailings of disappointment; but the complaint increasing in strength with its duration, it was impossible not to lend it an attentive ear. The rejection of two, or three, or four candidates, might have excited no wonder; but the remission of eight young gentlemen to their studies one after the other, demands an investigation commensurate with the novelty, if not with the importance, of this portentous event. Many circumstances conspire to render the discussion of this topic both necessary and interesting, as it embraces the operations of a whole system; for, upon the agency of no single cause can the fate of these pupils be satisfactorily explained. We cannot readily suppose that the lady generally painted with a bandage on her eyes, removed in this instance the veil from her sightless orbs, and selected from her orderless urn, six or eight students, all defective in mind and idle in habits, for presentation before the Court of Examiners. Such an incident would imply a suspension of the usual laws of chance, almost beyond the range of possibility, and would require a degree of credulity for its belief, which few in these days possess; for Nature has wisely equalised her gifts, the talents of the great mass of mankind being the same. To opportunity and cultivation, the disproportion which we find in the attainments of different persons may, for the most part, be attributed; and to these sources of improvement we must principally look for the object of our search. It is certain, at least, that for one who is wanting in any branch of knowledge from inferiority of intellect, one hundred are ignorant from a deficiency of the proper means of learning. Nay, application, upon which so much depends, is as often regulated by external casualties, as by any innate ambition in the individual to excel; and, should such incentives to study not be thrown in his way, the fire which might otherwise have burned with so bright a flame, may, like the spark in the rock, for ever slumber in his breast. Upon this hypothesis, that most men are capable of performing the duties of that station which they have chosen to occupy in society, have all schools been opened, and all philosophers have taught—have the groves of Academus echoed the voice of a Plato, and the Theatre of Stephen's Green responded to Mr. Colles's jokes. To education, indeed, we as naturally look for the acquirements of men, as we would to the hands and genius of a sculptor for perfection in statuary; for if Providence gives the material, it is Art alone which can mould it into forms of beauty and utility. If the education of pupils be a matter of great moment, the mode of rewarding their labours is no less so, and necessarily finds a place in this inquiry. Upon the conscientious discharge of this duty, no less than the future welfare of hundreds, depends their sole portion in this life—a piece of parchment. A tribunal, obviously inferior in importance to a jury in a case of life or death only, should be so constituted as to preclude the possibility of injustice, either through incompetence or design. The claims of this body, independent of every other consideration, to a distinct notice on this occasion, are rendered still more urgent when it is recollected that the Court of Examiners are not to be looked upon in the light of mere chemical agents employed to ascertain the presence of some particular qualities in candidates, since they exercise the functions of teachers as well as examiners, and thus incur a sort of double responsibility. Should the reader concede to these remarks the validity of argument, it follows that two leading causes, by which the failure of these pupils may be accounted for, have been pointed out, and that each demands a fuller exposition.

The election of the Court of Examiners is nominally conducted on the principles of popular franchise, each member having a vote in the appointment. So far the theory of the usage is correct; but it need scarcely be stated here, that laws, however excellent in their abstract, are but too often perverted in their reduction to practice. The office being one of considerable influence and ostensibility, it is sought with proportionate avidity; and though the regulations of the College, ridiculously presuming on the purity of human nature, prohibit canvassing for any situation, the infraction of this order discloses some curious traits of character and motive. Nothing can exceed the ingenuity with which fair dealing is excluded from the entire transaction. To such a height of corruption did this system at one time arrive, that a gentleman, now no more, was in the habit of openly promising to his sycophants a place in the Court. Could such an insult be tolerated in any body possessing a particle of public spirit? But the private history of these elections would far exceed the limits of the present paper, and the reader must take the picture of a professional speculator contemplating pupils, patronage and power, in the vista of his hopes, with the bust of honourable ambition fallen from its broken pedestal, and covered with cobwebs and dust upon the ground, as a faithful representation of the spirit which guides these appointments. Out of such materials, with a few exceptions, collected together by the workings of self interest, and without the slightest regard to a fitness for office, is the Court of Examiners composed. By a reference to the published lists of the officers of the College, it will be found that some of these Examiners have contrived, by the influence of wealth and connexions, to hold their places in the Court for years, though the election is annual. This, of course, could not happen without the consent of the College, and only demonstrates the ascendency which a few individuals obtained over the whole body. It would be somewhat Quixotic to expect, that no protests would be made against the decisions of a tribunal formed in this unexceptionable manner; and we accordingly find one master unreservedly stating that all his pupils are rejected, and another averring that all such a gentleman's pass. As these persons must know each other pretty well, their opinions are entitled to respect. The well known liability of certain of these Examiners to indulge their antipathies on those occasions, led to the ingenious device of securing their absence, by one of the candidate's friends suddenly taking ill, when a consultation was called, and the obnoxious Examiner's presence immediately required.

Severity, from whatever cause, however reprehensible, is not so injurious to society in its results as an opposite vice; and as if to complete the odiousness of this system, we find partiality practised as well as prejudice gratified. It was formerly the custom, when pupils of members of the court were to be examined, for the latter either to absent themselve, or not to vote on the occasion; but recent instances have dispensed with the delicacy of this etiquette, and examiners have been the first to vote a license to their own apprentices! Independent of the rejections which may be the consequences of such obscure causes, many must happen from the imperfection of the mode of examining, for if there be one speculative point better established than another, it is, that no individual's practical knowledge of disease and anatomy can be positively pronounced on from a catachetical examination. It is liable to the twofold error of injuring individuals and the public. By the assistance of reading and grinding, the experience of every day shows, that pupils though incompetent to practice their profession, answer quite *glibly*, as it is termed, every question proposed to them; while others, though well informed, from want of a presence of mind, or fluency of uttering their sentiments, appear absolutely ignorant. But such as this examination is, we must have it at full length. It is not customary in this College as in others, to allocate particular days in each week for the transaction of analytical surgery. The candidate having previously paid his deposit for the license, a day is appointed for his trial in anatomy, and another for surgery. Summonses being served, the examiner in the mean time betakes himself to his library, brushes the dust from some learned tome, and selecting its most intricate contents, treasures them up in his memory for the approaching occasion; or, spreading out before him a folio of plates, pursues the ramifications of nerves and arteries to invisibility, and with the "air-drawn scalpel of his imagination," separates ligaments and fasciæ into layers, which nature intended to be indivisible. In short, he enters the arena "made up," loaded with "cruxes," as it has been significantly called, and in all respects prepared to make an ostentatious display of his erudition. The notoriety of this practice has given birth to some indifferent puns, the examination of a certain gentleman being familiarly called, from its frequent repetition, the *fatal* (fœtal) circulation, and so on, with the favourite crambos of others. When to the chance of prejudice, the certainty of a minute preparation, the possibility of deficient powers of expression, we add the mysterious manner in which some members of this Court proposed their questions, it is time to inquire what are the means of instruction afforded to the student to overcome all these difficulties.

Let us take the case of an apprentice for illustration. He comes up to town, pays a large fee, and is neglected in the onset by his master. Abandoned in this manner, he is left to his own resources to acquire knowledge, which can be done from books, lectures, and hospitals only. There is no complete medical library accessible to the student in Dublin; a small circulating one, containing a few class books, was established at the College last session, to provide against strictures published in this Journal. This is, however, but to admit, not to remedy a defect; and an extensive reading room must be provided. For this purpose, let fifty pounds of the fee which is now paid to some worthless master, who would begrudge to give one volume to a pupil out of the little three-feet square cabinet, with a clay bust stuck up on the top of it, be appropriated by the College, and then there will be something worthy of the name of a library. The student, then, in the first instance, is thus deprived of one of the most important sources of information. To nine-tenths of the pupils of Dublin the hospitals are closed, and they are consequently thrown, as a last resource, on lectures. The student, therefore, goes to the College, buys ten guineas worth of tickets, and on returning home, probably calls to the woollen draper's for other winter necessaries. On counting his cash, he finds so much indispensible for domestic purposes, draws the strings of his purse, and won't mind a hospital for that season.—There is plenty of time yet, he thinks; so the first, the second, the third, and perhaps the fourth year, pass away in this struggle to purchase tickets, keep the proprietress of the "boarding-house" from wearing long faces on Saturday evenings, and to prevent other furnishers from sending in long bills. The fifth year arrives; a great exertion must now be made, for papa expects a license at the expiration of the apprenticeship. An ingenious letter, demanding a more liberal allowance, is forthwith posted, and admission is now purchased into one of the hospitals for one year. He makes a wonderful proficiency in pathology, thinks with rapidity of the "letters testimonial," deposits the cash for the license, and probably hires one of those creatures, who prey on the ignorance of students, for the next quarter, called a *grinder*. Well, the day of judgment arrives; he is quite "up" to anatomy; no doubt of his passing. The second day comes; some crabbed questions are put to him on surgery—never heard of such a thing before; he looks puzzled—confounded; in short, he "breaks down," as it has been technically termed, and, in a word, is rejected! Shall I pursue the picture farther, and, dipping the pencil in passion's tints, give colour, shape, reality to the agonies of shame, wounded pride, and despair, which rend the breast of the wretch whom my fancy beholds stretched upon his couch of sorrow, bathed in tears, his character lost, his hopes blasted, aye, his heart broken! And does not the question follow—Masters, have you done your duty?—Lecturers, have you discharged the obligations of your office? —Hospital Surgeons, have you afforded the facilities of attaining a practical knowledge of the art?—but, above all, Examiners, have you observed the solemnity of your oaths, in rendering equal and impartial justice to all? Let the facts brought to light in the preceding investigation resolve these questions, and account for the problem with which we commenced—the rejection of these eight pupils. Instead of wondering at the failure of so many, we should rather be surprised that so many should succeed, under circumstances so adverse; and nothing but the most laudable and persevering industry can carry the unfriended student through such an ordeal. To state the other deductions which necessarily follow from the foregoing facts, the writer conceives would be an officious insult to the reader's discrimination. He must therefore conclude for the present by repeating, that the College, as a school, is conjunctively responsible with the student for his professional deficiencies; and that in the remarks made to prove this point, the writer has not been influenced by the complaints of individuals, either masters or pupils, but by the merits of the case. He therefore disclaims the imputation of his pen being galvanised into action by any such impure sympathies, and of being the organ of any party in that body to which his opinions have been from time to time addressed. Poor, indeed, would be the recompense of even such trifling literary toil as he has undertaken, if, on laying down his pen, he had no more exalted reward to repose on than the paltry approbation of a few mal-contents, who praised while he pleased, and fled him when their purpose was served.

Erinensis.

Dublin, Dec. 4, 1816.

GENERAL MEETING OF GERMAN PHYSICIANS AND NATURALISTS, AT DRESDEN.

About five years ago, it was arranged by the principal cultivators of the various branches of natural science in Germany, to establish a society, and to have an annual meeting for the purpose of communicating to each other whatever discoveries might have been made by any members of the union in their particular province. This was one object; but another was, that of entertaining a proper spirit of emulation and friendship among men who, however separated by extent of territory, or debarred from opportunities of making known their opinions by absurd legislative restrictions, might once in the year, at least, revel in that freedom of opinion which could only be gratified at the personal interviews of friends. The first meeting of this kind was held at Leipsic in 1822, when the venerable Blumenbach gratified the assembly by his presence. The next year the *Naturforschende Freunde* congregated at Halle, at which meeting Dobæreiner, of Jena, announced his valuable investigations respecting platinum. The third meeting was held in the vine-clad town of Wursberg; and the fourth, at Frankfort on the Maine, where the collections of the Linkenberg Institute afforded a rich treat to the very numerous assembly. Soemmerring, Siebold, Tiedemann, and many other distinguished anatomists were present. The last meeting was held at Dresden, at which Professor Carus, already favourably known throughout Europe as a zootomist, presided. For the following account of the Dresden meeting we are indebted to some recent numbers of the *Allgemeine Zeitung*; but our space does not allow us to give more than a brief abstract of what was done. Carus delivered a description of his interesting discovery respecting the circulation of the blood in insects. Dr. Oken, the well known conductor of the *Isis*, read an essay distinguished for perspicuity of style and illustration, on the original form and development of the fœtus, which was very interesting, but too lengthy to admit of any further notice than a mere mention. Professor Evetschmer, of Frankfort, delivered a discourse on the newly discovered race of African dogs, and on the Giraffes, and criticised the more recent prelections of Lichtensten, professor of zoology at Berlin, on the same animals. Count Sternberg, who is a most zealous promoter of mineralogy, delivered a discourse on petrified vegetables, particularly on ferns and palms. Cotta read a paper on the volcanic phenomena of the Flammerbuhl; and Treviranus, of Breslau, on several interesting phenomena, illustrating the physiology of vegetables.

The meeting was held in the large hall of the palace, as no other room in the town was sufficiently large for the number assembled. The king of Saxony ordered all his museums and galleries, which are very rich in the works of art, to be thrown open during the week, and the assemblage broke up with the greatest expressions of satisfaction and delight.

COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—Unforeseen circumstances have prevented me sooner expressing the gratification I derived on reading, in one of your recent Numbers, a spirited and able letter from a correspondent who signs himself "a Physician." May I beg leave through the medium of your useful and wide-circulating hebdomadary, of which he as well as myself are constant readers, to inform your correspondent that he has been anticipated in his plan of forming an extended association of independent metropolitan and provincial physicians, as the enclosed Circular containing the principles and views and resolutions of one already instituted under the name of "*The Faculty of Physicians in London*," will show. It affords me pleasure to mention, that although the Circular has been only very lately and partially issued, the association has received several communications from highly respectable physicians, expressing their approbation and concurrence in the views and objects of the association, and requesting their names may be enrolled as members. Between your correspondent and the association there is a very striking coincidence in thought and sentiment, insomuch that it might be suspected he was one of us practising a *ruse* to feel the pulse of the public on the subject. I assure you, however, that he is altogether unknown to us; but it is to be hoped that he, as well as every other physician actuated by the same manly spirit of independence which he breathes, will hasten to rally round the standard of professional improvement and honourable competition which has at length been raised.

Until the organisation of the association shall be more complete,—until it has acquired increased numerical strength, and become a firm phalanx of "good and true men," it is necessary, as your correspondent observes, that the members should mature their plans in private. The words of the poet are applicable to it at present:—

> Res dura, et regni novitas me talia cogunt
> Moliri, et latè fines custode tueri.

For, it must be evident, that to disclose names and hold public meetings in the infancy of such an association, would frustrate the objects contemplated. Not only would the individuals originating it be liable to the mal-influence and secret persecutions of a set of men interested in perpetuating medical abuses, but the association itself would be open to the intrigues of the same junta of *fellows*, who, by all the manœuvres and machinery of a close incorporation, have perverted an Institution, no doubt originally intended for the public good, to the purposes of base monopoly and personal aggrandizement.

It is absurd to suppose for one moment, in the present age of liberal policy and enlightened views, when the spirit of moral regeneration is abroad, that some forty or fifty men of the *non*-medical universities of Oxford and Cambridge shall be allowed to constitute themselves the medical aristocracy of the country, and to lord it over all other physicians,—many of whom, to say the least for them, are their equals in general science and literature, and more than their equals in point of medical education and experience. The public surely will no longer be gulled into the belief, that a few straggling sons of Cam and Isis are the only persons to be found within his Majesty's dominions "profound sad and discreete, groundly learned and deeply studied in physyke," when they are told that if Hippocrates was to rise from the dead, or Æsculapius to descend from the skies, the god as well as the man would be deemed unworthy of their fellowship; and that a Boerhaave, a Cullen, a Black, a Rutherford, or a Gregory, the *principes medicinæ* of modern times, were they settling in this emporium of arts and sciences, would be summoned to undergo an examination before a few tyros in the profession,—perhaps their own pupils, and, after all, would only receive the badge of degradation in the shape of a license or permission from them, forsooth! to exercise medicine, the science and practice of which they had taught and diffused over the whole world. At the same time, they would be compelled to take, *on their bended knees*, the oath of allegiance and supremacy to these soi-disant "potent, grave, and reverend signiors," and observe laws and regulations concealed from them, and which they have no voice or vote in framing. It is indeed high time such a state of things should be put an end to, and it is indeed high time that every college jackdaw, old as well as young, should be stripped of his borrowed plumes.

The work your correspondent refers to, (and which certainly well merits perusal,) entitled, "An Exposition of the State of the Medical Profession in the British Dominions, and of the injurious effects of the Monopoly by Usurpation of the Royal College of Physicians in London," was drawn up by a Committee of the Association, who spared neither labour nor research to put the public fully in possession of the facts and circumstances connected with the rise and progress of the singular monopoly in question—a monopoly, I may say, effected by means that in point of craft, subtlety, and time-serving shuffling conduct could scarcely be matched by a College of Jesuits. Unless, however, the College had usurped powers never delegated to them, either by their Charter of Incorporation, or the Act of Parliament of Henry the Eighth, giving it validity, their monopoly could never have acquired its present stupendous and mischievous magnitude. One of the more early usurpations of that body was, at various times to limit the number of physicians as suited their purpose, and another, to subject the graduates of universities to re-examination; yet the great, and, indeed, the sole object which the crown and the legislature at that period had in view, was to suppress quackery and empiricism, and to hinder and restrain unqualified persons from practising medicine; and, accordingly, six physicians by name, and all other men of the same faculty or degree, were incorporated into *one body, and made a perpetual college or commonalty,* without any limitation expressed or implied as to numbers. It is worthy of remark, that the six physicians mentioned in the charter were all graduates of foreign universities, and it is likewise worthy of remark, that when the College of Physicians, in the teeth of the Charter and Act of Parliament confirming it, claimed the power of re-examining graduates of universities, they were defeated in an action brought against them for false imprisonment, at the instance of Dr. Bonham, who had denied such power on the part of the College. The unanimous opinion of Lord Chief Justice Coke, and his brother judges in the Court of Common Pleas, before whom this action was tried, in which, likewise, Sir Thomas Fleming, Chief Justice of the King's Bench, concurred, was, that the College of Physicians possessed no power whatever of re-examination, supervision, or correction over graduates in physic of the Universities of Oxford or Cambridge, *the only universities then in the kingdom*; but that they were, in virtue of their degrees, entitled under the Charter and Act of Henry VIII., to all the benefits and privileges of incorporation.

The College of Physicians is a *private* college, and cannot even grant the degree of Doctor of Medicine. To make a physician, in the language of the bard of Caledonia,

> " ———— is aboon *their* might,
> Gude faith *they* manna fa' that;"

and it follows that the only power or authority they do possess, is over men who, without a degree, exercise the practice of medicine; and those they may examine, supervise, and correct, and give a license to. But surely such men can never form integral parts, or constituent members of a College of Physicians. Accordingly, in some of their old lists, there are a great many men of this *degreeless* description in their class of licentiates or *permissi*; and if in the same class there were likewise many doctors of medicine, as well of the universities of Oxford and Cambridge, as of the Scotch and foreign universities, it was because the step of licentiate was then considered both by the College and the graduates themselves, as preliminary to admission into the fellowship, or incorporation, on the occurrence of a vacancy, when the number of fellows was unduly limited.

If in the Charter and Act of Parliament of Henry VIII., according to the construction given them by Lord Chief Justice Coke, and the other judges of the land, the graduates of Oxford and Cambridge were exempted from re-examination, and entitled, *ex debito*, to all the benefits and privileges consequent on incorporation into the London College, does not the Act of Union betwixt England and Scotland, which provides, "That there be a communication of all rights, privileges, or advantages, which do or may belong to the subjects of either kingdom," and "that the universities and colleges of St. Andrews, Glasgow, Aberdeen, and Edinburgh, as now established by law, shall continue in this kingdom for ever," place these universities on the same footing in respect to rights and privileges as the two favoured, although *non-medical* universities of Oxford and Cambridge?

If a stigma has attached to degrees from St. Andrews and Aberdeen, and that these should still exist amongst the public the *stat nominis umbra* in regard to these universities, I trust, when their recent regulations exacting residence, a liberal education, and a thorough course of study in every branch of the medical profession, with strict personal examinations, shall become more generally known throughout the empire, that not even the shadow of prejudice will operate against them. But let me here, by the by, ask, whether it did suit the selfish and crooked policy of the College of Physicians in London, to countenance and abet the disgraceful traffic in mercenary degrees which prevailed at those universities, and which, for aught I know, still prevails at some foreign ones. For having, as already mentioned, instituted a mongrel class of *mutes*, or licentiates, they next, under the ostensible pretext of solely consulting the public good, "made a by-law start," rendering it imperative on every person who wished to become a licentiate to provide himself with the degree of Doctor of Medicine. But who so shallow-pated, knowing as the College did, the manner in which such degrees could be obtained, (and Dr. Brodam himself, that prince of quacks, obtained his through the signature of one of their leading fellows,) who, I say, does not see the cloven foot of monopoly and self-interest in this by-law? Was it not calculated to bring grist to the College mill! And was it not calculated to lower in the estimation of the public, physicians of liberal education, "who had accomplished all things for their form without grace," by placing them on a level with a set of mushroom physicians, who had been wholly bred and educated within the sound of the pestle and mortar, without ever having been inside the walls of an university in the whole course of their lives. Accordingly, numbers of Master Simples under this law, were metamorphosed into legitimate physicians, and became dignified licentiates or members, as they choose to miscal themselves, of the Royal College of London, provided only, that by the aid of a little gallipot Latin, and some six weeks' *grinding*, they could pass muster as required by the College, and satisfy their treasurer. One would suppose that feelings of delicacy might at least have restrained any individual of the College from appending his name to certificates of this description, since he was likely to be called on, under a solemn obligation, to judge of the fitness of men to exercise the important duties of a physician, whom for some twelve or fifteen pounds, exclusive of postages, they had beforehand been instrumental in getting dubbed Doctors. It is, however, too notorious, that neither presidents, nor censors, nor fellows of the Royal College of London, have at all times been actuated with such feelings on the subject. Even their "Magnus Apollo," Doctor Baillie, was not more backward than others of his colleagues in these indecorous transactions, notwithstanding that his uncle, the late Dr. William Hunter, to whom he owed every thing, had, along with Drs. Fothergill, Russell, Garthshore, and others, conjoined with him in resisting the usurpations of the College, done every thing in his power to put an end to the abominable practice.

It will doubtless be urged, on behalf of the College, that the above worse than absurd law has been repealed, and that in lieu of it they have made another by-law, enacting that no doctor of medicine should be admitted to examination as a licentiate, unless he had resided two years at an university. This, at least, amounts to an admission, on the part of the College, that an examination by their President and Censors furnishes no adequate criterion of medical competency. But let us suppose for a moment that, in the terms of this by-law, a person has *actually* resided two years at an university; and let us suppose again, that this residence of two years was even at one of the best medical schools in Europe, such as Edinburgh, instead of being at one of the worst, such as Oxford or Cambridge; I shall ask, would such a short residence enable him to become "'groundly learned and deeply studied in physyke," agreeably to the words of the act of Henry VIII. for physicians? The truth however is, the College know this two years residence is evaded, and they wink at the fact that the candidates for a *licentiateship* "term-trot," as well as the candidates for a *fellowship*. I know some at present term-trotting for the fellowship who, to uphold "a venerable institution," *alias* a darling monopoly, will of course be admitted into it; and I know again some recently admitted into the class of licentiates, with meretricious degrees, who have not resided even two weeks at an university. Having previously provided themselves with a St. Andrews, or Aberdeen, or some foreign degree, on the certificate of the college-men, they have run down by steam to Edinburgh at the commencement of two different sessions, and after matriculating have returned by steam to London. These *steam-manufactured physicians* are, doubtless, very useful to the College at a time they are beating up for licentiate recruits in all quarters, since the exorbitant fees they pay on getting themselves "tagged to the tail" of the College must replenish their empty coffers, and support their new mausoleum in Pall-Mall East.

It may be said, and indeed it has been, said, that if the College of Physicians in London be a monopoly by usurpation, the proper redress for the grievances complained of would be an appeal to a court of law. This, however, is not so easy a task as might at first sight be imagined; but were it ever so easy, and the issue ever so successful, it would fall far short of remedying the many evils and grievances affecting the welfare of the public, and the interests of the medical profession, which, in the lapse of time, have grown up under the system of exclusion adopted by the College. It must be evident, too, that there are few individuals, on their first settling in London as physicians, who would venture to engage in a ruinous contest with a public body or incorporation, the more especially with the fact staring them in the face, that by the various shifts and stratagems, pleas, demurrers, &c., which the College, acting on the defensive, were enabled to resort to; a contest of this kind cost the late Doctor William Hunter, and others, no less a sum than about two thousand pounds in law expenses; and as by far the greater bulk of the physicians in London are licentiates who have sworn allegiance on their bended knees to the College, whilst the independent physicians who have not so bended the knee, nor become vassals of the College, are but few in number, the former are bound hand and foot, and altogether precluded from taking the field; for a physician accepting a license from the College, sells, like Esau, his birthright for a mess of pottage; and, accordingly, although Lord Mansfield severely censured their by-laws and illiberal system of exclusion, yet he and his brother Judges of the Court of King's Bench ruled, in the case of Doctors Archer and Fothergill *versus* the College of Physicians, that no licentiate could claim admission to the fellowship under a by-law which he had pledged his faith to observe.

On the other hand, it is not from want of inclination on the part of the College, but from well-grounded fears, that the absolute nullity of those powers they affect to possess would be made as manifest and clear as the sun at noon day, that they now refrain from prosecuting physicians who extensively exercise their profession, "Nulla à Collegio petitâ veniâ." It is proper that the public should thus be enabled to appreciate the cause of that forbearance they are so anxious to take credit for. If, however, knowing as they do, that the number of physicians who will not bend the knee to them (can any Briton so humiliate himself?) is on the increase, and that they do not take up the gauntlet which has again and again been thrown down to them by individual physicians, able and willing to break a lance with them on the question of their supremacy, then must this learned incorporation appear indeed to the world the *Brutum fulmen* which their late president, Sir George Baker, used to represent them to be amongst his private friends. They may, to be sure, conspire among themselves to crush any individual independent physician (the "alienus homo" of college phraseology) by secret influence, and refusing to meet him in consultation on the case of even a dying patient; and they may set up one of their crafty penal by-laws in justification of such an outrage on humanity. It may suit them, at times, to enforce the rigid observance of this by-law, both by themselves and the licentiates, and it may suit them at other times, it would seem, to leave its observance very much to their own individual discretion; for instance, persecution and proscription were the order of the day in Doctor Dick's time—discretion or caprice, is very much that of the present; and whether from liberality, or the *auri sacra fames*, there are now some of them ready to meet any alienus homo in consultation. Some again will meet one and not another; and, lastly, some will use the aforesaid by-law as a test to discover whether they cannot supplant him in attendance, which indeed they frequently succeed in doing, when there is a subservient family apothecary, who knows well that they are adepts at prescribing for him as well as the patient.

I fear I have already trespassed too much on your columns; permit me, however, to say, that the licentiates must indeed prove themselves "the rope of sand" that some forty or fifty fellows,

> "Grave sons of Isis, and grave sons of
> Cam,
> Who hold dominion by a sham,"

find it for the preservation of their monopoly they should be, if they do not unite heart and hand with the independent physicians throughout the kingdom, and emancipate themselves from the mock aristocracy which at present misgoverns them. There may be some among the licentiates, educated to the lower grades of the profession, as dispensers, tooth-drawers, cuppers and electricians, in whose estimation the honour of being ycleped a Licentiate of the Royal College is cheaply purchased by a lifetime of low servility and toad-eating sycophancy; but the great bulk of licentiates are men of a very different stamp, who must keenly feel the indignities and insults they are daily subjected to. They have no voice or vote, either directly or indirectly, in the affairs of the College, or even in the laws that are made to govern them; they are debarred the use of the library which they have contributed to furnish; they cannot even publish a paper in the transactions of the College, unless under the sanction and name of a Fellow; not without the written permission of a Fellow, dare they set a foot over the threshold of the Hunterian Museum. It must indeed appear a piece of egregious effrontery on the part of the College, that the only answer they deign to make to the licentiates remonstrating against such injustice, is to taunt them with breaking their solemn promises of honour and faith, made to the College, on receiving their licenses; and it will indeed appear a piece of folly, no less egregious on the part of the licentiates, if, after this experience, they shall assay by pitiful supplication and remonstrance, to ameliorate their abject condition. There remains for them only one course to pursue. Let them cease to be bondsmen and slaves, and make common cause with an association seeking to establish a reciprocity of rights and independence among physicians. The College, left to their own resources, and precluded from drawing large revenues from the Licentiates, may perhaps be induced to open wide their doors, and admit into that *good fellowship* and *brotherly* love, for which they are so pre-eminently distinguished, all physicians who should wish to be admitted, rather than run any risk of their *Royal* Establishment ever being a HOUSE TO LET, But should it be otherwise, and that instead of following this well-meant and friendly advice, they should be rashly counselled, contrary to the wish of every peaceably-disposed man, to make some desperate effort to bring back their rebellious licentiates to a proper sense of their duty and allegiance, and to excommunicate and outlaw all other physicians who never owned their sway, then shall we be prepared to meet the attack of our assailants by an united and regular resistance, "the first breath of which will scatter them and their by-laws like chaff before the wind."

A MEMBER OF THE FACULTY OF PHYSIC.

ROYAL INFIRMARY.

Removal of the Metatarsal Bone of the Great Toe, and revival of Sartorial Surgery, by MR. ALLAN.

ON Saturday, the 2d ult., in the absence of more interesting matter for exhibition, the pupils of the Royal Infirmary were regaled with the removal of the metatarsal bone of the great toe by Mr. Allan, author of some published and promised quartos on Lithotomy. The subject of lucubrious merriment, on this occasion, was a young man of robust frame, but of that unhealthy appearance known by medical physiognomists to accompany diseases of the osseous structure. About four months ago a small ulcer appeared on the toe, and ten days previous to his admission, a severe inflammation of the part supervened. By the application of poultices, this state was comparatively reduced, suppuration established, when, on opening the abscess, the bone was found to be carious. The amputation of the toe was accordingly mooted, as the easier operation of the two; but the patient not choosing to part with an old fellow-traveller, the extraction of the morbid joint alone was decreed, and he was placed in the theatre for that purpose. While the tourniquet! was applying, Mr. Allan and his assistant drew two chairs, placed napkins very neatly under their elbows, looked at each other very sagaciously for some time across the table, as if about to talk awhile of "things in general;" when the former, undressing the ulcer, called for a scalpel. made an incision one-third shorter than the length of the bone to be removed. The lateral dissection of the integuments manifesting the mistake, a cruciform section was made to enlarge the wound. Still the articulations were not sufficiently exposed; but a few other supplemental cuts, "this way and that way," brought them at length into view. An attempt was now made to separate the joint by the scalpel; but more time being occupied in the failure than the whole process should have been completed in, a chisel was called for, by the assistance of which the bone, at the end of half an hour, was dug up from its connexions. Nearly the same space of time was spent in securing the divided arteries; and this being done, the blood sponged away, and pledgets of lint laid into the chasm, I expected that the application of adhesive straps would have terminated the performance. The operator was of a different opinion; for, demanding a needle and thread, he very composedly carried it down on one side and up on the other, after the manner of our scientific grandfathers; then knotted his thread, and so on with the other stitches, until the requisite number was inserted. Now Mr. Allan should know by this time of day, that, except in cases where gravitation of depending parts, or muscular retraction, prevents the approximation of the lips of a wound, neither of which could exist here, (or even if they were present, would John Hunter himself expect the union of such lacerated surfaces by a first intention?) are sutures ever employed. That the custom of stitching human flesh, being a very painful process, has been justly superseded wherever the same object can be attained by the judicious management of straps, the bandage, and position; and that the needle is now never used in such cases, except by country practitioners, apothecaries, *et hoc genus omne*, many of whom, no doubt, may have learned the art of sewing from Mr. Allan in the Royal Infirmary.

SCOTUS.

Edinburgh, Dec. 10, 1826.

LONDON PHRENOLOGICAL SOCIETY.

Third Meeting of the Third Session, Dec. 7, 1826.

DR. ELLITOSON, Vice President, in the Chair.

MR. J. Reeve, surgeon, was elected an ordinary member.

The Secretary read a paper on the organ of weight, of which the following is a brief abstract.

The principal functions attributed to this organ were suggested by Dr. Spurzheim, who, from the considerations that *feeling* does not produce ideas of consistency, hardness, softness, solidity, and fluidity, of weight and resistance;—that the mind, to examine these qualities, employs the muscular system rather than the sense of feeling properly so called;—and that if the latter be lost whilst the muscular power is retained, we may still perceive weight and consistency;—concluded that these perceptions depend on an internal operation of the mind, and require a peculiar organ. Mr. Simpson, in the 7th number of the Phrenological Journal, establishes by reasoning and observation, "That the cerebral convolution hitherto called the organ of weight, is the organ of that instructive perception of equilibrium, and the mechanical relations of matter, which is essential to the exertion of animal power." In illustration of those principles, he shows that the organ in question is largely developed in eminent *practical* mechanicians, export marksmen, good billiard players, graceful dancers, and infants precociously steady in their walk; he also adduces authenticated cases of disease of this organ. The views, both of Dr. Spurzheim and Mr. Simpson, on this subject, have been recently corroborated by some important discoveries of Mr. C. Bell, in a memoir "On the Nervous Circle which connects the Voluntary Muscles with the Brain," inserted in the last number of the Philosophical Transactions; he proves that every muscle has two nerves of different properties supplied to it, so that between the brain and the muscles there is a circle of nerves, one nerve conveying the influence of the brain to the muscle, the other giving the sense of the condition of the muscle to the brain; and that if the circle be broken by the division of the motor-nerve, motion ceases, but if it be broken by the division of the other nerve, there is no longer a sense of the condition of the muscle, and therefore no regulation of its activity. "We possess a power of weighing in the hand: what is this," Mr. Bell asks, "but estimating the muscular force? We are sensible," Mr. Bell continues "of the most minute changes of muscular exertion, by which we know the position of the body and limbs, when there is no other means of knowledge open to us. If a rope-dancer measures his steps by the eye, yet, on the other hand, a blind man can balance his body in standing, walking, and running, every effort of voluntary power which gives motion to the body is directed by a sense of the condition of the muscles, and without this sense we could not regulate their actions, and a very principal inlet to knowledge would be cut off."

This evidence clearly establishes that there is in the mind a perception of the condition of the muscles, and that there is a distinct order of nerves destined for the transmission of the appropriate sensations. The paper concluded with a rectification of the mis-statement made by the Edinburgh Reviewer respecting the functions of this organ; instead of stating the function to be the perception of weight, pressure, or resistance, as understood by every phrenologist, the reviewer states, that it is a faculty by which we acquire an idea of gravitation, or of the tendency of all bodies to move with more or less force towards the surface of the earth, which the paper showed to be at utter variance with the principles of phrenology.

Dr. Elliotson, in reference to the subject of artificial compression of the cranium, discussed at a preceding meeting, called the attention of the Society to the observations and facts calculated to elucidate this contested point contained in Dr. Gall's "Fonctions du Cerveau."

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CASE OF ISCHURIA-RENALIS, OR SUPPRESSION OF URINE.

Richard Babb, ætat. 26, porter in a warehouse, admitted into the Physician's Clinical Ward on the 8th of November. The following notes were taken of his case on admission.

He states his general health to be good; about ten years ago he had a slight nephritic affection; he has never experienced any difficulty in voiding his urine. For some time past, the bowels have been in an irregular state, and about six days ago, being at that time much constipated, he had severe head-ache, with a feverish state of body. On the following day, feeling an inclination to make water, he attempted to do so, but found that he was unable to void a single drop. He was then attacked with violent pain in the bladder; the urgent desire to make water, and the inability, still continuing, he was compelled to go to bed, and soon began to experience violent pain in the head and loins. For two or three days he passed a considerable quantity of high coloured urine, having a dark coloured sediment. The bowels were freely opened by the exhibition of castor oil; he was bled from the arm, and leeches were applied to the head; from the latter measure he experienced much relief to the pain. He further states, that the urine assumed a more healthy appearance, but diminished in quantity, and that during the last two days *he has not voided a single drop of urine*. There does not, however, appear to be any distention of the bladder. He complains of pain in the head, and also in the loins, but evinces no tenderness in the latter place on making pressure. He has frequent eructations, on which occasions he feels pain about the umbilicus; there is great thirst, with a dry skin; the pulse is 84, and full; the tongue is covered with a white fur, and the breath has a peculiar sub-acid odour. He says that he has become much emaciated during his indisposition, and, what is important to mention, that he perspired freely on the commencement of the disease.

A catheter was passed into the bladder, for the purpose of satisfactorily ascertaining whether any urine was present. The bladder, however, was found to be quite empty. The following plan of treatment was then directed:—Fourteen ounces of blood to be taken from the loins by means of cupping, warm fomentations to be applied to the abdomen and loins, and the mucilage of gum arabic to be given as ordinary drink.

Calomel, one grain;
Opium, half a grain;
to be taken every six hours.

Nov. 9. There is less pain in the head, and also in the loins, than yesterday; but his intellect appears to be confused, and he is exceedingly dejected; the nurse says that he slept but little during the night, and was constantly moaning. His thirst is unabated; he has frequent retchings, his stomach having rejected every thing which he has taken since admission; the breath continues to have a strong and offensive odour, and the tongue is of a dirty white colour, with fissures here and there. The pulse is 82, and soft; the bowels have been relieved two or three times; the skin is natural. During the night he passed about two ounces of dark coloured and very thick urine, which has a very strong odour. Ordered to be bled from the arm to the amount of ten ounces, and to continue the medicines.

10. The blood-letting of yesterday afforded much relief to the pain in the head, and he is now tolerably free from head-ache. The blood drawn is cupped, and has a thick inflammatory crust, with a considerable proportion of serum. He has passed urine three times since yesterday; the quantity voided amounts to about six ounces, and is of a lighter colour than yesterday, but it still remains of a dark colour, with copious deposit. The bowels have not been relieved; he vomited two or three times last evening, and has been affected with subsultus tendinum during the night. The pulse is 74, small, and somewhat hard; the tongue is moist on the side, but in the centre, and at the tip is dry, and covered with a brownish fur; there is less thirst, and no pain in the loins. Ordered to be bled from the arm to the amoun t of ten ounces; a purgative enema to be administered; the calomel and opium to be continued, and barley water to be taken as ordinary drink.

11. The patient expresses himself as feeling relieved; although he passed a restless night, being disturbed by frightful dreams whenever he fell asleep. About three quarters of a pint of urine was passed early this morning; it is high coloured, and has a considerable dark deposit. The blood taken yesterday, is buffed and cupped, with a large proportion of serum. There was some vomiting last night, and he passed two lax motions; the tongue this morning is moist, and red on the sides, covered at the tip, and in the middle, with a slight brown fur. There is occasional pain felt in the head, and also some uneasiness in the loins; the pulse is 78, and full; the abdomen somewhat tender on pressure; the thirst is still great, and the breath is less offensive. Ordered to be cupped over the loins to the amount of twelve ounces, and to take the following draught three times a day:—

Sulphate of magnesia, half a drachm;
Carbonate of do., fifteen grains;
Tincture of henbane, fifteen minims;
Water, an ounce and a half.

12. Since the report of yesterday, more than a pint of urine has been voided; it is of a light brown colour, with a copious dark deposit. The pulse this morning is 74, and the tongue of the same character as yesterday; the bowels have been relieved once. There was a good deal of vomiting last night, and also this morning after taking his medicine.

Ordered to be cupped at the pit of the stomach, and twelve ounces of blood abstracted; a dose of the saline effervescing mixture to be taken every four hours.*

13. The patient vomited this morning; and still feels sick; he complains of a tingling sensation along the whole course of the urethra. The tongue is dry, and coated with a yellowish brown fur; the pulse is 86, and somewhat sharp; the bowels have not been relieved. He has passed upwards of a pint of urine. Ordered to take ten grains of the extract of colocynth every four hours, until the bowels shall be freely relieved.

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* We are glad to see that the treasurer has, at length, rewarded a faithful and diligent servant of the Hospital—Hills, the surgery man, by giving him the office of cupper. *Merit* is here rewarded; this is as it should be.

14. The vomiting still continues; the bowels have not yet been acted upon, but he passed a comfortable night, and has no pain in the head. The eyes are somewhat suffused, and the face is flushed; the abdomen is tender on pressure; the skin hot and dry; the tongue is brown; the pulse 80, and sharp.

Ordered eighteen leeches to the pit of the stomach; the colocynth enema to be administed immediately, and the effervescing mixture to be continued.

15. The patient has had no return of sickness; two copious motions were produced by the enema; he passed a good night, and the suffusion which existed about the eyes is gone. Nearly two pints of urine have been voided during the last twenty-four hours; it is paler, and has less deposit; the tongue is less furred, and is moist; the pulse 74.

16. There is but little alteration in the symptoms; the same quantity of urine voided as yesterday.

17. The function of the kidneys appears to be now so far restored, that the patient passes what may be considered as an average quantity of urine daily; it is not, however, of a healthy character. And although the prominent feature of the case,—namely, the suppression of urine, is lost; and, consequently, the term ischuria can no longer be applicable to the disease, still there is something manifestly wrong in the constitution. The pulse is 70, with a quick contraction; the tongue is moist and clammy on the sides, but brown and dry in the centre; there is considerable thirst, and the patient frequently moans. He betrays, also, a confusion of intellect. The bowels are open; the skin is natural, and about a quart of urine has been voided since the report of yesterday.

20—29. We have visited the patient daily, in the period included in the foregoing dates; the only material circumstance occuring during this time was bleeding from the nose, which was pretty copious on the 20th. He was, subsequently, (on the 23d) bled from the arm to the amount of fourteen ounces; the blood drawn was buffed and cupped.

Much benefit was experienced from the blood-letting; the epistaxis ceased; the patient recovered from that confused state of intellect before described; and, in fact, every unpleasant symptom gradually yielded.

On the 1st of December, the patient was reported convalescent.

ST. BARTHOLOMEW'S HOSPITAL.

MORBID ANATOMY.

A MAN was admitted into this Hospital, about 45 years old, being much emaciated from diarrhœa, and a large painful tumour in the right iliac fossa of long duration, together with a very troublesome cough. By the use of hydrg. c. creta and Dover's powder, with appropriate diet, his health had much improved, the tumour diminished and became less painful; he died rather suddenly, however, October 21.

On the outer surface of the omentum, and the transverse arch of the colon, was observable much brownish transparent lymph, and several bands of the same structure, whilst others, more organized, connected the ascending colon to the parietes of the right side of the abdomen; between the latter and their peritoneal covering, and between the muscular and peritoneal coats of the small intestines and cœcum, were numerous tubercles of a bluish green, and others of a brown colour; many were nearly as transparent as hydatids, whilst some were firmer and of darker colour, varying in size from the millet seed to the pea. The termination of the ileum in the cœcum was more particularly studded with these little bodies, and in this portion of small intestine, slight ulceration, in a few places, was observable on its mucous membrane.

On opening the cœcum it was found thickened full three-quarters of an inch, by deposition between the peritoneal and muscular coats, which exhibited a light, or sky-blue homogeneous appearance of scirrhous hardness, and in which were lodged many similar tubercles to those above described; the valve was also indurated and thickened, and at the junction of the caput with the ascending portion of the colon, a stricture was formed, which would only admit the little finger; beyond this the intestine seemed quite healthy; on its internal or mucous surface were several sacculi, formed by bands of mucous membrane (from the disorganisation of this coat they resembled ligament) passing from one side to the other; in these sacculi were entangled several cherry and plum stones; apple kernels; a friable body like a biliary calculus, about half an inch long and irregularly shaped; and a small piece of wood nearly the same size; the peritoneal, muscular, and mucous coats were all thickened, on the internal surface of the latter were many dark or black patches; the appendicæ epiploicæ seemed to be included in the general mass of induration.

It is questionable whether these foreign substances produced the irritation, the result of which was so evident, or if such state of parts as sacculi (and stricture more particularly) prevented their passage through the remaining portion of the alimentary canal.

The pericardium contained an unusually large quantity of fluid, (the patient having been dead only a few hours,) although its structure did not appear much, if at all, altered. On the left side of the thorax there existed the closest adhesion between the pleura costalis and pleura pulmonalis throughout their whole surface. The lungs were hepatised, although they floated in water; they contained tubercles of all stages, from the most incipient to others suppurating. The liver was unusually firm. From the request of the parents the head was not examined.

CASE OF EFFUSION OF BLOOD FROM THE MIDDLE MENINGEAL ARTERY, WITH FRACTURE AND SEPARATION OF THE SUTURES.

A man was brought into Rahere Ward on Sunday, October 28, 11 p. m. The scalp had received a large wound over the right parietal bone, to the extent of three inches, and two smaller ones over the forehead; the patient having fallen from a ladder whilst intoxicated. At the time of his admission he was in a highly excited state, from the effect of the liquor which he had swallowed, and so violent as to require the strait waiscoat; he was placed in bed, and ordered a dose of jalap and calomel, and house medicine. He remained in the same state the whole of the night; gradually towards morning becoming more composed, but continuing quite insensible, his pulse quick and hard; pupils not dilated, but somewhat inactive; his bowels had been freely opened, stools very black and offensive; his head was shaved, and cold lotion applied; the dresser bled him to ℥xiv. (the blood trickling down the arm, it did not exhibit any inflammatory appearance.)

30. Remained in the same sate—*no examination had been made to discover whether fracture exists.*

November 1. The dresser undertook to bleed the patient to ℥xii., his pulse as he stated, justifying him in that procedure; he remains in the same state, not recovering any sensibility; had occasional alvine evacuations, but very offensive and dark; the breathing had become stertorous, and the pupils dilated. At 12, Mr. Vincent saw him, *and directed a poultice to be applied* to the *scalp, to endeavour to promote suppuration*, and ordered him five grains of chalk and calomel, with the same quantity of rhubarb, to be repeated twice a day, until the secretions should change to a more healthy condition. No examination of the head.

2. He has been much convulsed during the night, and the mouth is drawn aside; the pupils dilated, and the breathing stertorous, pulse quick and small. He died in the afternoon.

Post-mortem Examination.

Under the scalp a large quantity of blood was effused, this being sponged away, a fracture was discovered, of a triangular shape, slightly depressed on the upper part of the parietal bone; the same force which had produced the fracture, had also separated the sagittal suture of the left side, and the suture connecting the squamous part of the temporal to the wing of the sphenoid; there was a small splinter of bone in the situation of this last suture, which had lacerated the dura mater, and wounded the middle meningeal artery, from whence a very considerable quantity of blood had been effused between the bone and dura mater, and also upon the surface of the same hemisphere; the coverings of the brain were unnaturally vascular; the arachnoid thickened and oqaque; the substance of the brain, when cut, presenting numerous small red points, and near the suture separated; the substance of the brain had been ruptured slightly, and blood effused. Nothing peculiar was presented in the other parts of the body.

INFLAMMATION AND ABSCESS OF THE LOWER PART OF ABDOMEN, WITH FEVER.

June 8. A brewer's servant, æt. 20, of robust habit, was admitted in the following state under Mr. Lawrence :—

On the evening of the third of June he felt indisposed, but continued at his employment; he imagined that in lifting a barrel, he had strained himself; he continued at work until the evening previous to his admission to the Hospital, when he returned home and went to bed: an attack of vomiting seized him, accompanied with a severe pain in the left side and lower part of the abdomen. He took some salts, and remained in bed gradually getting worse, until he was removed to the Hospital. His pulse was full and strong, the countenance flushed, eyes dull and heavy; severe headach, with a sense of weight; the tongue was white to the very edges. He was purged, and complained of severe pain in the lower and front part of abdomen. He mentioned the strain which he had experienced in the latter situation, but as symptoms of indisposition had shown themselves previous to this accident, and as the abdomen generally was soft and bore pressure without uneasiness, the affliction was not referred to the strain, but considered as a case of fever produced by determination to the head, and exhibiting the strongly marked inflammatory character which the age, the plethoric habit, and the occupation of the patient, sufficiently accounted for: v. s. to ℥xx.; blood buffed and cupped; the head to be shaved, and cold lotions applied; calomel five grains, with opium one grain, statim sumend; and saline medicine with antimony.

9. Delirium during the night; pulse full, skin hot and dry; venesection to ℥xx; blood still buffed and cupped; magnesia sulph, ʒi. in aqua menthæ quartis horis sumend.

10. Considerably relieved to-day by the bleeding. Ordered by Mr. Lawrence to be bled to ℥xii.

11. The inflammatory symptoms have now subsided; he complains of pain in the abdomen.

12. Still complains of the pain in the lower part of the abdomen; there is a distinct hardness, with tenderness on pressure, in the left iliac region. A line continued parallel to the crural arch two inches above it, and then continued obliquely to the symphysis pubis, forms the boundary of the hardness and pain; the rest of the abdomen is perfectly soft and easy; the hair of the pubes to be removed, and 18 leeches to be applied; the sulphate of magnesia to be continued.

13. Much relieved; twelve leeches, a dose of calomel and jalap, immediately.

14. The pain removed, and bowels open; the part is still tender on pressure.

21. Very pale, and complains of weakness. Infusion of bark and rose leaves, with dilute sulph. acid three times a day.

23. Skin hot and dry; tongue white; these circumstances, with the induration and pain in the iliac region, show that inflammation is still going on, and that the tonics which were prescribed in opposition to the principles of the previous treatment, have been injurious; 12 leeches to the part; gr. iv. of calomel, with senna mixture, in the morning.

26. Eighteen leeches.

28. Calomel iv. grs., sextis horis sumend. ad 4 am vicem.

July 3. General febrile symptoms again betraying themselves; venesection ad ℥xii. calomel gr. iv. sextis horis.

8. Eighteen leeches.

20. Eighteen leeches; the calomel which had been used to this time, acting freely on his bowels, and also slightly affecting the mouth, to be discontinued.

21. A blister on the indurated part.

29. The affected part had become slightly prominent in comparison with the opposite side. An obscure softness is felt at one part, but no fluctuation can be perceived. Mr. Lawrence had concluded for some days past, that the case must terminate in suppuration, and was now so fully convinced that matter had formed, that he determined on puncturing the swelling. He made a free opening, and found it necessary to plunge the instrument to a considerable depth, when about ℥x of thick and well formed pus, issued from the wound. A director introduced, entered nearly its whole length towards the bladder.

31. The pain is gone, and the tongue clean, (infusion of bark with sulphuric acid.)

August 14. The opening, which is nearly closed now, discharges only a little thin fluid. A probe introduced, enters only about an inch and a half; the appetite is good, and the strength returning; he continued to gain strength, and was subsequently discharged, cured.

A fortnight after his discharge, he returned, so changed in appearance for the better that he was scarcely recognised.

Amputation of the leg was performed on Saturday last by Mr. Earle, (assisted by Mr. Lawrence,) in a very bungling manner.

Errata.—In Dr. Elliotson's Letter, in our last Number but one, Article 6, for "Censors of the Board," read "*Censors at the Board*;" ditto note, for "Hunterian," read "*Hunterian Museum*;" article 7, dele the last inverted commas; article 8, for "I might well," read "*I might as well*."

THE LANCET.

No. 173.] LONDON, SATURDAY, DECEMBER 23. [1826-7.

MR. ABERNETHY'S
PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;
DELIVERED IN THE
ANATOMICAL COURSE OF LECTURES,
At St. Bartholomew's Hospital.

The Muscles on the Front of the Body.

I SHALL proceed to give an account of the muscles that are found on the front of the body; and first, of those that are found on the front of the neck. It is a rule, in dissecting, to detach the muscles from those attachments which are most plain and obvious, and to leave them attached to those parts which are the most obscure; because you can afterwards examine those parts deliberately.

Here I find the *subcutaneous* muscle. Animals have those muscles generally, by which they wrinkle the skin and strike off any thing that may be annoying them—frighten away any fly that may be disposed to bite them. But as man can apply the hand to every part of the body, there was no need of this subcutaneous muscle; yet there is here a fleshy thing that bears the name which Galen gave it, *platysma myoides.* This muscle is stronger in front than in the back part: much need not be said about it. As to its *action,* it tugs up the integuments beneath the collar bone, and tugs down the integuments of the face.

Then there are certain practical observations respecting muscles; which I deem worthy of attention; and one is, that the *external jugular veins* run down beneath this muscle; and if you open an external jugular vein, you had better carry your knife in the direction of the fibres, and not go against them, otherwise unpleasant circumstances may be produced. Also I know, that where there are *cysts* in the neck, in the situation in which I have often seen them, that the tension of the fibres gives a firmness to them, which would make you think there is something solid where there is actually nothing but fluid. However, this muscle is raised, and then you see beneath it another, which is a very remarkable and a very important muscle, a muscle which comes from the *mastoid process*; its tendon is partly attached to the process, and partly spread over it, and it is named, from its attachment, *sterno-cleido-mastoideus.*

Well, what will that muscle do? Of course, bringing the mastoid processes towards the *sternum* and collar bones, the head is brought forwards. But suppose one of the muscles will act and the other will not; suppose the right one does act and the left one does not; why then that will bring the right mastoid process down, and twist the neck. Again, the muscle may act in a sort of irregular manner, and, without approximating the attachments, it may bring them opposite to one another; for instance, if I turn my head to one side, I do it with this muscle, yet I don't make the muscles approximate. Now this case, with respect to this muscle, seems to be well known to every artist—to every gentleman who has a taste for an artist. In making a figure of the head turned round, what do you see? Why, every gentleman understands that it's the sterno-cleido-mastoideus which presents itself to view, and it would be shameful for a medical man to be ignorant of it.

Now for practical remarks:—There's a *wry neck.* Cases of wry neck are no uncommon occurrences, and they seem to indicate undue actions of the sterno cleido-mastoideus. I have always said, in these lectures, that a very pretty little book might be written on wry necks; for sometimes inflammation in the glands, in the neighbourhood of this muscle, may excite it to this irregular action. Something on the opposite side of the neck, preventing muscular action, may cause the neck to be twisted; but the muscles on the side to which the neck is twisted are not the faulty muscles.

Then, as to wry necks in general, they are the result of the irregular action of muscles; and many muscles are concerned in the production of the wry neck. Now in those cases of wry neck which result from the irregular action of muscles, if the sterno-cleido-mastoideus be chiefly affected, what is to be done? Why, you must endeavour to tranquillise the muscles There are many of those cases entirely the result of a disturbed state of nerves, as I believe, caused by disordered digestive organs: and whether this be universally the case or not, I will tell you of one absolute, undoubted instance of it. This happened in a tall boy at school; he was seized with a wry neck, they leeched him, and blistered him, and made bad worse, and after a week he was sent up to town. I say he was a tall, lanky boy; and, upon my life, I thought a *pullet's* neck could not have been more twisted round than this was: that, you know, admits of a particular turn from the mechanism of the vertebræ of the neck, in order to let the fowl put its head under its wing to go to sleep. But so much was this boy's neck twisted, that I told him to lie on a sofa, or couch, or bed, and to support the head with pillows; never to sit upright; never to put the head in a position to demand muscular action for support, since, if the muscles did act, they would act in this faulty manner. I told him to foment his neck by flannels; to keep it in a kind of tepid bath; to keep himself in a kind of perspiration; and I applied the whole of my attention to put his digestive organs to rights. His bowels were all wrong—his tongue furred, and of a bad colour. A week elapsed, and his stomach and bowels got into a decent state, and his wry neck was entirely gone. But you see if this is neglected in the outset, then muscles get a habit of perverse action, and you have wry necks established beyond removal, even by putting the digestives to rights, though that I believe to be a most direct and efficient mode of cure in every instance. But I know that there are cases of wry neck, where people have their necks twisted, and the muscles put into such an irritable state of action, that the cases do not yield quickly, even to what I should consider the most judicious and appropriate treatment. But, now, in reading books of surgery, you find the proposition of dividing the sterno-cleido-mastoideus muscle, in order to set people's heads right on their shoulders. Now, I did live for a very great part of my life, and I did not know what the plague those people meant by this; I never could meet with a case where such an operation could for a moment have been rationally thought of; then, as curious cases are something like misfortunes, that is, they never come alone, in one year I met with *four* cases requiring an operation in the sterno-cleido-mastoideus. All these cases appeared to me to be of the same nature; I mean to say, it appeared to me that the muscle appeared to be originally *mal*-formed; that the clavicular part of the muscle was shorter than it should have been; it was irritable, and drew the mastoid process towards the collar bone. And *note* the consequence: the people—children they were, for they were not more than fifteen or sixteen years of age,—had all grown wry in their backs; the vertebral column had become completely deformed. And it is natural to suppose that that would be the case, for if any thing oblige a man's head to lie pretty much in contact with his shoulder, he is under the necessity of bending the vertebræ of the loins to the opposite side in order to support the gravity of his head perpendicularly upon the *sacrum*. The inversion of one vertebra, creates the necessity for another inversion. *Hang* it, says I, these children shall not remain in this manner; so I made a longitudinal incision in the sternal portion of the muscle, cut it fairly through, and up started the head perpendicularly upon the neck. I did not touch the clavicular portion of the muscle at all; that did not seem to be at all faulty, and when the clavicular portion was set right, all seemed right; and I have great satisfaction in informing you, that these children became straight in their backs. Now that's a very curious thing, that the curvatures of their spines became involved without any mechanism. In one of the children, indeed, a second contraction took place after about a year and a half. I shall not stop now to explain the process, that's explained in the surgical lectures, but I divided it a second time, resolved that the child should grow up to its full stature without deformity of the vertebral column. I have seen several cases since; and there was a student here who chose to have the operation done on his neck; not that it was in any considerable degree deformed. He would have done very well for a *courtier* in the court of Alexander the Great, where it was the fashion, in imitation of their monarch, to walk with their heads a little twisted. (Laughter.) But, however, he chose to have it done, and done it was, and with a very satisfactory result to him; he then could do with his head what he could not have done before.

With respect to the *depressors* of the *larynx*, there are six of those muscles; but I have not stopped to mention their actions separately, for it would have been needless; they all have the same actions, namely, to draw down the larynx towards the sternum.

With respect to the *elevators* of the larynx, the first I have to point out, is a muscle which is generally known by the name of *digastricus*. As to its *action*, why, I say, we never can tell what the action of a muscle will be; it depends upon what are the fixed parts of the muscle. Admitting, then, the jaw to be the fixed part of this muscle, it will raise up the *os hyoides*; it is an elevator, then, of the os hyoides. This muscle has been somewhat dignified by a dispute between two great teachers of anatomy, namely, Dr. Hunter and Dr. Munro; not the present, but the past Dr. Munro. Now those two great men never would have disputed about this, if they had made up their minds to have done what I tell you, you must unquestionably do, which is, first of all to determine which is the fixed part of the muscle. The dispute was, whether the *anterior belly* of the digastricus would not depress the jaw? Unquestionably, if the os hyoides is the fixed part, then the anterior belly of the digastricus would depress the jaw. The jaw wants no depressor in general; it will fall by its own weight, as you will see in a man going to sleep. But suppose a surgeon was operating on a child, and he were to say, " Don't cry, you little rogue," but the child bellowed lustily, what would he do? He would draw the jaw down as far as possible, and in doing that, there is no doubt that he would use the anterior belly of the digastricus to effect this purpose.

The *stylo-hyoideus*: They tell a trivial circumstance about this muscle, which is, that some of the *tendons* spread in going over the digastricus muscle, and others pass behind. It is a poor trumpery muscle, and it's not worth while to be talking about those minute parts of anatomy that belong to it. It must be considered as an elevator of the os hyoides.

Then there are two more muscles which elevate the larynx, the *mylo-hyoideus*, and the *genio-hyoideus*. There are, therefore, three muscles on each side to depress the larynx, and four to elevate it.

Now I remember, when I was young, people used to say, " O, it's not necessary to study anatomy, taking into consideration all these small muscles; *damn 'em*, they would puzzle any body." They used to call them the *little* muscles with the *long names*. Now I was pleased to hear that, for it always gave me an opportunity of saying, it would be a great desideratum to have all the muscles named the same, in one way. I heartily wish that that most laborious man, now dead, he who had such great knowledge of the languages, *Dr. Barclay*, had but made the attempt. What's the use of calling a muscle *oblique* or *straight*? Does that tell you where it is, what it does, or any thing about it? There are many muscles named after mathematical figures, to which they bear no similitude whatever; but I defy any body to hear the name of sterno-cleido-mastoideus pronounced, without imagining the muscle; it recognises the attachment of the muscle, and if you know the attachment, you know the use; and the use is, to bring that which is most moveable to that which is most fixed. What is the use, for instance, of calling one of these muscles digastricus? Really the whole nomenclature of muscles is quite ridiculous. But you must know the muscles if you would be anatomists, and you must be anatomists if you would be surgeons. I dare say Mr. Stanley has told you, that the knowledge of the bones is the foundation of anatomy. Aye, I dare say he has; and now I have to tell you, that the knowledge of the muscles is the next in superstructure. How is it possible you can know the arteries and veins, unless you know the muscles? Come, now, I would ask you, What is the situation of the *sub-maxillary salivary gland*? You must answer me, that it lies immediately below the jaw, and upon the mylo-hyoideus muscle. Now I ask, What is the situation of the *sublingual gland*? It must be answered, immediately under the tongue, and upon the mylo hyoideus. The oblique direction of this muscle is the cause of the unequal depths in the mouth; the mouth is very shallow in the front, but it deepens behind; and what is that thing you touch with your tongue. It is the mylo-hyoideus muscle.

But I cannot quit the subject yet, for I know it must be said, it must be very strange that the larynx, which you call the organ of the voice in the windpipe, should have such multitudinous powers to raise it up. Does it facilitate respiration? Does it affect the tones of the voice? No, I don't think it does. It affects the note of the voice, as you will afterwards learn. Unquestionably, the note depends upon the situation of the larynx, but the tone is a totally different thing. But was it for this, that we might vary the note of our voices? O, no. Then why had we those powers? Because the bag which receives the food when we swallow, the bag of the pharynx, is attached to the back part of the larynx; so that the larynx is lifted up, that the bag should be lifted up to receive the food. Put your hand upon your larynx, and then attempt to swallow. *Gulp*—up and down it goes with the convulsive motions. Why does it go up? O, for more reasons than I can tell you at present; but we shall at present say, that the bag may be raised to receive the food. Why does it go down? O, that is to be answered in this way, because it is necessary for respiring. We are breathing at all times, and swallowing occasionally, and it is necessary for respiration that the bag of the pharynx should be brought down. Therefore have you these muscles; and now I have done with them: but I must show you another muscle.

Pectoral muscle. What will this do? Why, if the arm is lifted up, unquestionably it will depress the arm on the side. When the arm is depressed on the side, it will bring the arm forward; and the ridge being in front, or external to the bicipital groove, it will roll the arm in. All this is said upon the presumption of the trunk being the fixed part, but the arm may be the fixed part. Have you never seen a little boy climb up a tree? If you have, you will have observed that he catches hold of a bough with his arm, and draws up his body, which is done with this muscle; sometimes, also, he lays hold of a branch with his legs.

This muscle is well known to every artist, and gentlemen having a taste in that way, and it would be most unpardonable for a medical man not thoroughly to understand the pectoral muscle. And to show you of how much consequence it is to know the attachment of muscles, I mention this: Suppose a muscle to be burst, and subsequently inflamed, what are you to do? What! to approximate the different attachments as much as you can, and to let the fibres be as loose as possible, for then the inflammation will go down, and the parts will unite; but if you let the attachments be separated, and the fibres stretched, God knows when the inflammation will go down, or the parts of the muscle unite. But suppose the muscle to be divided; if you cut it, it gapes, it retracts by the living power, and you may bring the parts of the skin together by adhesive plasters, but how do you close the wound in the muscle? There is no other way but by compression; and if you approximate the fibres, then they will unite together, and the wound will be closed. There is no other way of closing muscular wounds. You may think as you please, but I am sure that no one is fit for his profession who does not understand the attachment of the muscles, neither can he learn the rest of anatomy, without understanding the muscles: don't, therefore, suffer your minds to repose, or be contented, without acquiring this knowledge. They say when you take off a diseased breast, you should put the pectoral muscle on the stretch: I remember the time when they used to sit a patient down in a chair, when that operation was going to be performed, and put a plane under the arm to keep it stretched. They don't do the operation so now; but, of course, they put the pectoral muscle on the stretch still.

Deltoid muscle. If there is any part that surgeons should be acquainted with, it is the *gap* between the deltoid, and the clavicular portion of the pectoral muscles. I put my finger into that gap in my own person, and I stop the beating of the pulse at the wrist. Suppose a man has got a bleeding in his arm, which there is a difficulty in stopping, how are you, as a surgeon, to stop it? By passing your finger over the first and second ribs, pressing the artery, and you stop it at once. When I talk about this sort of thing, and hear a medical man say he can't do it, I always say, there are others that can. And I tell this story of a lady who was examined by a great number of *learned doctors;* they could not tell what was the matter with her; they had *never* met with such an *intermittent* pulse in the whole course of their lives, nor any thing at all to equal it, and they pronounced their opinion that she could not live a moment, and left the room; and, *egad,* all this time she was *tweedling* with this artery at the shoulder. (Laughter.)

Now I will only just say, with respect to *system,* that there is a great deal in that. In acquiring a knowledge of any science, system is almost indispensably necessary; but it is especially so in the medical profession. With this view, the abdomen is divided into *regions;* and from want of attending to this, I have known something of this nature occur elsewhere: the examiner has asked a young gentleman who presented himself for examination, "What do you see upon opening the abdomen?" The chap has stared, looked aghast, and stuttered out, "wh—wh—wh; what—what do I see, Sir?" "Aye?" "Why, th—there's, there's the *liver,* Sir." "Well?" "An—an—and there's the *stomach,* Sir. An — an — an —and — and there's, there's the *spleen,* Sir. And there's the *cæcum,* Sir." (Roars of laughter.) Now, then, just let me tell you, that you will do well to proceed *systematically,* and to *pack* up your knowledge as you go along, in such order, that, when you are asked for it, you will at once know where to find it.

LECTURES
ON THE
Diseases of the Nervous System,
BY
DR. CLUTTERBUCK.

LECTURE VI.

Of Phrenitis.

Gentlemen,

HAVING treated of *membronous* inflammation of the brain, we come now to inflammations of the organ itself; and first those of the *acute* kind, or such as are attended with *pyrexia,* or a febrile state of system. Now the disease may be general or partial. One might even conceive inflammation to occupy the whole organ at once, although the division and separation of parts that are found here, make it improbable that such should often, if ever, be the case: nor has the actual existence of any such case, I believe, been proved by dissection. Indeed it is difficult to imagine the entire mass of brain to be at once the subject of inflammation, consistently with life. It is very probable, however, that one hemisphere of the brain may be inflamed, without the opposite one, just as happens with regard to the lungs. We have, indeed, a tolerable proof of this in cases of hemiplegia, where the disease is confined to one side of the brain, as shown both by the symptoms and by the appearances after death. It is reasonable also to believe, that the different lobes of which the hemispheres are composed, may be separately affected, and give rise to peculiar symptoms, as they have no doubt different functions to perform. It is certain, likewise, that the *cerebellum* is very distinct in its uses from the *cerebrum*; and it is hardly to be questioned that the different structures found at the basis, under the denomination of *corpora quadrigemina, pons varolii, medulla oblongata*, &c. (made up as these parts are of processes from the *cerebrum* and *cerebellum*) have each their peculiar offices, and give rise to peculiar symptoms, when diseased. Anatomy as well as observation have gone some way toward proving these positions. But our knowledge of the subject is still far from precise or satisfactory. Experiment itself is extremely fallacious in matters of this kind, and has furnished results in many respects contradictory. Much yet remains to be done upon this interesting subject, before the pathology of the brain can make any considerable advances. Happily, however, such minute distinctions as I have just alluded to, are by no means essential to successful practice; for we act upon general indications, which are not much influenced by the particular seat of the disease. It is enough, in general, that we can assign the nature of the disease present, especially as founded in inflammation or otherwise; a point that may in most cases be determined without much difficulty, and with sufficient certainty for practice. And in all doubtful cases, you should make it a rule to act as if inflammation were actually present; but, of course, with the greater caution, in proportion as the case is uncertain.

Now without attempting to make a division of the different inflammations of the brain upon strict anatomical principles, (for which, as I have shown you, there is as yet no proper foundation), I shall confine myself to the varieties that authors have principally noticed, and which are founded chiefly upon the apparent disorder of functions. Those of the *acute* or febrile kind may all be included under the terms *phrenitis* and *idiopathic fever*; for I shall assume for the present, that the latter, as well as the former, is merely a variety of inflammation of the brain; leaving the proofs of this opinion, to a future occasion.

1. *Of Phrenitis.*

This term has been applied by authors to that variety of cerebral inflammation, which is characterised by great and active disorder of the mental functions. Accordingly, Dr. Cullen, following the generality of authors, gives us, as a part of the definition, "furious delirium;" as if this were a necessary symptom of inflamed brain. He mentions, however, as an alternative, *typho-mania*; by which is to be understood, *delirium with a degree of stupor*. But neither one nor the other of these is necessary to constitute the disease; as you will presently see when the symptoms have been fully described. This form of inflammation of the brain, has been sometimes called *phrenismus, cephalitis, sphacelismus*, &c.

Symptoms of Phrenitis. In pointing out the characters of this disease, you must call to mind the distinction I formerly made of *symptoms* in general, into *common* and *proper*. Now the *common* signs or symptoms, viz. *heat, redness, pain*, and *swelling*, by which we ascertain the presence of inflammation, will not always avail us here, as you will presently perceive when we have examined those signs individually. Nor is *pyrexia* more to be relied upon. We are obliged to resort, therefore, to the *proper* or *special* symptoms, in order to form our *diagnosis*, and which consist chiefly in a disturbed state of the *sensorial functions*.

Now as to the *common* symptoms of inflammation:—

Heat of head is a frequent sign of inflammation going on in the brain, and which is observable in all the varieties of the disease, and when present, it may be much relied upon. But slight affections of the sort may be unattended with this effect, at least, in any perceptible degree. *Redness* can only be inferred to exist, from its extending, as it occasionly does, to the eyes and face. This redness or suffusion of the face and eyes, though only occasional, makes, however, a part of Dr. Cullen's definition of *phrenitis*. *Pain in the head* is another frequent attendant on *phrenitis*, especially at the outset of the disease, that is, while feeling and consciousness remain. At a later period of the disease, it is seldom complained of. The pain is often of a throbbing kind. The degree and danger of the disease, however, bear but very little proportion to the pain the patient experiences; which, on the contrary, is often the greatest where the danger is the least; and *vice versa*. There are, you will recollect, two causes of this anomaly; one is, the natural insensibility of the brain; the other, the loss of consciousness which is so common an attendant of brain-affections. As to *swelling*, this, it is plain, cannot take place with regard to the entire organ, except in the individual case of infants, where the bones are not yet firmly united; in these, a protuberance at the fontanel is very observable, when inflammation is going on in the interior of the skull. *Pyrexia*, again, which is one of the *common* signs of inflammation, wherever seated, is not always present in this, more than in others. Indeed, in some of the worst cases, where the brain is in a state of oppression with regard to its functions, the general vascular action of the system appears to be kept down by this very circumstance, the pulse deviating but little from the natural state. On many occasions, the general circulation is greatly though variously disturbed: the pulse being sometimes extremely hurried, sometimes preternaturally slow; and not unfrequently irregular also.

We must in general, therefore, look beyond the *common* signs of inflammation, in order to discover the existence of *phrenitis*, and inquire into the state of the *sensorial functions*, where the unequivocal signs of the disease will be found. Now the manner in which those functions are disturbed, will of course depend upon the degree of the disease, and the particular seat it occupies in the brain; and will therefore be extremely various.

1. *Sensation*. This function of the brain is very generally, though not always, disturbed in *phrenitis*; and the disturbance shows itself in different ways, and in the different organs of sense. Thus the *eye* is often too acutely sensible of light, and the *ear* of sound. Sometimes those senses are impaired, or wholly lost. And sometimes false perceptions arise, not produced by any external cause, but by a disordered condition of the origin of those senses in the brain. Thus it is that imaginary objects are seen; flashes of light are complained of; or every thing around the patient appears to him to be on fire; the colours of objects are changed to his imagination: and the same may be the case with regard to the organ of *hearing*. The other senses of *taste*, *smell*, and *touch*, are liable to be equally deranged: thus there are fancied *tastes* and *odours*: while a sense of *creeping* on the skin, or a feeling of *cold*, or *heat*; or an extreme degree of sensibility to the *touch*, and often actual and acute *pain*; are among the occasional symptoms of this affection.

2. The *voluntary power* is not always affected in *phrenitis*; the disease, in its strictest and simplest form, being an affection of the *mental function* only. It is seldom however so simple as this: not only *sensation* being disturbed, as I have just described, but the *voluntary power* also, and that very variously. In some cases it is increased in energy, enabling the patient to make the most extraordinary muscular efforts; in others, the reverse state, *prostration of strength*, occurs; and this is generally the case towards the end. At other times, there are feeble and tremulous movements; and, occasionally, epilepsy or general convulsions take place.

3. *The mental functions*. Inflammation may, and very often does, exist in the brain without any disturbance of the mental powers: but in the variety of the disease we are now considering, such disturbance is the characteristic mark of the disease. The *mental* disorder shows itself in various ways. It often commences with an unusual flow of spirits, with great loquacity; which is succeeded by confusion of thought, incoherent speech, and irrational conduct, up to the pitch of fury at times; and generally, then, is accompanied with high febrile action, so as to agree pretty well with the definition given by writers. Or, the ideas may be of a gloomy and melancholy cast, leading frequently to despondency; or there may be stupor, or abolition of the mental faculties, whence the term *typho-mania*, which Dr. Cullen introduces into his definition of *phrenitis*. These varieties in the state of the *mind* and *feelings* of the patient, indicate nothing certain with respect to the corporeal state of the brain, and afford hardly any guide in regard to practice; as I shall presently have occasion to observe to you.

In addition to the symptoms now mentioned, there are often others that assist us in forming the *diagnosis*: such as heat of head, throbbing of arteries, redness of the eyes, and a peculiar and generally quick expression of countenance, depending partly upon a contracted state of the pupils, and partly upon a sharpness of features, the effect of muscular contraction. The *sleep*, likewise, is hardly ever natural; in most cases there is extreme watchfulness, and that continued often for many days.

You will find it stated by authors, that *true* or *idiopathic phrenitis*, (*phrenitis vera*,) is a very rare disease, while the *symptomatic* is exceedingly common. Now you might imagine from this, that two different diseases were here spoken of; and that the latter, in fact, was hardly to be considered as inflammation of the brain. This, however, is a mistaken view of the subject. The term *idiopathic phrenitis* has been applied when the disease arises *primarily*, and that either spontaneously or from some evident external cause: such as *exposure to cold, insolation* &c.; while the disease has been called *symptomatic*, when it comes on *secondarily* in the course of other diseases, as *fever*, or any other. This distinction, however, is a frivolous one. The disease is not the less inflammation of the brain, because it occurs in the course of another disease, which may be then considered as its *occasional* or exciting cause. Undoubtedly, the treatment called for in such cases, may sometimes require modification; not because the disease in itself is different, but because it arises in a different state of system, and under different circumstances.

The *progress* and *termination* of *phrenitis* are various, according to its violence, and the greater or less disposition there may be to disease in the brain. Many cases terminate speedily, and favourably; others proceed rapidly to a fatal termination, by interruption of functions. Or it may go on to *suppuration;* though this is only likely to happen in the milder and protracted forms of the disease. It may end also in a rupture of blood-vessels in the brain, and thus give rise to *apoplexy*, from extravasation of blood. Or, lastly, it may terminate in *insanity*, or permanent derangement of intellect, from the alteration of structure induced by the inflammation.

For the *causes* of *phrenitis,* I must refer you to a former lecture, where I pointed out the causes of inflammation of the brain altogether; for they are not peculiar in this case. Nor are the appearances on dissection such, as to enable us to discriminate between this and the other forms of inflammation of the brain, whether *acute hydrocephalus*, or *idiopathic fever*. The most speedily fatal cases, in all the varieties of the disease, are those which leave the fewest and faintest traces behind them.

Treatment of phrenitis.—The treatment of this disease is to be conducted upon the common principles that govern our practice in other inflammations: that is, according to the degree and stage of the complaint, and the habit of the patient; with an attention to such points as experience may have taught us, arising from the peculiar nature of the organ affected. And I must here repeat to you what I formerly remarked, that you are not to form your indications of cure, as is often done, from the *state of mind* of the patient, but from the ordinary bodily signs, as in other inflammations. You are not called upon, for example, to bleed to an extreme degree, every case that is attended with active or even furious delirium; nor must you stimulate, merely because the spirits are low and depressed: but first endeavour to ascertain the bodily strength, by the ordinary means.

In the treatment of *phrenitis*, your first attention should be paid to the *causes* of the disease; in order to attempt their removal, if they should be still acting. This being accomplished as far as possible, the usual remedies for inflammation are to be applied. If the case is recent, and the patient strong, large and repeated bloodletting will be generally required: in weak subjects, the quantity of blood to be taken must be governed by the bodily strength, and not by the violence of the delirium. You are not to consider *opening the temporal* artery, as having any peculiar advantage over *venesection*; but rather the contrary, as I before stated. *Cathartics*, and the *digitalis* in minute doses, are equally indicated as in other inflammations. *Blistering*, where the pulse is much hurried, appears a doubtful remedy; as is the application of a *blister* to the scalp. It is generally better to apply continued *cold* to the head, the good effect of which I have sometimes thought was enhanced, by the occasional use of warm fomentations.

There is a period when *opium* appears to be extremely useful; but its too early application, for the mere purpose of procuring sleep, is injurious and even dangerous. When *bloodletting* has been as largely used as the circumstances of the case appear to warrant, then and not till then is *opium* proper. Under this limitation, it often produces the best effect, by conciliating sleep, during which there is often a gradual and sometimes an entire subsidence of all the symptoms; so that the patient, after a sleep of several hours duration, awakes free from delirium, and becomes immediately convalescent. Whether these good effects are most likely to be produced by small and repeated doses of the remedy, or by a single large dose, it is difficult to determine. I am rather inclined to prefer the latter mode; giving, for example, two or three grains of the solid opium, or 40 or 50 drops of the tincture, at a dose: but I have also seen equally good effects from the quantity of five or six drops, given repeatedly at intervals of a few hours. The combination of *opium* with *ipecacuanha*, in the form of *Dover's powder*, appears well adapted to the case.

There is one variety of *phrenitis* that has of late been much talked of, under the novel designation of *delirium tremens*; as if it were a new or nondescript disease; wearing the semblance only of inflammation of the brain, but not actually such. And accordingly a peculiar mode of treatment has been suggested, in a great measure, the reverse of that which is usually employed in *phrenitis*; namely, large and repeated doses of opium; *bloodletting* being altogether reprobated in these cases.

Now I think it right to guard you against an indiscriminate admission of these opinions, though I must allow they come from a respectable quarter. The chief peculiarities of the disease are, the muscular tremor of the hands that attends the delirium, and its taking place mostly in habitual drunkards. But the disease itself is nevertheless inflammation in the brain, though its character may be modified by the nature of the exciting cause, and the habit of the patient. In many of these cases, undoubtedly, the general strength is much impaired, so as not to call for evacuations, especially of blood. But this rule is far from being general. *Delirium*, with muscular tremors, is often met with, where the habit is still strong, and where there are sufficient marks of a very active state of disease going on in the brain. In such cases, though produced by frequent intoxication, *bloodletting* is as necessary, though not perhaps to the same extent, as in ordinary cases of *phrenitis*. After the abstraction of blood, *opium* may be safely resorted to; though I believe it is less necessary than is commonly imagined. I have several times had to regret the neglect of bleeding in these cases; and have been compelled to resort to it, from the failure of other means.

The last form of *acute* inflammation of the brain, which I shall have to notice, is that termed *idiopathic fever*, a subject that will require a good deal of attention, both from its extent, and from the diversity of opinion that exists with regard to its intrinsic nature. This I shall resume at our next meeting.

FOREIGN DEPARTMENT.

Clinical Report of the Practice in La Charité, during the Winter of 1825-6.

It is the bounden duty of every Hospital Surgeon and Physician to publish, from time to time, detailed statements of the results of his practice, and thus give the public and the profession the benefit of his experience. The truth is so obvious, that it requires no argument to enforce it. Some time since, when looking over a work on the diseases of the brain, our attention was arrested by a note at the bottom of one of the pages, in which the author said that he had consulted (on some of the points treated of in his book) his friend Mr. ——, who had great opportunities of observation; that he had dissected the brains of some hundreds of lunatics and idiots; and that he had found—no matter what he found—he had opportunities, or rather they were thrown away on him, for he does not appear to have even taken a note of the examinations, or to have inquired into the histories of the cases, and but for a casual note in the book of his "confrere," the world would have been ignorant that such a mass of apathy and negligence had ever existed. But we should not, probably, comment hardly upon this gentleman; his case and his conduct are by no means singular; they are in strict conformity with that of many, nay, most of the hospital practitioners of the country, more especially those who complained most loudly of the invasion of *their private* rights by the publication of reports of cases which are treated in the *public* hospitals. Where are we to find the results of the practice of our leading physicians and surgeons? In the pages of THE LANCET; and but for its exertions they would have been consigned to utter oblivion. About 70,000 patients annually pass in review before the medical staff of the great hospitals of London, and when we come to inquire what new facts are elicited? what difficulties are solved? what improvements are made? in a word, when we ask, what are these gentlemen doing?—we are obliged to pause for a reply; and in the end, most probably, receive none, or next to none—for it can scarcely be called a reply to say that certain purists (both surgeons and physicians) have lately got into the practice of sending reports of cases to the *Yellow Journal*—as they are drawn up in such a way as to render them unavailable for any useful purpose, and the practice pursued in several of them is such, that we devoutly hope it may never be drawn into a precedent for the guidance of others.

We want in our hospitals a regular system of clinical instruction, in order to render students fitted for the active duties of their profession, and that they may learn its principles and practice at the bed-side of the patient, and not by books, or by mere routine courses of lectures delivered at a distance from the hospitals, and without any reference to the cases which they contain. We want to see a system of discipline established, which may teach young men how to observe, to think, to investigate; and this can only be done by directing their attention to cases, pointing out the leading characters of different diseases, indicating the methods of distinguishing them, and, finally, by marking those methods of treatment which have been sanctioned by experience. This, or some such plan, should be carried into execution; students require it as an essential requisite for completing their education. We believe they are usually, on admission into the hospitals, required to pay a pretty large fee, for which they receive no other return than the privilege of "walking the wards" for a certain number of hours each day, during some prescribed period. This certainly is not as it should be; students pay their money, and are thereby entitled to receive an equivalent in the way of clinical instruction, from those into whose pockets that money goes. A few lectures given occasionally cannot be considered an equivalent. Nothing short of a regular system of clinical instruction can be considered as adequate. When this view of the subject comes to be adopted by the students, and those interested in their welfare, the improvements here pointed out will speedily be enforced, for their reasonableness cannot be denied.

These remarks very forcibly occurred to us on looking over the last clinical report drawn up by Professor Laennec. It was published but a few months before his death. During the half year ending May 1826, 188 patients were admitted into the clinical wards of the hospital "La Charité." And, as may be supposed, they presented almost every form of disease. The proportion of deaths appears to be much greater than that which occurs in the hospitals in this country. In acute cases, the proportion of deaths to recoveries, was as one to eight, and of chronic cases, as one to four. Though Laennec for a long time supported the doctrine of the essentiality of fevers, or, in other words, that fevers consisted in a general disturbance of the whole system, without being connected with, or dependent on, any particular lesion of any part or organ; he appears to have given up that dogma latterly, and to have admitted that "some of the cases of fever, treated during the previous half year, were accompanied by symptoms of intestinal irritation, though the greater number were free from them." We believe, that had his mind not been occupied by a particular prepossession on this subject, and had not that prepossession been strengthened by a spirit of opposition against the dogmas of Broussais and his followers, he would have seen this subject in its true light, and have been forced to admit, that the majority of fevers no matter what their denomination, may be connected with, and probably dependent on, gastro-intestinal irritation.

The most frequent complication in the fever cases referred to in this report, was catarrh, of varying degrees of intensity. During the first days this could be distinctly recognised by auscultation, long before it presented any of the ordinary symptoms which are said to mark that affection. It was only towards the middle period of their progress, that these symptoms made their appearance. It is very remarkable, that almost all the fatal cases presented a few days before death, symptoms of pneumonia, no matter under what form of disease they had laboured; towards the posterior part of the lungs, the "crepitous wheeze" could be discovered by means of the stethoscope. To this complication, Laennec applied the term "*peripneumonie des mourans.*" This appears to have been altogether produced while the patients were in *articulo mortis*, and to have depended on the posture in which they lay, viz. on the back, causing, in fact, a gravitation of the blood towards the more depending parts. This mode of reasoning appears to be borne out by a case which the Professor had an opportunity of examining. A man labouring under fever of a very aggravated character, was attacked with phagedena and sloughing of the nates, in consequence of which he was laid on his face and hands for some days before his death. On inspecting the body, the anterior part of the lungs was found to be the seat of this cadaveric pneumonia, if it could be so called. For our part we readily admit that this gravitation really takes place in the lungs, and that it may be characterised by symptoms similar to those which mark œdema and those organs, but not by those of pneumonia; we more than doubt whether it can present, either during life, the symptoms of true pneumonia; or, after death, the anatomical characters of that disease. The condition of the part in these two affections, must be altogether different; the one consists in an inflammatory action going on during the life of the individual, and as such may be termed a vital process; the other, according to the explanation given of it, commences when life is at its last ebb, and when the fluids of the body, in some degree uncontrolled by its power, begin to obey the influence of their own gravitation, and subside towards the more dependent parts.

The supporters of auscultation, the admirers of its minute divisions and nice distinctions, may derive from these reports many strong arguments in support of their favourite hypothesis. For here we have cases, in which the existence of catarrh was ascertained by the stethoscope, before any symptoms arose which could have induced even a suspicion of its presence, and pneumonia was also indicated before any of those signs arose, which are set down in systematic words as characteristic of it. Doubtless we shall, by and by, hear it asserted, that any student who has "cultivated his ears" a little, as they phrase it, will be able to distinguish diseases far better than the seniors who plume themselves so much on the "tactus eruditus," which they have acquired by feeling the skin and the pulse, and inspecting the tongue, for half a century.

The treatment pursued by the French Professor, is not likely to be adopted by any of our practitioners. He confined himself, as he said, "to simple expectation." The expectant medicine was once well called, a meditation on death. However, in some few young and plethoric patients, local and general bleeding were resorted to—but neither tonics or purgatives were ever employed. "Les toniques, et les purgatifs n'ont point été employés parce que l' occasion ne s'en est presenté." Laennec it should be recollected, was a religious believer in the doctrine of crises, and of critical days; hence he would not employ purgatives, lest they should interfere with the salutary effects of Nature. He pursued his expectant practice, waiting to see how Nature should proceed with her operations; and if he could not catch her at her work, he simply looked on, applied his stethoscope now and again, took a pinch of snuff, and—walked on.

He had rather a curious notion of the effect of purgatives, he thought that in some cases they tended to induce ulceration in the intestines to heal, hence he was induced to recommend the use of them towards the close of the disease. Some individuals assert that ulceration in the intestines in fever cases is produced by purgatives, during the course of the disease, inducing inflammation; but here we have instances of ulceration occurring in the intestines of patients who never took a single dose of any purgative medicine—consequently, this dogma is not well founded.*

Amongst the cases of the nervous system, there were two instances of softening of the cerebral substance: in one, it occupied the right lobe of the cerebellum; in the other, the centre of the middle of the right hemisphere. In the latter case, there was an evident contraction in the *right* arm, the left not having been at all engaged. It is usually said, that affections of one side of the brain influence the limb of the opposite side; here is an exception to this rule, cited by Laennec;—there were seven of a similar description reported by Bayle in the *Revue Medicale* for January, 1824.

TO

JOHN ABERNETHY, ESQ. F.R.S.

Quod verum atque decens, curo et rogo, et omnis in hoc sum.

Sir,—As you have become of late a kind of Christian advocate, as well as a surgical lecturer, and have apparently endeavoured to add to your long-established reputation as a teacher of anatomy, by assuming the higher functions of a teacher of morals, I trust that the following observations will neither be deemed impertinent when submitted to the serious consideration of yourself, nor irrelevant as applied to the conduct of a certain surgical party with which you appear to have got connected. In order to explain to you more fully what I mean, I must refer you to certain opinions which you have maintained of late, in a sort of theological controversy which sprang out of your Hunterian Orations, in which you, after having perverted and misrepresented Mr. Hunter's opinions respecting life, not only hastily adopted them as your own, but founded thereon an extraordinary physiological sophistry—gave to your sophistry the appellation of a Christian doctrine, and, in the true Protestant spirit of a newly modelled sectarian, you opposed, even to persecution, those who differed from you in sentiment.

Your opinions on the subject of Body, Life, and Mind, would have passed with me for the mere vagaries of a man of genius, had you not assumed for them the important character which belongs alone to the precepts of religion. I recognise no doctrine as Christian which does not emanate from the authorised expounders of the Bible.—In every fresh instance of Protestant sectarianism, from the first heresy of Luther and the blasphemous Calvin, down to the spurious christianity of your dissecting room, I have been enabled to detect the *cloven hoof*; they have all wanted that distinctive mark of the true faith which, in ordinary discourse, is called liberal, generous, and humane conduct, and which, in the emphatical language of religion, is designated as the *fruits of sanctity*. Had you stated your opinions concerning Life, and your *reasons* for entertaining them, with that deference which belongs exclusively to genuine merit, and had you extended toleration to those who differed from you in opinion, these observations would probably have never issued from my pen. But when you illiberally assured your opponents that their holding opposite opinions from yourself arose from their own immoral conduct, and described a modest scepticism of your physiological religion, on the part of your adversaries, as a base endeavour to "pluck the fair rose of innocence from the bosom that it adorned, in order to place a serpent there," in utter defiance of the divine command, "*judge not that ye be not judged,*" then it became advisable to question the validity of your doctrines, and to see, and to make others see, how far they really tended to impart to those who embraced them just and honourable sentiments, such as make good members of society and worthy disciples of the Hunterian school.

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* The consequence is not very evident.—Ed.

At the time you put forth your religious opinions a pamphlet appeared, entitled, "Somatopsychonoologia," which exposed the sandy foundation of your heresy, and predicted its incapability of ensuring to its victims that fine and generous morality, of which you described it to be the only genuine fountain. I propose to try how far this prediction has been fulfilled by a critical examination of the subsequent conduct of yourself, and of others of *your* "party," who have embraced your notions and supported your *sect*? And turning to the pages of THE LANCET, I read an account of the noble, open, "straight forward," and honourable transactions which were discussed in the theatre of St. Bartholomew's Hospital, on three several days of late; which ominous days ought to be recorded in red letters, in the calendar of Hunterian christianity!!! I appeal seriously to your judgment as a man of common sense, and to your candour as a gentleman of common honour, whether, when the editor of THE LANCET* publicly dragged forth the dramatic scenes of those three days from the imagined privacy of a lecture room, and planted a watch over the conduct of their actors, he "tore the rose of innocence from the bosom it adorned, to place a *serpent* there?" Was it the Love of God, or the Lucre of Gain, that suggested the *apparent* expedient of advertising Mr. Stanley, and substituting Mr. Skey? I will not take on myself to answer this question, nor illiberally measure out that *judgment on the* MOTIVES of others, which you would have me to believe will be measured to me again by a tribunal which alone can judge of the secrets of hearts; but as far as my short-sighted views of things will enable me to *judge of* ACTIONS, and to decide the palm of victory between two contending parties, I give it *not* to the Hunterian school, but, on the contrary, I say as I did when I read the Numbers 169 and 170 of THE LANCET, in allusion to the three days adverted to, "If this be the fruits of a belief in '*matter, vitality, and intelligence,*' may God of his mercy grant that all my friends come over to the ensigns of *materialism.*" Disgusted at the gross inconsistency above alluded to, I am induced to request you, for the future, to abstain from any religious effusions in your medical works, and to urge you, as charity begins at home, to reform your own sect, before you attempt to reform the world. I have always believed you to possess too good a character as a citizen, and too extensive a reputation as a physiologist, to deserve the imputation of disingenuousness, which many will be apt, however undeservedly, to fix upon you, if practice hereafter shall not ostensibly take the lead of precept; and if the instantaneous abandonment on your part of an illiberal party of surgeons does not speedily become the just penance you perform, for the shock which was offered to the feelings of your many enlightened and liberal friends, when THE LANCET held up to their view those transactions to which a deep sense of justice has obliged me to make a delicate but yet painful allusion.

I shall now address you on the subject of the party of surgeons to which I have adverted. It is well known that a certain number of that profession united their consummate wisdom, in a certain meeting convened for the purpose of repressing the activity of THE LANCET; and it is equally well known that the labours of their joint wisdom, on this occasion, have been totally unavailing. These surgeons must be either very ignorant of the consequences of taking this step, or very stubborn in pursuing the measure when rashly undertaken, or they could not have so effectually injured their own cause. What can weaken the confidence of a discerning public in the integrity of the medical profession, so much as an attempt on the part of the practitioner to conceal his professional acts from public view? If I were asked to whom I would by preference entrust the care of my animal fabric, in the case of any critical disaster, I would reply—To him who courts, and not to him who shrinks, from the tribunal of public opinion. No man has a right to perform an operation in the corner of an hospital, which he would object to perform in the corner of a street. I have been sojourning so far from the scene of action, that I do not pretend to know whether you were one of the number; but if you were, you have not done justice to the liberal character which you enjoyed some few years ago. You have, however, been misled into one act, which is quite inconsistent with the liberal precepts of the religion that you deem your efforts necessary to defend, and which the public prints convinced me of, by the report they recorded of your action in Chancery against the publisher of your Lectures. That *you*, Sir, individually, will never seek an occasion to conceal an

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* See LANCET, Nos. 168 & 169.

operation, I feel persuaded. You have always said so much in your lectures and conversation, if I be rightly informed, against the wickedness of an unwarrantable *experiment* in surgery, that to suppose that you would object to any fair reporter being present in the theatre of operation, would be to insult your integrity, and impeach the veracity of your discourse. You have also spoken formerly of the expediency of a sort of quintennial examination of surgeons actually in practice, in order to satisfy the public that they had suffered nothing from the tottering decrepitude of advancing senility, and were still *bona fide* capable of doing all those operations for which the public might call on them. With these sentiments, Sir, fresh in the memory of your quondam pupils, how can you lend your aid to the cause of a parcel of "hole and corner" practitioners, whose only imaginable object for secrecy must be a consciousness either of unwarranted temerity in experiment, or of ignorance of the nature of the operations that they undertake to perform? It has been always so much the custom of medical men obtrusively to clog the public press with the most trivial case of any imagined importance which they have undertaken, as a means of acquiring renown and practice, that a studied endeavour to withhold their conduct in hospital cases from general view, must engender on the part of the public a shrewd suspicion, that hospital practice is radically faulty. I am told, that there is a society or club of surgeons, formed or forming, who have excluded from their number those enlightened and able practioners who refuse to lend their aid to this work of concealment. If this be true, it is only just that the public should know their names. I pity them, *for they know not what they do*. But I hope, out of the respect I bear to the memory of your former character, that you have not *now* compromised it by becoming one of their number. They may *mediate* the destruction of The Lancet, and *effect* their own. The sword that was unsheathed for murder, has more than once become the instrument of suicide.

I remember some time ago, many surgeons in London incurred the most severe censure from the public press, for certain cruel experiments on animals; and a forcible appeal was made to the public, never to entrust the lives and limbs of human beings to men who, following the silly example of Mr. Hunter, had destroyed some thousands of dogs, cats, pigs, and rats, by experiments so cruel, that their perpetrators ought not to be trusted with the temptation to do similar acts of experimental barbarity on their patients.

I admitted the justice of the remark at the time, and I said, these surgeons who sought to find out the laws of life, by such means, were as bad as Prometheus, who tried to draw down the fire of animation from heaven to make a man with; and like Prometheus they will be punished with the vulture of disappointment. But if there be among the "hole and corner" fraternity, any men who have done such acts, their desire of concealment will be construed into a desire of concealing cruelty or folly in the practice of their profession.

I am informed that the anti-liberal party, as they claim a right to be called by stigmatizing the opposite party as *liberal*, are very religious; that many of them go regularly to church, to meetings, and to conventicles; some make evangelical sermons in consultation; and others distribute the bible, and style themselves "followers of the meek and lowly Jesus."

Sir, the Devil's darling vice is the pride that apes humility; and the father of lies is never so well pleased as when he can throw the mantle of hypocrisy over the mammon of unrighteousness, and, with a Satanic smile, send forth wolves in sheep's clothing to seduce the unwary. *By their fruits ye shall know them.* From these things, and from all that I have seen of *heretical* christianity, whether clerical, methodistical, or medical, I pray heaven to deliver me.—Atheism itself might rejoice at the weakness and frailty of her opponents, and gladly giving up the contest, might despise rather than maintain the guerrilla warfare of such maudlin foes.

The cant of the times is a subject of regret, but that it should pervade the medical profession, is a disgrace. I understand that you talked in a very religious and benevolent way of *him who healed the sick*, and that your affectionate addresses to your pupils, are affecting from their flow of evangelical pathos. I repeat it, that you had better leave off this unprofitable jargon. Who could endure to hear the master of a *slave ship in a storm* appeal to *him* who walked the waves? You have frequently discoursed, in the hearing of your pupils, of the superior efficacy of those religious physiological opinions which have a tendency to *unite men in the "bond of religious obligation."* Now I ask you, whether you think such opinions of so much importance to mankind that you are *bound*, in *conscience*, to secure by bond, to all future classes of anatomical pupils, a perpetuity in the advantage of hearing such opinions inculcated and made a part of the anatomical course? If you do thus feel bound in conscience, why it would no doubt justify you, in your own opinion, for an attempt to secure by bond the future situation of lecturer exclusively to the person who is the most likely to transmit your religious opinions, and to entwine them, as you have done, with the lectures. There is a report of a bond of this kind having been made; is it true? and if true, are the medical public to consider it as a *case of conscience*, and to refer it to the operation of a belief in the existence of an immaterial principle of intelligence? If this be a case of conscience, allow me to suggest a subject for consciencious reflection:—whether the *bonded* expounder of the theory of life be capable also of teaching the anatomy of the body? and whether such a deep knowledge of the spiritual principle as you possess, furnishes you also with a prospective knowledge of the qualifications of a future lecturer now probably in embryo? Of the advantages that may accrue to yourself from such a bond, I say nothing; but, as you have descanted "on the advantages of a Christian's hope," I may take the liberty to remind you, that the advantages of every hope must depend on the fulfilment of the conditions of its realization. Christianity says, *freely have ye received—freely give*; and assures us, that *it is easier for a cable to go through the eye of a needle than for a rich man to enter the kingdom of heaven.* You formerly held this principle most sacred, and waged a sort of war against the crafty and acquisitive policy of certain elderly surgeons of the hospital, and you used to say, that you thought their eligibility to office ought to be limited by age, and that sixty years should be considered as superannuation. Have you found reasons for changing your sentiments, in the conscientious fear that younger surgeons might infuse into pupils' minds some of the principles of materialism, so prevalent among the rising generation? I am ignorant of the solution of these questions, and seek to be informed of them before I make up my mind as to the tendency of your opinions on "Body, Life, and Mind;" because I prefer the genuine rule of judging of every tree by its fruits, since the fruits afford the only safe clue to the character of the sap.

In short, Sir, as cant is going out of fashion, lay cant aside; for even as good wine needs no bush, nor native beauty the foreign aid of ornament, so neither does sound morality seek a trumpeter in evangelical ejaculation, nor sound medical principles and practice require the superfluous support of any hypothetical notions respecting the origin of Life.

Trusting that you will take these hints, and leave off canting, a practice an authority you own declares to be inefficient, you will continue to pursue, undescanted on, the path of rectitude which alone leads to success.

Crito.

London, Dec. 1826.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE

BY MR. GREEN.

November 7th.

The subject of Mr. Green's Lecture today, was on the operation of laying open the urethra in the perineum; and he commenced by enumerating the circumstances under which this operation is necessary.

There are some cases of retention of urine, said Mr. Green, in which it is a far better plan to make an incision into the membranous part of the urethra, and by this means introduce an instrument to relieve the bladder, than to make an opening into that viscus. But it is only when the obstruction to the passage of urine exists in the perineum, that such a mode of practice can be successfully adopted; for retention of urine may arise from calculus, or from enlarged prostate, or other causes, which are beyond the seat of the proposed operation. It is proper to lay open the urethra in some cases of permanent stricture, and I prefer this mode of practice to the use of the caustic bougie. In those cases in which stricture of the urethra is complicated with abscess, or in which, after the healing of the abscess, a fistulous opening remains in the perineum—these are cases in which it is sometimes proper to perform the operation. In rupture of the urethra, when from a person falling across a hard body, the edge of which, for instance, strikes in the perineum, and occasions a laceration of the urethra. Here, again, the measure to be pursued, is laying open the canal, in order to relieve or prevent the effusion of urine which in general succeeds to this accident.

You will perceive, then, Gentlemen, from these remarks, that the operation is performed under various circumstances. But I would observe to you, that it is not a matter of indifference how the operation is performed. The common way is to proceed as in the operation of lithotomy, placing the patient precisely in the same position, and making an incision between the bulb and crus penis. This is, however, a different business to the operation for stone, where, after having cut into the urethra, you find a groove in the sound, into which the point of the instrument is put, and is then readily carried onwards to the bladder. I have seen great difficulty experienced in finding the urethra, when an attempt has been made to lay it open, by making an incision between the bulb and crus penis; and I therefore preprefer making it directly in the line of the raphê. The extent of the incision must be regulated by the concomitant circumstances; as, for instance, when there is large abscess or diffused extravasation of urine, it may be necessary to lay open the back part of the scrotum. There is no question, that cutting in the line of the raphè facilitates the finding of the urethra, because it is directly under the raphè, whether the operation be performed under the symphisis pubis, or some way further backward. But there is an objection, you will perhaps say, to dividing the bulb; I know of no mischief resulting from it. There is certainly less risk of active hæmorrhage from the wounding of a large artery, than if the operation were performed on the side, because the large arteries are there situated. You might divide the artery of the bulb, but it is not to be expected that, even with moderate care, you would cut the trunk of the pudendal artery. You should, however, bear in mind, that it becomes superficial at the arch of the pubes, where about to divide into the deep-seated and dorsal arteries.

In performing this operation of laying open the urethra from the perineum, you will then, as I before observed, place the patient in the same position as in the operation for stone; that is, so as to have the perineum fairly before you. Pass an instrument down the urethra to the strictured portion, then make your incision (varying its extent according to circumstances) in the line of the raphè, and having laid open the urethra, withdraw the sound, and pass a catheter down from the extremity of the penis. The point of the catheter will issue at the orifice in the perineum, and it will then be necessary to find the lower portion of the urethra, in order to carry the instrument onwards to the bladder. If you experience any difficulty in finding the urethra, a probe may be used. On most occasions it is necessary to retain the catheter in the bladder, during the process of granulation in the wound of the perineum. The instrument should be of a firm nature, and I prefer a silver catheter, retained in the usual manner by tape.

When there is extensive destruction of the soft parts in the perineum, consequent upon extravasation of urine, it is unnecessary to introduce the catheter at first, until the sloughs have separated, and granulation has commenced. The pewter catheter, in some cases, is to be preferred to the silver one; it admits of the extremity being bent, so that it may be worn in the bladder without the use of tapes or bandages to retain it. I think the pewter instrument more particularly useful in those cases where the prostate is enlarged, and I have known it worn for many months without inconvenience. A catheter made of caoutchouc is useful, inasmuch as it is flexible; but, being elastic, it too readily quits the bladder. There is a contrivance for fixing the catheter in the bladder, for which, I think, we are indebted to Sir Everard Home: the instrument is made by Weiss, and it consists of an elastic wire collar, which is put on the penis; tapes are fastened to this collar, and from thence to the rings on each side of the catheter.

Having explained the nature of the operation of laying open the urethra, and the circumstances connected therewith, you will be better able to understand the treatment adopted in the cases, which I shall now speak of; and the first is a case of *ruptured urethra**.

The patient, a middle aged man, was admitted on the evening of the 10th of Aug. He had fallen with his legs asunder, across the edge of a boat, on the morning of the 8th, and thus received a violent blow in the perineum, which lacerated the urethra without producing any external wound.

Complete retention of urine was the consequence of the accident; the man had emptied his bladder a short time previously, but was not able to expel a single drop afterwards, up to the period of his admission—an interval of nearly three days. The bladder, therefore, had become much distended, and very painful. Attempts were made to pass the catheter, but failing in this, an incision was made in the perineum, along the line of the raphè. The integuments and structure beneath being divided, and the clots of effused blood removed, it was found that the bulb was extensively lacerated, and as the injury extended under the arch of the pubes, it was evident that the triangular ligament was also torn. A catheter was passed from the penis downwards, and the point of the instrument made its appearance at the orifice in the perineum; there was much less difficulty experienced in finding the lower portion of urethra than might naturally have been anticipated, from which circumstance it was inferred that the urethra was torn through, near to the face of the prostate gland, and that consequently the lower portion retained its natural situation. Three pints of urine, tinged with blood, were drawn off, and a silver catheter of large size was left in the bladder. There was no untoward symptoms succeeding the operation, and ten days afterwards, the catheter was removed and cleaned, and again introduced without difficulty. From peculiar circumstances, the patient was compelled to leave the Hospital on the 6th of September; at which time the wound had not quite healed, and the catheter was still retained in the bladder.

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* This case may be found copiously reported in No. 159, Vol. X. of The Lancet; it is therefore only necessary to recapitulate the leading facts. We have occasion to know, that the person who *furnished* Mr. Green with the particulars of this case for Lecture, was mainly indebted to the report in The Lancet. So much for the competency of the "*authenticated*" Hospital reporters; they are already complaining of the paucity of the *Yellow Man's* pay.

Now, continued Mr. Green, it is somewhat curious, that although the urethra was torn through, no extravasation of urine had taken place, for in the cells of effused blood in the perineum into which I cut, there was not a drop of urine. The only way of explaining this, is by supposing that the pressure of the extravasated blood in the surrounding loose cellular membrane, prevented the flow of urine through the urethra.*

You will see, Gentlemen, in this case an illustration of the good effects of the operation I have described; and I will now speak of a case in which it was performed, in consequence of a *fistulous opening in the perineum, accompanied with stricture of the urethra.*

The patient was 53 years of age, he had a fistulous opening in the perineum, and also at the lower part of the scrotum, through which the urine constantly dribbled, whilst from the natural passage, it only passed in small drops. He had stricture of the urethra, which was of 20 years standing; the fistulous openings were of 15 years duration, and occasioned by an operation performed for retention of urine. The integuments of the scrotum were much enlarged, thickened, and irregular—in fact, they were almost cartilaginous; I foresaw, from the first, that this was a hopeless case for the introduction of bougies, and I therefore recommended an operation. For this purpose the patient was placed in the position I have described, and I commenced by making an incision in the perineum. Here a circumstance occurred worthy of note:—whether it was that my assistant varied the instrument, or whether it arose from the thickened and diseased state of parts in some measure deceiving me, I know not; but, however, I deviated from the direct line of the raphé, and from this cause a pretty considerable stream of blood followed the incision—a stream equal in size to that which follows an opening of the temporal artery.

This hæmorrhage occasioned considerable delay in the operation; it was a matter of doubt to me what vessel was wounded, but I directed pressure to be made in the direction of the pudic artery, which restrained the bleeding, and the pressure was continued for about two hours. At length I proceeded with the operation, fairly laid open the urethra, and introduced a catheter into the bladder, from the penis downwards. The operation was performed on the 28th of July. On the following day, the man was free from any unfavourable symptoms; but, on the 31st, there was considerable febrile excitement. On the 2d of August the catheter slipped out of the bladder, and I was unable to reintroduce it, the pressure of the point of the instrument, in the perineum, occasioning severe pain. Two days afterwards, however, by first making use of a female catheter from the wound, I was enabled to pass the male instrument. I should observe to you, by the way, that the prostate gland was much enlarged. There was nothing particular occurred after this period; the catheter was withdrawn at the end of three weeks for the purpose of cleaning it, and was again readily introduced. The last report on this case is dated Sept. 5, when it appears the patient was walking about the ward, and shortly after was dismissed quite well.

* * *

There are two cases in Job's ward, admitted on the 12th of October, to which I shall next direct your attention. The first patient had a large abscess in the perineum, but there was no extravasation of urine, and I therefore simply made the external incision. In the course of a day or two, a small quantity of urine passed through the wound; but as soon as the process of granulation commenced, the flow of urine ceased, and it was therefore considered unnecessary to introduce the catheter. But you must bear in mind, that in this case there is no stricture in the urethra.

In the next case, a patient of the name of Casey, I was a little deceived, and it may serve to show you the necessity of a strict diagnosis. When the man was admitted, he complained of pain and tenderness about the fore-part of the bulb, also extending up the cord. I conceived it probable that an abcess was forming in one of the mucous glands of the urethra, or in its immediate vicinity. Leeches were ordered to be applied to the perineum, and the patient to keep his bed. On the following day the scrotum was somewhat swollen, and there was a slight blush of inflammation about it;

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* In No. 162, Vol XI. of The Lancet, a second case of laceration of the urethra is reported, in which also there was no extravasation of urine. The patient was under the care of Mr. Travers, who, on being questioned by a pupil as to the cause of non-extravasation of urine, replied that he was not quite sure "*whether it was functional or physical!—but it certainly was a wise provision of Nature.*" Bravo! Benjamin.

this led me to inquire whether any difficulty had occurred in passing the urine, the answer to which was in the negative. From this circumstance, together with the absence of swelling in the perineum, I was led to infer that no extravasation of urine had taken place. But the next day, on visiting the patient, I found there was most extensive extravasation of urine; the perineum had become swollen, and the scrotum had the true characters which denote the effusion of urine into its cellular substance; it had a dark red unhealthy appearance, which extended along the chords to the groins, and also to the lower part of the abdomen. It was now evident that the proper plan would have been to have performed an operation for laying open the urethra on the day before, for at that time extravasation had commenced; but I was deceived in my opinion. The patient, on my proposing to operate, readily assented, and I therefore proceeded in the usual manner. Since the operation, sloughs have separated from the perineum, groin, and pubes, and the wounds have granulated. It will now be necessary to introduce a catheter into the bladder, and let the wound heal over it, so as to reestablish a passage for the urine.

Mr. Green has this season adopted what appears to us a very useful plan; after each Clinical Lecture he appropriates a short time for discussing the subject on which he has previously lectured; a kind of surgical *converzatione* between himself and the pupils.

At the conclusion of the Lecture to-day, a pupil inquired of Mr. Green whether, if the bulb were divided (as it would be in the manner proposed by Mr. Green for laying open the urethra) there was not danger of the patient becoming impotent from the imperfect erection of the penis. To this question Mr. Green replied, that he had never seen such a result occur from division of the bulb; but he thought the objection (which to him was novel,) seriously worthy of consideration, and more especially if supported by any facts. A gentleman present spoke of a case of priapism that occurred in the practice of Mr. Callaway, in which an incision was made into the bulb, after every other means had failed, and the disease had continued sixteen days. The man, he said, had remained impotent from that period.*

ON THE USE OF THE BLISTERER,

By Sir ANTHONY CARLISLE.

THE important difference between a scald and a burn, which I wished particularly to point out in my letter to Sir Gilbert Blane, is this—a simple scald, arising from the momentary application of boiling water, ought to be limited to that inflammatory excitement of the skin which produces a discharge of serum under the scarf skin, and this effect closely resembles a blister occasioned by cantharides; but in the case of a burn, the higher degree, or longer continuance of heat, corrugates the true skin, and thus its vascular structure is spoiled, and an eschar, or a local detachment of the deadened part, is the consequence.

When a mere blistering effect is desired, the operator must consider that the intervention of wetted silk presents the medium of water several degrees below the boiling point, as the agent to act upon the living skin; and if the duration of the contact resembles the sudden effusion of scalding water the results are similar. Respecting the slow and longer continued action of common blisters, I think that every medical man will admit that when counter irritation is required, the more sudden and intense the diversion, whether from the nervous or the sanguineous systems, the greater will be the power obtained, and thereby a more rational chance of relief from disorders of less degree. I apprehend that the remarkable cures effected by the moxa cautery depend much on the violence of its action, because in those instances where the metallic conductor of heat has acted as an escharotic, the remedy has proved most efficacious.

A gentleman, who had resided many years in Tanjou, informs me that the actual cautery is a very ancient remedy among the Hindoos for diseases of cattle, and that a cow, or an ox, is rarely seen in that part of India without numerous scars of the cautery upon its body. The success of this practice is so firmly established, that the natives resort to the cautery whenever the hide of an animal appears to be tight or rough, and the application is usually made along the side of the spine.

The repugnance of patients to a heat-blister may be easily removed, by judiciously representing the momentary continuance of the pain, and the probable and speedy alleviation of a serious disease.—*Annals of Philosophy.*

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* This case was detailed (consigned to an untimely end) in the Medical Mausoleum for April 1824. Jemmy Johnson copied it into his Quarterly Periscope, entitling it "*Mr. Callaway's case of Priapism.*"

THE LANCET.

London, Saturday, Dec. 23, 1826.

1.—*A Short Inquiry into the Capillary Circulation of the Blood; with a comparative View of the more intimate Nature of Inflammation, and an Introductory Essay.* By JAMES BLACK, M. D., S. R. N., and Member of the Royal College of Physicians of London. 8vo. pp. 176. London, 1826. Longman and Co.

2.—*A Comparative view of the more intimate Nature of Fever; deduced from Physiological Analysis, and illustrated by Critical Remarks and Practical Observations.* By JAMES BLACK, M. D., S. R. N., &c. 8vo. pp. 118. London, 1826. Longman and Co.

THAT the capillary system, or as Dr. Black quaintly terms it, "the debateable land," which connects the arteries with the veins, and which barely acknowledges the sovereignty of the heart, involves in its mysterious windings the proximate cause of inflammation we do not doubt, after the microscopical observations of Philip, Hastings, and Thompson, have so well established the fact. Our author, however, has presumed that further inquiry might, "at least serve to place the data already afforded in a more impressive light" to himself,—to "confirm the conclusions already made, or to lead to some tolerably certain physiological or pathological doctrines." With this view, he performed many experiments on the webs of frog's feet, after the manner of Thomson, the results of which have furnished the following corollaries:—

"1st. The greater part of the capillary blood vessels are distributed in a reticular manner, the innumerable meshes of which chiefly affect the quadrangular form; and this tissue is principally composed of veins, and is intersected and supplied by more linear capillary arteries.

"2dly. The more natural and undisturbed the circulation, and the stronger the animal, the greater is the velocity of the blood; except sometimes immediately after the application of a comparatively slight stimulus, which increases the circulation a little.

"3dly. The healthy and natural circulation in the capillaries depends directly on a tonic or *tensive* state of their delicate tubes; and mediately, on some power inherent in the part, a degree of which power seems to reside in the blood equally with the vessels, and its energy depends more on the integrity or vitality of the part or parts of this system, than upon any impulse derived from the heart.

"4thly. The effects of a stimulus are according to the length or intensity of the application; and as regards the vessels to which it is applied, they are proportioned to the vitality of the part, and to the pressure of the column of blood in the leading arteries.

"5thly. A strong stimulus suddenly applied, in a short time produces a contraction of all the fibres of the part, and a diminution of the diameters of the whole classes of vessels, but more particularly of the arteries, which is followed at a greater or less distance of time by a corresponding dilatation, according to the extent of which, the phenomena of inflammation will be more or less observable; and more so if the *vis a tergo* be powerful or stimulated.

"6thly. A gentle or lesser stimulus produces an evanescent contraction, followed by relaxation, increased redness, and a slight acceleration of blood in the *leading* capillary arteries and veins; owing, it seems, to the increased capacity of the distended reticular vessels, while the former are yet relatively contracted.

"7thly. The circulation in the capillary system is independant of the control of the heart, except so far as this organ affords a constant pressure and a ready supply of blood upon which the capillary vessels may act; and it is still more independent of the brain.

"8thly. There are three states in which the capillary system may be situated, the more perfect degrees of which are, 1st, an *atonic* or *collapsed* condition of the vessels, wherein no circulation takes place, nor can red blood be observable, but the return of both which can be more or less easily accomplished. 2ndly. The *tonic* or *tensive* state which is the natural one, and wherein the circulation is brisk, uniform, and capable of being slightly accelerated by heat and moderate stimuli. The 3d is the *turgid, distended,* or *congested* state, wherein the blood has a diminished velocity; but if dilatation has not reached a certain point, contraction and a quicker circulation can be restored. This last condition is a state of atony opposite to

> the first,—both, however, depending on weakness or exhaustion in the part, but with a different contingency of the *vis a tergo*, or the pressure of blood from the larger arteries.
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> " 9thly. The *vis a tergo* being a constant force, the velocity of the blood is inversely as the diameters of any set of vessels, compared with the capacities of those which immediately succeed them ; thus congested capillary veins, and a quick circulation in the larger capillary arteries, are quite compatible.
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> " 10thly. The condition of a part, in what is termed inflammation, is essentially seated in the capillary vessels, and primarily and chiefly in those of the veins.
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> " 11thly. Inflammation and congestion affect a portion of the capillary tissue, more from a local or topical condition, than from any action communicated by the vessels leading to the part.
>
> " Lastly. Congested and even stagnant blood may be brought again into circulation, while a part that has been deeply inflamed or turgescent, in a short time may be found pale, flaccid, and collapsed, in a dying animal."

Dr. Black briefly adverts to the researches of Haller, Hunter, Spallanzani, Thomson, and Wilson Philip, into the interesting subject of capillary circulation, which are well known to the reader, and proceeds to propound the nucleus, as will shortly be evident, of any new theory, either of inflammation or of fever, that he may have to offer. " It may be useful to inquire," he says, " what assistance our knowledge of what is called the *principle of vitality*, or of that power by which the capillaries act, independent (ly) of the heart or brain, can legitimately avail us in the more extended consideration of capillary phenomena." Here he thinks he may " let slip the pen," and speculate on the properties of this principle, which are palpable to the senses ; that what has been allowed to Newton in his doctrine of gravity, as a principle of matter, may, with " *nearly equal* fairness, be granted to the physiologist in his reasonings on the principle of life." Let it be granted, then,

> " That a muscle contracts when irritated in the living, and in the recently dead animal ; and that the capillary vessels, under certain irritations, also enlarge and diminish in the diameters, with corresponding alterations in the velocity, and in the volume of blood circulating through them, without either the heart, brain, or spinal marrow influencing or sympathising in the local affection, are facts which experiment has fully confirmed."

The question is, what are the nature, properties, and extent of that power, whether it be the result of, or a subtle principle superadded to, organisation, by which these effects of irritation are produced? We need not refer to the observations or experiments of Haller, Hunter, Bichat, Le Gallois, Philip, or any other physiologists, to convince us of the existence of some principle of life, whatever it may be, nor that it pervades every part of the system. But we do positively aver *in limine*, though it should marr the beautiful theory which the Doctor has reared, that there is neither truth nor reason in his saying, that

> " The parts endued with this principle, (muscular power or contractility,) perform their functions, *or answer to natural or artificial impressions, independent of the nervous power*, or of that influence which emanates from the brain and spinal marrow, *though they are subject to its control*" !

How parts, which are " independent of the nervous power," can be " subject to its control," we certainly do not profess to understand ; but we grant the doctor's postulate for the present, that the reader may see the evolution of his theory, and then proceed to demolish the whole ; for by taking away this prop, the entire fabric will fall to the ground. The most obvious property, then,

> \- - - - - - " by which this principle is manifested, is that of contractility of all fibres having a muscular structure or character ; a *lesser* visible degree of the same power, is *a state of tensiveness* affecting the same structures. These phenomena of contraction and tensiveness, obtain not only in the muscular textures, commonly so called, but also in the more attenuated structures and membranes, such as the capillary blood vessels ; and there is *every reason from limited* proof, to believe that some degree of them affects the red globules of the blood itself, under the influence of appropriate stimuli."

How far this principle can "ever absolutely *accumulate* to an excess beyond what is necessary to the perfect integrity of all the functions and parts, and to the prejudice of health," the author will not venture to determine; "but that its relative deficiency or lesion in any part, organ, or in the body in general, is essentially connected with derangement or disease," may not, he thinks, be doubted. Having premised that the contractile vigour of a muscle, as well as secretion, is made to depend on this muscular principle, and "not on the nerves leading to the part," which are "only the *media* through which the respective stimuli are transmitted." The application of the theory to the first stage of fever is shortly this, "that it is not the sensorial or nervous energy, but the materia vitæ, or muscular life of the system which primarily suffers." But perhaps we had better lay before the reader the theorems of the author's argument.

"1st. A fever essentially and primarily consists in a negative state of the muscular power, as compared with the physical organism or substratum of the body; and it appears, that it is sufficient to constitute the febrile act, for the heart and blood-vessels to be alone involved in this *relative* condition.

"2dly. This negative state may be produced either by exhaustion, as from heat, violent exercise, or stimuli; or it may be the direct or instanstaneous result of an injury, or of the application of debilitating powers, as of some poisons and contagions.

"3dly. A stage of atony, torpor, or collapse, however short, and sometimes obscure, but at least to embrace the heart and blood-vessels, is the initial condition of every symptomatic and inflammatory fever, as well as those of the lowest and most contagious type.

"4thly. This negative state of the muscular power is, in the first instance, either quickly followed by death, or, sooner or later, by increased frequency or quickness of pulse, arising from the stimulus and pressure of the increased volume of blood on the heart, now relatively reduced in its vitality. This frequency of the heart's action is also promoted by accumulating heat, the consequence of repressed secretion and perspiration, and by the sensation of pain or irritation being transmitted through the nerves to the heart or sensorium, or to both, thus exhausting the muscular power, and increasing the mobility of the moving fibre.

"5thly. All fevers, commonly so called, are the constituted sequences of a prior condition; they are strictly physiological reactions.

"6thly. The reaction in any case will be as the previous strength and plethora of the constitution, joined to the quickness and to the degree to which the materia vitæ has been affected, provided it has not suffered to an immediate irretrievable extent; and the mildness of a formed fever will be proportioned to the small extent to which the muscular power has been injured; while the lowness and putridity of the type will again depend on the depraved or reduced state of the body previous to the disease, added to the greater or less universal lesion of the muscular power.

"7thly. A fever will recur and continue at the least until the *inertia* and bulk of the solids and fluids of the body be brought on a par with the powers of the muscular life, either by the reduction of the former, or by the increase of the latter; which equilibrium not being obtained, dsssolution must follow.

"Lastly, the exact causes of idiopathic fevers assuming the different periodical types, or being continued, are obscure; as we are, in one regard, ignorant of the nature of the exciting causes, beyond perceiving that they have generically a debilitating effect on the muscular principle.

From what has been stated of the author's hypothesis, it will be seen that the whole solid and fluid parts of the system are deprived of their *materia vitæ*, or are, at the ingress of fever, possessed of a less proportion of their living and motive powers than they had during health, so that while the materia corporis, or "substratum" of the body remains the same, a part of the materia vitæ has flown out of the window. The "substratum," therefore, must be brought to "an equilibrium with its vital associate," which may be done in two ways, 1st, by venesection, which reduces the "substratum," or, 2dly, "by timely and gentle excitation," which adds to the "vital associate;" add to one, or subtract from the other, in short, bleed or give a dram, and the business is done! Bellini, we believe, in his book *De Missione Sanguinis*, first started the theory of obstructed capillaries, and the remainder of the author's doctrine does not differ materially from the dogmas of Browne. Of the parts endued with his *materia vitæ*, whatever that may be, "performing their functions," or answering to "natural or artificial impressions, independent (independently) of the nervous power," we shall say nothing, since the excellent paper of Mr. Charles Bell "on the nervous circle which connects the voluntary muscles with the brain," (Phil. Trans.) must have sorely dumbfounded this unfortunate author. Because the circulation in the web of a frog's foot was continued "for twenty minutes after the brain had been *crushed*," there was no necessity for building on that circumstance a theory of fever!

CHEMISTRY.

New method of purifying Crystals.

Every practical chemist knows how difficult it often is, particularly in the analysis of organic substances, to clear away from crystalline products the mother water, and other heterogeneous matters which collect in their interstices. When the crystals are very fine, and still more when they are soluble in the ordinary menstrua, it is sometimes impossible to clear them, although perfectly pure, by any other method than repeated crystallisation and digestion with animal charcoal, both of which processes are troublesome, and occasion considerable loss. The process depends on the transmission of a current of air through the crystals. The simplest apparatus for effecting this purpose, consists of a double-mouthed bottle, with a funnel in one mouth and a bent tube in the other, the lower opening of the funnel being obstructed by a ball of cotton wool, and the crystals being deposited upon the cotton.

On sucking the air through the crystals by a bent tube they are cleaned in a few seconds, and, if necessary, the operation may be repeated after previously introducing a little water into the funnel. A convenient way of constructing the apparatus, so as to work of itself, is to make the second tube reach the bottom of the bottle with one limb, and with the other a vessel of water situated in a lower level. The whole bottle and tube being filled with water, the funnel is to be introduced, and the water then allowed to run off by the syphon. On a a large scale, a more suitable apparatus will be a tube from a steam boiler, by which the bottle may be filled with steam from time to time.

The steam communication being shut off, and the steam in the bottle condensed, the stream of air will immediately carry through with it the whole of the mother water from the most silky crystals.

ZOOLOGY.

On Female Birds assuming the Male Plumage.

The interesting fact of female birds assuming the plumage of the male, was in modern times first attended to by John Hunter, who, in a memoir on this subject, published in the Philosophical Transactions, described a hen pheasant and peahen which had in old age assumed the male plumage. Geoffroy St. Hilaire says, that of the many peahens in the *Jardin des Plantes*, no instance occurred of the peahen assuming the male plumage; a fact which shows that such a change is rarely met with among these birds. In the Museum of the University of Edinburgh, there is a fine specimen of the peahen with the male plumage, presented to the Museum by the Duchess of Buccleugh, and it was said in the note which accompanied it, that it was effected in a few years. The dorsal feathers are still more or less mottled with grey, and the green tint is lighter than in the feathers of the male. The rump feathers are elongated, some of them to the length of eighteen inches; but the ocellar spots are neither so large nor so varied as in the male. The ordinary tubercles on the tarsi of the female, have been developed into thick, regular, conical spurs, about half the length of the male. In short, the change is so much advanced, that after another month it would probably have been complete.

In the British Museum there are several specimens of female pheasants with the male plumage; two of these are remarkably fine, and were shot in Kent, near Cranbrook, by Thomas L. Hodges, Esq., and presented by him to the Museum. In the Museum of Edinburgh, there is a similar specimen by Dr. Hope. The only differences which the plumage of this bird exhibits, when contrasted with the male, are the following: first, the tail feathers are shorter than those of the adult male, although considerably longer than those of an ordinary female; secondly, the lustre of the colours in general is not quite so vivid as in the male, especially on the back of the wings

There is no appearance of spurs. Sometimes the same sort of apparent change of sex is observed among domestic poultry. Mr. Neile, at Canonmills, had a black hen, of what is called the French breed, which, in her twelfth year, ceased to lay eggs, and gradually assumed somewhat the appearance, and, to a considerable degree, the manners, of a cock. The principal change of plumage consisted in the tuft on the head becoming thinner, and showing some upright stray feathers, and in a single elongated feather projecting from the tail. The spurs were larger than usual in hens, but these had probably been increasing for some years. The change of manner of the bird was quite remarkable; she strutted about with a firm pace and raised tail. She formed a party among the fowls, which she led separate from the cock; and she roosted apart from him. She became very voracious, and where food was set down (losing all resemblance in this instance to the generous male,) she beat off the other hens. She soon became very fat, and died in a few months, seemingly from overfatness. Her cry was altered, but it had not much resemblance to the crying of a cock.

In a valuable paper by Dr. Butter, of Plymouth, in the third volume of the Memoirs of the Wernerian Society, there are many interesting facts on this subject, from which we extract the following table.

Table of such Birds as have in advanced life assumed the plumage of the male, with the names of the authors who have noticed the fact.

Order 4. Gallinæ—Domestic Fowls.	
Gen. 1. Pavo, peahen	Hunter.
2. Meleagris, turkey	Bechstein.
3. Phasianus colchicus, common pheasant	Hunter.
P. Pictus, golden pheasant	Blumenbach.
P. Gallus, domest. fowl	Tucker, Butter.
4. Tetrao perdrix, partridge	Montagu.
5. Columba, pigeon	Tiedemann.
Order 5. Grallæ—Waders.	
2. Family pressirostres, G. 1. Otis busand	Tiedemann.
3. Cultirostres, 3. Tribe, G. 4, pelican of America	Catesby.
Order 6. Palmipeda—Web-footed.	
2. Family lamellirostres, soft skin on the beak.	
1. Anus, duck, common and wild	Tiedemann.

LONDON MEDICAL SOCIETY.

At the Meeting of the Society on Monday evening, the 11th inst., the discussion on the accuracy of Dr. Barry's theory, "that the atmospheric pressure acting upon the vacuum formed in the chest during inspiration, is the chief agent in the return of the venous blood," was renewed. In consequence of its having been announced in this Journal, that Dr. Barry was to be invited, the supposition became very general that the Doctor would be present, and the result was, that the room was exceedingly thronged, much more so than at any former meeting during the season. Mr. Ellerby mentioned to the Society some experiments which he had made on the subject, which appeared to militate against some of the conclusions of Dr. Barry. We know not how it happens, but it is pretty evident that a great stir is making in certain quarters to upset the Doctor's favourite doctrine; and unless he makes a vigorous stand against his opponents, and meets their objections *seriatim*, he is likely to suffer from their numbers, if not from their skill. As it is a dispute which can only be decided by experiments, we hope that these experiments will be undertaken with great care; and strict impartiality shall be observed by us in recording them.

Dr. Clutterbuck informed the Meeting of the subject of the evening's discussion, and took that opportunity of briefly explaining the opinions of Dr. Barry respecting the circulation. He said, that many years ago it had been advocated by Dr. Carson, of Liverpool, that the vacuum formed on the right side of the heart, on the contraction of the right auricle, exercised a considerable influence on the return of the venous blood; and that, in point of fact, the heart might be regarded as a sucking, and as a forcing pump, using the word sucking in its popular acceptation. It had, however, been shown, that the action of the arteries, the pressure of the muscles on the veins, and other causes, materially assisted in carrying on the circulation. He by no means wished to be understood as doubting the accuracy of Dr.

Barry's experiments; but he thought that few, if any, of the conclusions which had been drawn from them, could be legitimately supported. Mr. Ellerby had communicated to the Society some experiments, the results of which appeared to be at variance with the results of some of Dr. Barry's experiments conducted in a similar manner. He believed that some further experiments on the subject would be mentioned by that Gentleman during the meeting. The noise occasioned by an additional arrival of visitors, made the President's voice almost inaudible; but we understood him to say, that there were some circumstances of every day occurrence, which seemed to go against the theory of Dr. Barry; he might refer to the most simple, the flowing of blood from an opened vein. The current indicated no such rising and falling as might be expected, if the venous blood moved toward the heart during inspiration only, but it continued to flow in an equable stream. The President then alluded to the difficulty of accounting for the hepatic circulation on the principle of suction, and concluded his remarks by briefly adverting to the experiments on absorption made by Mr. Ellerby with the ferule, and by expressing his opinion as favourable to the conclusion arrived at by Mr. Ellerby, that pressure on the parts surrounding the poison, and not the vacuum formed over the poison, was the main cause of its not becoming absorbed.

Mr. Ellerby said that he had repeated his former, rather than made any new experiments. He by no means meant to say that the experiments of Dr. Barry were misrepresented, but that the conclusions drawn from them could not be supported. He had poisoned a large dog, by giving it some prussic acid, and having laid open the chest, he found the heart pulsating, although the respiration had ceased; he laid open the pericardium, and having put his finger on the trunk of the vena cava, about one inch from the heart, he made pressure on it, and prevented the further return of the blood; he then pressed the blood onwards, lying in the vessel towards the heart, and then compressed the vessel close to the auricle; on removing the lower finger, the blood immediately ascended. It would be difficult to attribute that ascent to the influence of the vacuum formed in the chest, since, if such vacuum had existed, its influence would have been rendered nugatory by the pressure on the venous trunk. He had also caused a vein to be opened in his own arm, the blood flowed regularly through the opening as usual; he then made some deep inspirations, but the blood continued to flow as before, not the least variation could be detected in the size or in the jet. He then held his breath for some seconds, that is to say, did not expire until the uneasiness in the chest became urgent, but no variation was observed in the flow of blood from the vein.

Mr. Pereira made some judicious observations on some experiments which he had assisted in performing at the General Dispensary. He referred more particularly to the more frequent contractions of the auricle to the ventricle, after the chest had been laid open, and the lungs collapsed; and to the hepatic and placental circulations, as so many arguments against Dr. Barry's theory.

Mr. Wigon apologised for the non-attendance of Dr. Barry, by saying, that he had promised to attend the Meeting of the Hunterian Society on Wednesday evening, to give a systematic account of his opinions on this subject; he was unwilling to anticipate that occasion by entering into a partial explanation at any other Society previously.

Mr. Langstaff observed, that if pathological anatomy had any thing to do with the matter, he thought that there would be some difficulty in accounting for the production of the required vacuum, where the lungs were hepatised, or in contact with the costal pleura; or where the heart, as was not rare, was in contact with the pericardium.

Mr. Wigon attempted a reply. It is a singular circumstance, that Mr. Wigon was the only advocate of Dr. Barry's theory in the room.

A discussion then arose on the proofs afforded by comparative anatomy against the theory. Fish, which have no lungs and only a single heart; certain reptiles also, and insects, have no lungs; yet in these the circulation is carried on in the veins. Cuvier and Dumeril raised the same objections in their report to the Institute on Dr. Barry's paper.

Mr. Serle showed the Society a very ingenious contrivance, which he thought would satisfactorily prove that during ordinary respiration, no movement of the blood takes place in the veins, in consequence of any vacuum being formed in the chest; that is to say, when the respirations are about twenty in a minute; but if the respirations were increased to forty in a minute, it would be seen that a considerable vacuum was formed, and that under such circumstances only, the blood returned through the veins with greater velocity to supply the vacuum. The apparatus was simple and ingenious; an ordinary shaped bellows without a valve in the bottom, with a pane of glass in the cover to allow of seeing what was going on in the interior, with a nozzle of the usual size, was produced. From the sides of the bellows three pipes of different sizes, bent at right angles, were passed into three glasses containing water. Mr. Serle stated, that he considered the bellows to represent the capacity of an ordinary chest; the nozzle of the bellows to represent the same relation of size of cylinder to the bellows, that the trachea does to the lungs. If by raising the cover of the bellows, the vacuum were formed more rapidly than the calibre of the nozzle could supply air, which happened when forty such artificial respirations were formed in a minute, the atmosphere pressed the water in the glasses immediately into the chamber of the bellows; and by parity of reasoning, admitting the similarity between the respiratory apparatus and the bellows, he thought that the inference could not be refused, that the blood in the veins would then, and only then, be forced in to supply the vacuum, as being the most readily yielding matter on which the atmosphere could act.

The discussion was of an interesting character, and will probably be resumed at the next meeting.

Dr. BARRY attended the meeting of the Society on Monday last. He said, he appeared there as a volunteer, and did so for two reasons: to show the Society that he was not reluctant to attend; and secondly, to convince the gentlemen present that he was always ready to break a lance with his opponents in the controversial arena.

Dr. Barry was then solicited by the Chairman, Dr. HASLAM, to favour the Society with a brief *exposé* of his opinions respecting the circulation, which he did in a very clear and satisfactory manner; but as the arguments which he urged were very similar to those which he employed at the Hunterian Society, it will be unnecessary to repeat them here. Dr. Barry took considerable trouble to prove the influence of atmospheric pressure on the human body; he adduced the case of Humboldt, who ascended the lofty Chimbaraço, until the atmosphere became so rare that blood flowed from his eyes, ears, and gums. Here we may be allowed to observe, that the Doctor occupied considerable time in seeking to establish what no person denied. He proceeded to say, that Nature, ever fertile in her productions, had applied one of her laws, and that a very powerful one, to the assistance of organic matter; the pressure of the atmosphere was made materially to assist in the performance of the most essential functions of life. It was fair to presume, that such an uncommon power would not be left unemployed by nature, and he hoped to be able to show that it was employed. The Doctor then approached the more immediate subject of the discussion; he explained what he meant by a relative vacuum; it was of no consequence what the difference in the amount of pressure was, between the internal and external parts of the body; if the pressure in the interior were 5000, and the pressure externally 5001, it would be sufficient for his purpose, because it would prove that the resistance within was less than the force without. He then enumerated some experiments to show the amount of this difference of pressure in the interior. He connected a barometrical tube, containing the usual column of mercury, by means of a flexible cylinder, with the thoracic cavity of a dog weighing only six pounds, by perforating the thorax between the ribs. At each inspiration it was observed that the mercury sunk *two inches and a half*, showing that the resistance had been diminished equal to about one-twelfth of our atmosphere. The trachea being severed, and a stop-cock attached firmly to it, the stop-cock was closed, and at each inspiration the mercurial column descended *five inches*; proving that a vacuum had been formed, or, in other words, that internal pressure had been diminished equal to about *one-sixth* of an atmosphere. He had tried a similar experiment on a pigeon, with a similar result. These experiments tended to show, that the vacuum formed in the chest was very considerable; not sufficient, it was true, to lift thirty-two feet of water, like a city pump, but sufficient to show that the vacuum was something more than the mere moonshine, which some had represented. (A laugh.) He was led to conclude, from observing the atmosphere to act on the columns of mercury in these experiments, and on columns of water in others, and that only during inspiration—he was led to conclude, that the fluids of the body were subjected to the same general laws; that these fluids were forced toward the part where the resistance was least, namely, toward the thorax, and that this centripetal force acted with effect only during the expansion of the thorax, that is, during *inspiration*.

Dr. Barry complimented Mr. Ellerby, Dr. Davies, Mr. Serle, and the other gentlemen, for the manly manner in which they had conducted their experiments, and concluded by observing, that however great the differences of opinion might be between them at present, that he was satisfied they would eventually be removed.

We regret that our limits do not allow us to follow the series of Doctor Barry's reasoning so closely as we could wish, but we hope we have secured the principal points of his argument.

Mr. Ellerby, Mr. Serle, and a few others, made some observations.

The meeting of members and visitors was very large, and the thanks of the company were *una voce* presented to Dr. Barry for his attendance, and for the information he had afforded.

HUNTERIAN SOCIETY.

A CONSIDERABLE anxiety has of late prevailed among the different medical men of the metropolis to sift the opinions which have been recently advanced by Dr. Barry, respecting the influence of the pressure of the atmosphere on the circulation and absorption. It is probable that Dr. Barry has attributed a greater degree of importance to this agency than it will ultimately be found to possess. However this may be, we shall endeavour to give the progress of the discussion, and ultimately a resumé of what has been furnished *pro* and *con*, with our opinions on the subject. We abstain from saying more at present.

Dr. Barry was present at the last meeting of this Society at the request of the President, and in consequence, the attendance of the members was unusually large.

SIR WILLIAM BLIZARD was in the Chair, who briefly informed the meeting of the principal object of their being brought together. The Society, anxious to acquire and to extend information, was desirous of hearing from the learned Doctor who had that evening honoured the Society with his presence, a development of his ingenious and very philosophical opinions respecting the influence of atmospheric pressure on the circulation, and on absorption; and then, having loaded the Doctor with a profusion of compliments, sat down!

Dr. BARRY then addressed the Society, by first alluding to the *extreme honour* conferred on him by such a *distinguished and scientific body*, in being permitted to occupy a portion of their *valuable time*, and by assuring them that however *high he esteemed* such an *especial* mark of their *infinite condescension*, by inviting him there that evening, he hoped that it would *not* induce him to think *less humbly of himself*. It had been said that "he had felt hurt" at receiving such an invitation; but on his honour he could assure the President, that he considered the *very handsome* and *very polite note* of the secretary containing such invitation, as *the greatest mark of distinction* which had been paid him since his return to this country; and he should *ever preserve and esteem it* as one of his *most valuable* documents.

This sort of language may do very well in France, but it sounds mawkish in the ears of an Englishman; and as we heartily wish the Doctor well, we recommend him to leave off this superfluity of Gallic nothingness.

Dr. BARRY then proceeded to give an outline of his opinions respecting the circulation, but as we cannot insert his observations at length, we shall lay hold of the main points of his theory. Dr. Barry stated that the main argument on which all his reasoning was founded, the foundation stone on which his theory of the circulation was built, was that during *inspiration*, there is a *tendency to form a vacuum* in the chest; that this vacuum might be correctly termed *a relative vacuum*, and he would explain what he meant by a relative vacuum in the following manner: suppose an elastic bottle, made, for example, of Indian rubber, to contain one cubic inch of air; extend that bottle to twice its original length, and its capacity would be increased so as to be capable of containing two cubic inches of air; then there would be a relative vacuum formed; for although the bottle continued to be full of air, it was not equal to the resistance of the external air, in the proportion of two atmospheres to one.

Again, take a cubic inch of solid matter capable of condensation, and reduce it by pressure to half its size, there would be in that case also a relative vacuum formed, in as much as half of the original space would remain unoccupied. (Of course this is purely an imaginary case.) He then endeavoured to transfer this sort of physical reasoning to the condition of organic bodies in the performance of the functions of respiration and circulation. He contended that whether by the expansion of the thoracic parietes on the one hand, or by the contraction of the heart on the other, or by both, a relative vacuum was formed in the chest subjected to the action of the same laws of physics, as if formed in unorganised or inert matter.

In the course of the evening Dr. DAVIES asked Dr. Barry whether he attributed the return of the venous blood *solely* to this vacuum? Dr. Barry replied, that he considered the *vis a tergo* the *first* power; *atmospheric pressure* acting on the vacuum in the thoracic veins, *the second*; and the power of *gravitation*, the *third*.

Towards the close of the meeting, Mr. SERLE showed an experiment which he had made on a rabbit, to prove that the vacuum formed in the sinus venosus, if any be formed there, could not be of any consequence. He removed the sternum and portions of the ribs of a full grown rabbit, and then laid open the pericardium to such an extent, that the finger might be introduced.

Mr. ELLERBY and Dr. DAVIES called the attention of the Society to the result of some experiments which they had made on absorption with the ferule, instead of with a vacuum; they contended that they had shown that mere *pressure* was sufficient to prevent absorption, and that no vacuum was necessary for that purpose.

Dr. BARRY admitted that Mr. Ellerby had succeeded in showing this, but contended that his cupping-glass acted in the same way; which is, indeed, the fact; but then the entire value of the Doctor's corollary disappears, because it was intended to establish the efficacy of a *vacuum*, and *not* the efficacy of *pressure*. Dr. Barry was induced to say, that from the report he had read of Mr. Ellerby's experiments in The Lancet, he imagined that he had not read his work. Mr. Ellerby assured the Doctor that he had done so with much attention, but found nothing said therein on the effects of *pressure*. The Doctor apologised, and the meeting soon after separated.

MEDICAL JURISPRUDENCE.

To the Editor of The Lancet.

Sir,—There has been no part of our science which has occupied so little the attention of its professors as medical jurisprudence. Whether this has arisen from the idea that their attention should be exclusively directed to the relative workings of the machine, when perfect and when impaired, rather than to the power by which it was first impelled, and afterwards kept in motion; and, perhaps, acting on the old maxim, *divide et impera*, they thought it ought to be left to the metaphysician and the lawyer; or whether they have considered its utility and importance not to be sufficient to warrant an attention to the subject, is uncertain; perhaps both motives have prevented medical jurisprudence from bearing its due proportion in systems of medical education. For certain it is, that it has been considered, until lately, unworthy attention, to adduce but one instance in the person of the illustrious John Hunter. That great man, possessing in an eminent degree a clear and comprehensive mind, though too often indefinite and obscure in expressing his ideas, showed, by his evidence in the case of Sir Theodosius Broughton, that he had turned his attention but slightly to forensic medicine; for it may be clearly detected, that the fault was not in the language, but in the ideas. But though the subject has lately been brought into notice by the works of Paris, Fonblanque, and Dr. Gordon Smith, yet it has been comparatively neglected, and it is but seldom, even now, that we read medical evidence that is worthy of the members of a yclept liberal profession,—men who, considering the intimate connexion and action and reaction of the body and immaterial principle on each other, ought to be well acquainted with the philosophy of the human mind. For the truth of this assertion, let any one refer to the evidence in Lord Portsmouth's case, the definitions of insanity are most absurd as Dr. Armstrong justly observes, in his Lecture on Mania; they might as well have said his complaint was a *thing-um-bob complaint*, or a *cloud coming over him*, or any thing else. It is but a short time since that my attention was attracted to the evidence of a surgeon by the name of Dewsnap, at a Coroner's Inquest, in a case of suicide, in which he attributed it to *temporary excitement of some kind or other*. Now, by analysing this, what are we to understand? *Excitement* is a term, it is well known, introduced into medical literature by Dr. Brown, the founder of the Brunonian system. By his definition of it, we understand that it is that property by the possession of which animals differ from themselves in their dead state, or from any other inanimate matter; hence, being the essential of life, it cannot be *temporary* or *changeable* in its *kind*. But since the time of Dr. Brown, the word has been used in a much more extended sense in medical language, and by it we now understand that state which is the effect of *stimulants*, and attended with increased sensibility and irritability of the nervous system, and increased action in the sanguiferous. This state, of course, is necessarily *temporary*, but differs not in *kind*. Now, allowing this to be the proper construction of the expression, the question naturally follows, Is this state ever the precursor of suicide? I apprehend very few medical men would hazard an affirmative. It may, however, be useful to discuss what is that state? I should answer, a state of *depression* caused either *mentally* by the *immediate* operation of the depressing agents, or *intermediately* by the exciting agents, causing *collapse* after excitement, or *bodily* by chronic inflammation, producing a change of structure in the brain, and the immaterial principle thus performing its functions through an impaired medium, the mind being the effect, is of course impaired.

I trust, by the insertion of these unconnected observations in your widely circulated Journal, that it may in some measure excite the attention of the profession for their own *credit* to medical jurisprudence, that they may no longer make use of "words full of sound signifying nothing," leaving out the more important consideration, that in giving evidence in a court of justice as in their ordinary employment, "the issues of life and death are often in their hands."

I am, Sir, yours,

Atticus.

NEW COLLEGE OF SURGEONS.

[We feel it a duty to insert this Letter, but we do not approve of many parts of the plan it proposes for a new College.]

To the Editor of The Lancet.

Sir—The object of my last communication was to recommend the establishment of a National College of Medicine and Surgery in the place of the present Royal and Chartered Companies, who, it is admitted, upon almost every side, have, by their meanness, selfishness, and imbecility, brought themselves and their profession into merited contempt. It now remains for me, in compliance with my promise, to present you with a brief outline of my plan for such an establishment.

Proposition 1. That a Hospital capable of containing at least 2000 patients, be erected at the expense of the nation.

2. That to this Hospital be appointed Professors, Physicians, Surgeons, &c.

3. That such professors, &c. be liberally paid by the nation for their services.

4. That such services be entirely confined and devoted to the National Establishment.

5. That such professors, &c. be elected by ballot from the present members of the incorporated bodies of physic, surgery, &c. by the members at large.

6. That such professors, &c. shall examine all candidates for admission into the profession.

7. That such examination shall be public.

8. That the present members of the incorporated bodies of physic, surgery, &c. be constituted members of the national college.

9. That pupils shall be admitted to the different lectures, and to the practice of the hospitals, upon the same conditions as are observed at the national hospitals at Paris.

10. That every one shall be permitted to study his profession in any part of the kingdom, or in any part of the world he may think proper, but that the test of his qualifications to practise, shall consist in his ability to pass a public examination to the satisfaction of the examiners of the National College, without any reference to the school in which he may have studied.

11. That from and after ——— no one shall be permitted to practise in any department of the profession, or in any part of the United Kingdom, without previously undergoing such examination.

These, Mr. Editor, are the leading propositions which I wish to submit to the consideration of my professional brethren, and to the nation at large. The object I have in view is of the highest professional, as well as the highest national importance; and most sincerely do I pray that it may meet with numerous able and powerful advocates.

In another paper, I will trouble you with a few comments upon the different propositions, taking them in the order in which they stand. In the mean time I remain,

Mr. Editor,
Yours, very respectfully,
A Constant Reader.

Just as I had concluded this paper, I received No. 166 of The Lancet, in which a Licentiate of the Royal College of Physicians has made it very apparent, that however necessary it may be for a man to be a gentleman in order to become a fellow of that College, it is not necessary to be a gentleman in order to be admitted a Licentiate; and, Mr. Editor, to assert that a man has "assumed a wilful falsehood" upon such slender premises, bespeaks a dearth and destitution of intellect, which I am charitable enough to believe would not have passed muster with the celebrated Examiners of the celebrated Dr. Last. It is evident, upon the Licentiate's own showing, that my statement is substantially correct. That a by-law of the Royal College does exist, by which *even* an M.D. of the Universities of Oxford or Cambridge, would be prevented from becoming a Fellow of that College, should it be known that he had ever acted as a general practitioner. Can any thing be more unjust, more ridiculous, more contemptible, than such a by-law! I may have been guilty of not accurately discriminating between the *pure* surgeon and the general practitioner; but, as far as my observation extends, general practitioners are, for the most part, better educated, better informed men—men of more enlightened views, than *pure* surgeons, consequently rendering the regulation of the College more invidious and objectionable. It would be curious, Mr. Editor, to trace the origin of the division of the faculty into pure physicians and pure surgeons: if I may be allowed to hazard a conjecture or two on the subject, I should suspect that it resulted from a combination of the idle with the weak; for example, a man of quick parts, but too idle to undergo the drudgery of the dissecting room, chose, for conscience sake, to betake himself to the practice of physic only, trusting for casual assistance to the dull, plodding, but mechanical and industrious anatomist; be this as it may, the annals of medicine will prove that the pure physician and the pure surgeon have contributed little to the amelioration of human suffering, and that the great benefactors of mankind have been those who had capacity to study and to practise every branch of the profession. Look at the pure physicians and the pure surgeons of the present day; what are they but the veritable Simon Pures!

But to return: The information conveyed in my last communication, I received from a Fellow of the Royal College of Physicians; and of its accuracy, I could furnish many instances, but that I am limited for time.

To conclude: The insolence of the Licentiate in giving the lie under the shelter of an anonymous letter, and the personal remark with which he concluded it, and which he doubtlessly considers equally close and pithy, are in the very spirit of that monopoly, by which, alone, such as he can expect to raise themselves into the *smallest* degree of consequence or consideration.

DEMONSTRATIONS AT GUY'S.

To the Editor of The Lancet.

Sir,—Impressed with a full conviction of the many abuses in our Hospitals, which your highly valuable publication has already been the means of correcting; and knowing the great interest you have always taken in whatever affects the welfare of the students, and your readiness at all times to advocate their cause, I have been induced to trespass on your valuable time, and at the request of several of my fellow pupils, to solicit your kind interference with the great want, both of attendance and attention on the part of our *three* demonstrators in the dissecting room, which has been so severely felt by the class throughout the whole of the present session.

Not to occupy your time unnecessarily, it will suffice to inform you that as early as eight in the morning, the din of active preparations might be heard in the dissecting room, and by nine, there is scarcely a table unoccupied; but no demonstrators are there to assist us in our studies, and it is very rarely indeed, until the late hour of twelve, that we have any advantage from their presence. Our anatomical lecture begins at two, on our return from which, they have vanished; and hence, Sir, the short space of two hours, or two hours and a half, daily, at most, is all that is allowed, and doubtless considered by them, sufficient to furnish the necessary information to perhaps one hundred dissecting pupils; and even, Sir, during that short period, I regret to add, a few favoured individuals monopolize their chief attention, whilst the less fortunate, notwithstanding their repeated intreaties, are destined to pursue their work of toil with the assistance only of the London Dissector, or some other typographical guide.

Towards these gentlemen I entertain feelings of the utmost respect, and I beg, Sir, to assure you, that it was not until after the most mature consideration, and with very considerable reluctance, that I ventured to offer or trouble you with these remarks.

In the fullest hope, however, that they may be productive of the desired effect, should you consider them worthy a place in your esteemed publication,

I beg to subscribe myself
Your obliged Friend and Servant,
A Pupil of Guy's.

December 9, 1826.

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

SECOND CASE OF CAROTID ANEURISM, SUCCESSFULLY TREATED BY TYING THE ARTERY BEYOND THE ANEURISMAL TUMOUR.

Nearly a year ago, in our 122d Number, we recorded a case of carotid aneurism, which was *succesfully* treated by tying the artery *beyond the tumour*. Our readers may recollect, that such an operation was first proposed by Desault, approved by Bichat, executed, *with a fatal result*, by Deschamps and Sir Astley Cooper, and treated with ridicule and contempt by that truly great anatomist, the late Mr. Allan Burns; consequently, Mr. Wardrop undertook the operation under the most discouraging circumstances, as the only means of saving his patient's life, and he has been gratified by complete success, for we learn that the old lady enjoys perfect health, and that not the smallest vestige of the aneurismal tumour remains; therefore Wardrop's name will be handed down to posterity, if not as the *originator*, yet as the probable *rescuer from oblivion, and certainly as the first successful practiser*, of an excellent operation—an operation which presents a cure for such aneurisms as, from their situation, were deemed beyond the reach of art, or which only admitted of palliative treatment; an operation, the safety and utility of which have been demonstrated by two consecutive cases.

Dec. 2. E. B., ætat. 57 : always enjoyed good health till four years ago, when she was attacked with severe pains in the head, which terminated in a fit of apoplexy. By bleeding, the application of blisters, &c., however, she soon recovered. Two years afterwards she had a similar attack, and was ill for three weeks, but the same treatment being pursued she again was restored to perfect health. About six months since one of her companions accidentally observed a strong pulsation in her neck, which a surgeon discovered to be an aneurism of the right carotid artery, and proposed an operation, but the patient would not consent.

A very strongly pulsating tumour is visible on the right side of the neck, exactly under the sterno-cleido-mastoideus muscle, which appears much attenuated, and its two portions are somewhat parted. The pulsation extends from the clavicle about two inches upwards, and is much stronger at the superior than the inferior part of the tumour, which does not, seemingly, extend below the clavicle. It is fully two inches and a half in breadth ; the external jugular vein is seen traversing the upper part of it, and is somewhat distended. The patient has had a hernia in the right groin for four years, and both her legs are œdematous, very tense, and painful. She complains of severe head-ache, and is unwilling to lie on her right side, because, when she does so, the pulsation of the tumour is increased, and is accompanied by much noise in the corresponding ear ; sleeps little at night ; appetite bad ; thirst great ; pulse natural in frequency, but with a slight thrill ; bowels confined.

℞ *Hydr. submur.*
Pulv. antimon.
Ext. rhei, aa. gr.ii. M. ft. pil.,
to be taken at bed-time.

Dec. 3. Pulse fuller than yesterday ; otherwise much the same ; to lose ʒvj. of blood from the arm.

4. Symptoms much the same ; urine scanty, and high coloured :

℞ *Pil. scillæ*, ʒj ;
Pil. hydrarg, gr. xii ;
Pulv. digitalis, gr. iv ; M. ft. pil. xii.
one three times a day.

6. Urine much more copious ; legs much reduced in size, and less painful ; rests badly.

℞. *Pil. opii.* gr. ij. at night.

7. Slept well ; is feverish to-day ; tongue brown ; thirst urgent ; great sickness ; to take 1 gr. opium.

8. Sickness gone ; tongue still brown ; bowels rather costive. To take some salts and senna.

9. Slept well ; bowels regular ; felt very giddy for some minutes this morning, and nearly fell from her seat.

10. Two grains of opium having been given in the morning, Mr. Wardrop, with the assistance of Mr. Lawrence, and in the presence of many practitioners, tied the carotid artery at its emergence from beneath the omohyoideus muscle, and above the tumour. As the patient's neck was fat, the incision made in the integuments was not less than three inches in length ; the rest of the operation was chiefly accomplished by means of a silver knife, and not above a tablespoonful of blood was lost. The ligature, formed of a portion of silk-worm gut, as recommended by Mr. Fielding,* was readily conveyed round the artery by Bremner's needle, and after being tied, both ends were cut away. The external wound was secured by two stitches, and a strap of adhesive plaster.

The patient felt no immediate effect from the operation, except a slight faintness ; she walked up stairs unsupported, and sat some time in a chair, before she would get into bed.

The effect on the pulse was very remarkable, that of the right wrist being full and strong, while that of the left was comparatively small and feeble.

In the evening, the patient felt comfortable, complaining only of a dryness of the fauces, attributed to the opium she had taken. She was now ordered to have five grains of calomel.

11. Rested much better last night than she has done for some time past ; no headache ; she feels more lively than before the operation ; countenance improved ; pulsation in the tumour much reduced, particularly in the tracheal portion. Pulsation of the opposite carotid increased in force. The adhesive plaster was taken away ; wound adheres ; no appearance of inflammation.

12. Pulse of the right arm continues much stronger than that of the left. Left carotid artery beats with increased force. Temporal artery of the right side can be felt, feebly pulsating. No perceptible change in the tumour since yesterday ; whole wound appears to have completely adhered ; no dressing required ; no return of headache ; health much improved ; sat up and dressed herself, and is in excellent spirits. Tumour is easily diminished in bulk, by gentle pressure ; but on its application, complained that the pain of the head returned. She experienced two slight attacks of faintness yesterday afternoon,

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* See Trans. of Med. and Chir. Society of Edinburgh.

with pain in the bowels. Bowels confined; to take some salts and senna immediately.

13. This morning she feels perfectly easy, the medicine having operated well; is quite free from all those pains in the head which troubled her previously to the operation, and she can lie down in bed on the left side without that feeling of suffocation which was formerly the consequence of it. The pulsation is now confined to the external part of the tumour, and on pressing it the pains are reproduced (for the time) in the head, with the same violence as formerly. The two stitches were removed, perfect adhesion having taken place.

℞. *Pil. Colocynth Co.* ℈j;
Calomelanos, gr. iii. M. ft. pil. v.
one morning and evening.

Thursday, Dec. 21. The patient is entirely free from any uneasiness in the head; has an excellent appetite, and states, that in every respect she is "quite comfortable."

As this patient in all probability will soon leave the Hospital, those practitioners in town who are desirous of seeing her, had better embrace an early opportunity.

ST. THOMAS'S HOSPITAL.

CASE OF STRANGULATED SCROTAL HERNIA,

In which the symptoms were somewhat ambiguous. Gangrene of the Intestine. Operation, and fatal termination of the case.

William Poole, a chimney sweep, twenty years of age, was brought to the Hospital on Tuesday afternoon, Dec. 5, at five o'clock in the afternoon; he was seen by the dresser, reported to have strangulated scrotal hernia of the right side, and was ordered to the warm bath. Whilst in the bath, blood was taken from the arm to the amount of twelve ounces, and the taxis was employed for some time without success, when a messenger was dispatched to request the attendance of Mr. Tyrrell, the surgeon of the week.

It appeared from the patient's statement, (which, however, was by no means clear,) that he had laboured under hernia of the right side for several years, but had never worn a truss. The intestine, he said, often came down, but was in general easily returned by his assuming the recumbent position and using gentle pressure; on being more minutely questioned, however, he stated that there was always some degree of swelling at the part. In the present instance the intestine descended on Saturday evening (at first he mentioned Friday); he began to vomit on Sunday morning and had continued to do so at intervals up to the time of his admission.

Such was a brief history of the case, with respect to the local symptoms, at the time the patient was seen by Mr. Tyrrell; after removal from the warm bath, they were as follows:—On the right side of the scrotum was a swelling of the size of a double fist; it was tense, tender to the touch, and gave an indistinct sense of fluctuation; the integuments on its anterior surface were red and shining; the cuticle, on close examination, had a desquamatory appearance. The testicle could be distinguished at the back part of the tumour, and felt hardened and enlarged; tracing the swelling upwards along the chord, it was found to extend throughout the inguinal canal, and at this part to the internal ring was hard and incompressible. The swelling did not dilate in the least degree on coughing.

The abdomen was not very tense, but evinced some tenderness on pressure; the bowels had not been relieved for three days previously. There was occasional sickness, but no hiccup; the pulse was small and quickened, but had not that peculiar thready feel, said to be characteristic of peritoneal inflammation; the patient complained of a sense of constriction at the upper part of the abdomen; but there was no marked anxiety of countenance, and when he was directed to bend his body forward, he did so without evincing pain.

Having ascertained the foregoing particulars, still Mr. Tyrrell considered the case as dubious, and, therefore, previous to adopting any plan of treatment, procured the attendance of Mr. Callaway. This gentleman concurred in opinion with Mr. Tyrrell, that the case was ambiguous. The circumstances which he enumerated as constituting the ambiguity, were first, the peculiar shape of the tumour, it being unlike hernial swelling, which is usually seen to enlarge gradually from the external ring, whilst, in the present case, the tumour enlarged, as it were, abruptly. Next, the remarkable appearance of the scrotal integuments covering the tumour, which was very similar to the change that is produced in the skin when suppuration is going on beneath. Lastly, the constitutional symptoms were supposed not to be those characteristic of an intestine having been strangulated for three days; the absence of anxiety in the countenance, and of the vibrating pulse, were taken as evidences of the non-existence of strangulation. In this state of doubt as to the true nature of the swelling, it was at length determined upon, that a puncture should be carefully made at the lower part. This was effected with a lancet, and a probe was introduced at the aperture; a few drops of blood only followed. It was agreed upon by Mr. Tyrrell and Mr. Callaway, that there was no urgency of symptoms, and it was therefore determined to try the effect of unloading the bowels by means of aperient enemas; and, in order to relieve the tenderness of the abdomen, leeches were directed to be applied, with the subsequent use of warm fomentations. Shortly afterwards Mr. Tyrrell left the Hospital, it being understood that Mr. Callaway would see the patient, and report on any material change that might occur.

About ten o'clock, Mr. Callaway visited the man, and upon attentive examination of the tumour, was induced to suppose that he could distinguish a gurgling noise on pressure, and rightly judging that this constituted an important feature in the diagnosis of the case, dispatched a messenger for Mr. Tyrrell, who arrived some time afterwards. The symptoms had not at this time become aggravated; the vomiting was occasional, and the pulse was of the same character; the appearance of the tumour was the same; the bowels had not been relieved. Mr. Tyrrell, however, after further deliberation with Mr. Callaway, came to the resolution of cutting down upon the tumour, and proposed this measure to the patient, who, for a great length of time, refused his consent, but at last yielded.

Operation.

An incision was made through the integuments, commencing from below the external ring, and extending a considerable way down the scrotum. The different layers of fascia were carefully divided, until at length the cremaster muscle was exposed—this covering was observed to be remarkably distinct, and it had contracted such an intimate adhesion with the hernial sac, that it was with much difficulty separated, so as to afford a clear space for the penetration of the sac. When the sac was punctured, a small quantity of bloody serum made its escape, and being fully laid open, the nature of the case was rendered apparent. There was a large portion of omentum, and lying under this, a fold or knuckle of intestine. Mr. Tyrrell with much difficulty passed his finger through the external ring, and immediately above this discovered a band of stricture, which he divided. At some distance higher up was a second band, which was also cut through, and then the finger passed on with tolerable facility to the internal abdominal ring, at which part it was again necessary to dilate. So that in point of fact there were three strictures—two in the inguinal canal, and one at the usual seat of stricture, namely, the internal ring.

With respect to the condition of the contents of the sac, which it now became necessary to examine previous to making any attempt to return them, it was found that a portion of the protruded omentum was in a state nearly amounting to gangrene; it was dark coloured, had an unnatural feel, and its vessels appeared to be gorged with black blood, which was stagnant. There were some adhesions, evidently of long standing, between the omentum and sac, so that the patient had had irreducible omental hernia. The protruded fold of intestine was of a dark brown or chocolate colour, and there were two distinct gangrenous spots on its surface, of considerable size. The intestine was adherent to the sac throughout the whole extent of the inguinal canal. An incision was made into the gut through one of the gangrenous spots, when a fluid escaped having a fœculent smell.

The patient was now put to bed, and a linseed-meal poultice was applied over the part. The following medicines were prescribed:

Calomel, 3 grains;
Opium, 1 grain; to be taken immediately.
Sulphate of Magnesia, 3 drachms;
Laudanum, 5 drops;
Peppermint-water, ½ an ounce; to be given every three hours.

Nov. 6. Three p. m. It is now rather more than twelve hours since the operation was performed, and the vomiting has not ceased to occur at invervals of a few minutes, until within the last half hour. We found him dosing, but he soon awoke up, and the vomiting recommenced, it was unattended with any exertion, a kind of passive vomiting, as if dependent on simple retroverted action of the stomach, without any convulsive action of the diaphragm. The fluid rejected was of a light brown colour, and had a fœculent odour. The pulse at this time is small, and not vibrating; he has, however, been bled from the arm, under the direction of Mr. Tyrrell, which bleeding, we understand from his dresser, materially altered the character of the pulse, it being previously jerking. The abdomen is not tense, nor very tender on pressure. The bowels have been relieved once; a colocynth enema has been administered since the operation.

He continues to take the saline aperient draught, with the addition of five drops of laudanum.

7. The vomiting has continued throughout the night, and but little sleep was obtained; the sister states that the sickness is more frequent this morning than last evening. The fluid ejected is of a yellowish colour. The process of separation between the dead and living parts has evidently com-

menced in the intestine; he passed an evacuation during the night, the principal part of which came by the wound. Poultices are continued. The pulse is more expanded than yesterday, the tongue is moist, and covered with a brown fur in the centre; the abdomen is not tender on pressure.

Eight ounces of blood were abstracted yesterday evening; a grain of calomel, with a like quantity of opium, were given; and an effervescing mixture, with a few drops of laudanum in each dose, was ordered to be given frequently. This morning Mr. Tyrrell directed half a grain of calomel, and half a grain of opium, to be given every second hour.

Evening. Seen by Mr. Tyrrell, who found the pulse somewhat sharp; a vein was opened in the arm, and four ounces of blood only abstracted. Ordered a small portion of brandy in water, and to omit the effervescing medicine.

8. The pulse soft and feeble; the abdomen is not tender; the vomiting continues, but is somewhat less frequent; the evacuations from the bowels are principally passed through the wound—a small portion only per anum.

The calomel and opium are continued. Mr. Tyrrell this morning directed some arrow root, with a small quantity of brandy, to be given.

9. The patient is evidently sinking; the vomiting has, in a great measure, ceased; but this is rather attributable to the low state of the vital powers than to any amendment. The pulse is feeble, and the countenance sunk; the calomel and opium were discontinued last night, and he was ordered an enema of strong beef tea. Brandy, with eggs, to be given frequently. This morning Mr. Tyrrell prescribed an enema composed of half a pint of beef-tea, with two ounces of port wine, and twenty drops of laudanum. This is to be given every four hours. A poultice of stale beer grounds to be applied over the wound.

The poor man, we regret to say, died in the course of the night.

Inspectio Cadaveris.

The body was inspected on Sunday noon by Mr. Tyrrell. It was found that the intestine, which had been strangulated, was a portion of the ileum, about ten inches from the colon. A complete knuckle or fold of the intestine had passed down, and the two patches of gangrene were situated at each extremity of the protruded portion of 'gut. The strictures had been freely and sufficiently divided, so that no impediment was offered to returning the intestine, provided its condition had justified such a measure. There was a general blush of inflammation over the peritoneum covering the intestines; but that lining the parietes did not show any traces of inflammation. There were red circular lines on the small intestines, but there was no effusion of serum into the cavity of the abdomen.

Mr. Tyrrell made some clinical remarks upon this case to the pupils on Monday last, and exhibited the morbid parts. In commenting on the case, he first took a retrospect of the local and of the constitutional symptoms which usually characterise strangulated hernia, and then contrasted these symptoms with those observed in the case under consideration, and thus endeavoured to show in what respects they materially differed, and hence rendered the case anomalous. As we have, in our report of the case, entered into a full detail, it is unnecessary here to recapitulate.

[This case, in many points of view, is highly instructive.]

OPERATION.

The only operation performed at this Hospital of late, in addition to the above, is amputation of the thigh by Mr. Tyrrell on Friday last. The patient was a young man, and had laboured under scrofulous disease of the knee-joint upwards of five years.—The disease had proceeded to such a destruction of parts, that the tibia was dislocated backwards; the patient's general health was suffering greatly.

TO CORRESPONDENTS.

An "Eating and Drinking Club," as they term it, has been established, and consists of "The Hole and Corner" Surgeons—the "Surgical Pioneers"—"The Ninnyhammers"—"The Explorators"—"The Hagglers"—"The Lithotomists"—"The Hospital Maggots"—and those "straight-forward" Anatomical Lecturers who pursue "serpentine courses;"—truly, a most brilliant assemblage. General Practitioners are to be excluded. Will they incur the disgrace of seeking admission?

The communication of *Medico-Chirurgus* shall be inserted, but we are precluded from saying on what day, in consequence of its great length; it shall, however, appear as early as possible.

The Pupils at the Veterinary College complain, and with great justice, of the want of a MANUAL OF ANATOMY to be used in the Dissecting Room.

J. P. C. informs us that a VETERINARY HOSPITAL is about to be established in Edinburgh,—we hope it will be governed in a more creditable manner than that at St. Pancras.

We cannot speak with any degree of certainty of the reprinting of the Volumes mentioned by a CONSTANT READER. Dr. THOMSON'S Lectures on Inflammation are out of print.

Mr. E. H. MOORE considers that an *address* to the mechanics, on the utility of anatomy to medical students, would be sufficient to remove their prejudice against dissections —we disagree with him, they must *see* the subject under the knife before they will be convinced.

We thank Sir FRETFUL for his hint—the *Exhibition* is ridiculous enough.

"A LICENTIATE" should have recollected that Dr. ELLIOTSON has made no *anonymous* attacks. We cannot insert his letter unless authenticated.

We shall not descend to notice the stupid vapourings of L. C. SAYLES, the itinerant tooth drawer, of the Cow Gate, at SHEFFIELD.

Dr. FORSTER of Hartfield has signified his willingness to give us MS. notes of his Lectures on the Anatomy and Physiology of the Brain, comprehending strictures on the popular hypotheses of the mind of the present day—we shall perhaps avail ourselves of the Doctor's kind offer at some future period.

A STUDENT OF GUY'S HOSPITAL, wishes to learn why the pupils are not permitted to inspect the preparations in the Museum. This exclusion is in our opinion an act of gross injustice.

We have received "*The Circular*" sent by *Octavius Prichard*, M. D. to the inhabitants of Chichester,—we cannot take any further notice of it, as we never meddle with the proceedings of private practitioners, whether surgeons, physicians, or apothecaries.

The case of —— M. D. from L*** is not calculated for publication.

The communications of SENEX—R. L.—A RADICAL REFORMER—AN ENEMY TO INJUSTICE—A BOROUGH STUDENT—G. S. — SINCERUS — CHIRURGUS IMPURUS — A CONSTANT READER—E. H. HODSON—are under consideration.

The case referred to by E. T., shall not receive a further notice until we hear from him.

LIBER HOMO complains of the irregular attendance of the surgeons at St. George's Hospital. If Messrs BRODIE and Co. cannot be regular in their visits, they ought, in justice, to return the students their entrance money.

It appears that the disgraceful conduct of the bullying box-carriers of St. Bartholomew's Hospital, is still tolerated by the governing officers of that establishment.—The students should apply to the Grand Committee.

We will insert the letter of E. J.

The case of "Polypus of the Heart," by Mr. SIMPSON, shall appear at an early period.

We will either insert Mr. G's letter or offer a few remarks on the subject of it.

WORKS RECEIVED FOR REVIEW.

Observations on the Causes, Symptoms, and Treatment of the *Derangement of the Mind.* Founded on an extensive Moral and Medical Practice, in the Treatment of Lunatics. By Paul Slade Knight, M. D., formerly a principal surgeon in the Royal Navy, and many years surgeon of the Lunatic Asylum for the County of Lancaster, &c. London, Longman and Co. Robinson and Bent, Manchester. 8vo. pp. 167.

An Elementary Description of the Anatomy and Physiology of the Brain, Viscera of the Thorax, &c., with corresponding questions, designed for the use of Gentlemen preparing for examination at Apothecaries' Hall, &c. By W. Simpson, M. R. C. S. and Licentiate of the Society of Apothecaries. London, Anderson, (2d Edit.) 18mo. pp. 66.

THE LANCET.

No. 174.] LONDON, SATURDAY, DECEMBER 30. [1826-7.

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

MR. STANLEY

(Mr. ABERNETHY BEING UNABLE TO ATTEND)

On the Muscles of the front and sides of the Body.

Diaphragm.—With respect to the *action* of the diaphragm: when the fibres of the great muscle contract, they lose their curved form, become straight, and, with this alteration in the direction, there is a descent of the muscle from the chest towards the abdomen. As the diaphragm descends, air rushes into the cells of the lungs, and in this way, principally, the enlargement of the chest in a vertical direction takes place. When you know that the lungs are at the side of the chest, you will easily understand that the diaphragm descends principally in its lateral portions, and physiologists have doubted whether the central tendon descends at all. Perhaps it may be admitted, that in an ordinary inspiration, there is no descent of the central tendon. I have already told you, that the heart rests upon this, and if it were to move, the heart would be jolted upwards and downwards. Now I believe, that in an ordinary inspiration, the central tendon does not descend, but that in a deep inspiration it does descend beyond all doubt. In this way, then, is the diaphragm the great agent in inspiration, as far as the greater muscle is concerned. But what does the lesser muscle do? How is it concerned? The lesser muscle will draw the central tendon downwards and backwards. With regard to the action of the *lesser* muscle of the diaphragm, as to its influence upon the *œsophageal* opening. Upon the openings for the *aorta* and *vena cava*, it can have no influence, but upon the œsophageal opening there is an influence. *Laughing*, for instance; that is an action of the diaphragm. Again, we seem to possess the power of closing the termination of the *œsophagus* in the stomach. How do we do this? By putting the fibres of the lesser muscle into action; in this way we explain the possibility of stopping the eructation of fœtid air from the stomach.

In the next place, you are to consider how the diaphragm *alternates* its action with the abdominal muscles; how, by this alternation, expiration and inspiration are produced. In inspiration the diaphragm descends, the abdominal muscles relax, the air is brought into the cells of the lungs, and the muscles being relaxed, the viscera are brought downwards, and the diaphragm enlarged; but in expiration, the viscera are pushed upwards and inwards; the diaphragm retracts, the lungs are compressed by the contraction of the abdominal muscles, the air is expelled from the air cells, and thus is expiration effected.

But there are occasions on which these two great powers are combined, the muscles of the abdomen and the diaphragm, which we call straining, and which is of great advantage to us, as at the time of passing the *fæces*. Under such circumstances too, it is likely that hernia may occur. There are other phenomena produced, by what we call modified actions of the diaphragm.

Hiccup.—In what does this consist? To explain the thing satisfactorily, I ought to be able to hiccup; but perhaps it will not be necessary for me to do so. It is a short convulsive inspiration, followed by a very quick expiration, which, in its progress through the lungs, strikes the sides of the cartilaginous box containing them, and thus the noise of the hiccup is produced. Sometimes hiccup is attendant upon disease; and hence, in strangulated hernia, it is an unfavourable symptom, as indicating mortification of the intestines. *Laughing* is another action of the diaphragm; what does it consist of? A quick succession of short expirations; and if the laugh is powerful, you know it is combined with a motion of the chest and abdominal muscles. To explain this, if a jolly fellow is laughing heartily, you will see his chest and abdomen moving in a very powerful degree. *Cause* of laughter.—Partly physical, and partly moral, you will say. Physical cause—tickling certain parts, such as the soles of the feet, palms of the hand, axilla, and so on; but perhaps you will say, it is not altogether physical, as the effect will in part depend upon the tickler. *Sighing.*—A deep inspiration; and it gives us ease frequently in cases of distress, in a way which is not easy to explain. It is thought that by sighing, a relief takes place in the vessels of the brain, but that is doubtful. And there are various other phenomena, such as *crying*, *sneezing*, and so on, resulting from what we call *modified actions* of the diaphragm.

Psoas magnus, Iliacus internus.—As there is a single tendon proceeding from these muscles, we speak of them as one, and we may say their principal action is to bring the thigh forward towards the trunk, with reference to the *trochanter* minor; and at the same time that they bring the thigh forwards towards the trunk, they will turn the whole of the lower extremity outwards. In this way are they concerned in *progression*. You may say, that they also contribute to maintain the *erect position* of the body, in which there are numerous muscles concerned. With regard to this insertion at the trochanter minor, it is well to remark what will take place when a *fracture* takes place in this part of the *femur*; when that happens, the upper part of the femur will be drawn up. In any case of fracture at this part, it is a great object to prevent the drawing up of the trochanter minor; for if that be not prevented, great deformity will arise; and the only way to prevent that, is to bend the trunk as far forward as possible, that these muscles may be relaxed.

Quadratus Lumborum.—The action of this muscle will be, that of drawing down the last *rib*; it will bend the loins to one side, and both muscles acting together will assist in maintaining the trunk erect.

Pectoralis minor.—The action of this muscle will obviously be, that of drawing the coracoid process, and whole shoulder downwards and forwards: as it does that, it will carry the inferior angle of the scapula backwards: thus you will consider the pectoralis minor as one of those muscles contributing to give the scapula its rotatory motion from the chest. This supposes the coracoid process to be the fixed, and the ribs the moveable parts; but then the shoulder may be the fixed part, and then it will become an inspiratory muscle, by raising and drawing outward the several ribs to which it is attached, thus contributing to enlarge the cavities of the chest.

Serratus magnus.—To understand fully the action of this muscle, you should have pictured before you the fibres of the muscle. It is to draw the whole scapula downwards, and to fix it most firmly against the sides of the chest. Looking at the skeleton, you would say, the scapula is not fixed at all; but then in the subject it is fixed most firmly by the muscles, and especially by the serratus magnus. What is it that supports the shoulder when you see a man carrying a large weight, perhaps of 100 pounds, upon it? It is this muscle. This account supposes the ribs to be the fixed, and the scapula the moveable part; but it may be just the reverse. At a country fair you see a mountebank submitting to have an anvil put on his chest, and a horse-shoe hammered upon it; what is it that enables him to do that? Is it the elasticity of the ribs? Yes, to a certain extent. Is it the cartilaginous nature of the chest? Yes, to a certain extent; but it is especially this muscle, the serratus magnus. During the time Dr. Hunter was teaching anotomy in London, there was a man that used to go about the town performing this feat; he would lie down in the road, let a carriage wheel go over him, and get up again, without its having hurt him: the name he got was certainly a very appropriate name; he was called *Leather-coated Jack.* It happened that when he died, he was taken to Dr. Hunter's theatre for dissection, and the only difference between him and any other person was the enormous thickness of his *serratus magnus.*

MR. ABERNETHY

On the Muscles of the Face, Ear, Eye, and Scalp.

Now, in speaking of the muscles of the face, they perhaps by some might be considered not of much consequence, but the subject is interesting physiologically; and more, I should say, philosophically; for these muscles are so much under the influence of the mind, that they impress permanent lineaments on the countenance. Muscles grow precisely as they are used; they produce prominences by their bulk on one part of the face, and depressions on another part: by their action they fold the skin; and, in short, all these things give a character to the countenance. I remember that a very great painter told me once, that a very great change indeed had been produced on the countenance of a very celebrated man: he said, I painted his countenance once, and did it very well; I painted it lately, but I found a very great difficulty in drawing it.

Now, with regard to the muscles of the face, it is necessary that the lips should be moved for the articulation of our words, and it is necessary that the cheek should be moved in mastication; and I shall begin with the muscles that move the lips, and which ordinarily terminate in the corners of the mouth.

Buccinator.—The question will be, what will be the effect of the action of this muscle? Why, supposing the bone to be the fixed point, it would draw both the lips back towards its fixed attachment, and this produces an unpleasant distention of the mouth to one side. The muscle acting in this way distorts the mouth, and produces a kind of unpleasant grin, which has been denominated the *risus cynicus.* But it is possible that the lips should be the fixed parts; and what will be the effect of the buccinator then? Then it will impel whatever distends it into the mouth. O! we use it in masticating, and also in blowing. This is the reason why it is called the *trumpeter muscle.* I might have quoted a better use of this muscle for the assembly that I am now addressing; I mean in the use of the *blow pipe*: I don't doubt that many of you are, and that all of you may become, mineralogists; and you know if you have a little bit of stone, and you should wish to know whether there is any mineral in it or not, you have not large furnaces for smelting it, but you keep the blaze of the candle constantly upon it. To see a man try to do this through the means of the blow pipe, for the first time, is truly ridiculous; for he keeps puff, puffing, and applying the heat remittingly to the stone; but a man used to it, will keep the light steadily blown upon it, which he does by the use of the buccinator.

There is a great difference in the dissection of the mouth of a man, and that of an animal. In an animal the muscles simply draw the mouth in various directions; there is none of that complication of muscles, capable of producing contrary effects to one another, which there is to be found in man; but all these muscles were necessary for us for the articulation of our words, and that is the chief peculiarity of the mouth.

Constrictor Narium.—This is a muscle which draws the *alæ* of the nose downwards; and it must be a very powerful muscle, as you must be convinced from your own feelings. It is used in sneezing, and also in smelling fine odours.

Orbicularis Palpebrarum.—The tendon of the orbicularis palpebrarum is very important; the knowledge of its situation is what gives you the power of opening the *lachrymal bag* with the greatest facility; the knowledge of its situation is what gives you the power of performing the operation for the *fistula lachrymalis* without the slightest difficulty. You put a knife below the orbicularis palpebrarum, keep it within the ridge of the orbit, and where does it go? into the lachrymal groove, and you carry it on till you can carry it no further, for it is resisted by bone; you divide the bag, put the probe down into the nose, clear away any obstruction that may be there, and you will find that your probe rests upon the nasal process of the superior maxillary bone.

Corrugator Supercilii.—The eye-brow admits of motion; there is no especial muscle for raising it; it is raised up by a muscle that moves the whole of the scalp; but there is a special muscle for depressing it; it comes down from the roots of the *ossa nasi*, and fibres go up to terminate in the integuments beneath the eye-brow; it draws the eye-brow downwards and towards the root of the nose; it is called the corrugator supercilii.

Fronto-Occipitalis.—Now I have done all to the muscle which moves the hairy scalp, and this is a muscle which it is difficult to demonstrate clearly; but when things are not to be seen by the eye, why, they must be seen by the understanding—the mind's eye. Here then is a considerable muscle, called the *fronto-occipitalis*, which has an *aponeurosis* covering the whole of the scalp. Suppose an Indian was to scalp the person whom he had vanquished, what would he do? Why, cut a part of this muscle, twist the hair round his fingers, and tug it off, just as you have seen a boy pull up a sucker. In the first part of Mr. Pott's book, he states cases in which a cut upon these aponeuroses is necessary. He tells you he has known patients who had got a puncture in the scalp from which they suffered intolerable pain—extreme agony; that he had seen them in a state of fever, almost amounting to delirium, but that they had been instantly relieved by a cut into the *fascia.* I have not seen any such case, but I cannot but believe that there are such cases. A small wound will cause them, and a large wound will relieve them. Just so it has happened when people have got their heads jammed between a cart-wheel and a wall; the whole scalp has been taken away and a most hideous appearance presented.—Again, blood is often shed upon this aponeurosis; and Mr. Pott used to say, in his lectures, the first time you meet with such a case, he was much mistaken if you did not think that your patient had fractured his skull, and that part of the skull was depressed. Now I say the same thing; where blood is shed under the aponeurosis, the edge of the aponeurosis seems hard, irregular, and like the edge of a broken bone, and the middle seems soft, so that you would think you can almost depress it at the supposed broken part. You may say, I can never be deceived in this manner; but I can only tell you, that I have seen very able surgeons deceived. I remember, not very long ago, being called upon by a surgeon of very eminent knowledge, to attend upon a gentleman's servant who had been knocked down, and this surgeon was persuaded there was a most extensive fracture in the *cranium*. He says, " feel it, Sir, feel it." I said, " O, I don't trust to my fingers; but I don't believe that this man has broken his skull, because he does not show any symptoms to indicate any such serious injury; and, granted that he had broken his skull, I am sure I could not venture to trephine, except under the certainty that by doing so I should produce more serious symptoms than are now apparent: he must be bled and purged." He was bled and purged, and did well. It was a considerable time before the blood was absorbed. I got him into the hospital here, where he lived for a considerable time, and at last got well.—When the blood was altogether absorbed we could examine the bone, which we did, and found that it was in its proper place.

I have known instances of *matter* forming under this aponeurosis, and I remember a case which a surgeon had, a surgeon of no very great talent, and it was a case which he called a very curious case, and to me it certainly was a curious case; it was the case of a child whose head was of a very uncommon form; when it was touched it was all soft. The matter had begun in one part and had spread beneath the whole of the aponeurosis. I said, there is a fluid under it; put an abscess lancet into it; he did so; there was an immense quantity of fluid escaped, and the case did perfectly well. Now I say, in any case of matter formed beneath fascia, you should not wait to have it spread throughout the cellular substance, until it detaches, which it will do if not prevented, the subjacent parts to a very considerable extent.

Now I will tell you a perfectly ridiculous story about this, with a view to impress this part of the subject on your minds, but I should hope that that would not be printed and *pub—lished too!* (A roar of laughter, from the *knowing* sort of way in which Mr. A. expressed himself and turned up the corner of his eye.) It happened, in the early part of my time, to become the fashion to put half a pound of grease, and another half pound of flour, on a man's head—what they called *hair-dressing*; it was the fashion too to bind this round with a piece of tape, or ribbon, and make a tail of it, and it was the mode to wear those tails very thick, and rather short. Now a gentleman, who possessed great power in the motion of this fronto-occipitalis, and indeed who had extreme power in that muscle, used to go to the boxes of the theatre, when Mrs. Siddons first appeared, and I don't believe there ever will be such an actress again as she was, nor do I believe there ever was her equal before her. However, when people were affected beyond all description, and when they were all drowned in tears at the performance, this chap wagged his tail enormously, and all the people burst out into a roar of laughter. In vain did they cry " turn him out, turn him out;" in vain did they cry " throw him over." When he had produced this effect on the audience, then he kept his tail quiet; but again, no sooner was their attention engaged, than wag went his tail, and re-echoed again were the bursts of laughter.

Retrahentes Aurium.—With respect to the muscles of the ear, the external ear can be lifted up by them, and drawn backward and forward; but to say the truth, these muscles are very often inactive. We have the powers given to us by nature by which they might be employed, but it would be considered very inelegant if we were to make the pinnæ of the ear stick up, We bind them down with bandages and night caps, and they are never employed. But I remember a very eminent Professor, who could use his pinnæ in an extraordinary manner; I have seen him prick his ears amazingly. He was very touchy, and we could not ask him to display his powers; but I have seen him use these as I have told you. Whether he considered it as an *asinine* property or not I don't know, but he would never have it spoken of. We disuse them because we live in a civilised society. We have no occasion to listen to the noise and approach of wild beasts, but savages have, and they use their ears for that purpose. It is *apprehension* which is the great excitement to attentive hearing. O! it is apprehension. And here I would tell you a little piece of jockeyship: if you buy a horse, if that horse is run out before you, and if the horse pricks his ears at every thing before him, if the man who sold him was to swear till he was black in the face that the horse was not a timid one, I would not believe him, because it would be a sure sign that the horse is timid.

FOREIGN DEPARTMENT.

SURGERY.

Case of Perfect Union of a Congenital Division of the Soft Palate.

In the November Number of Hecker's *Litterarische Annalen der gesammten Heilkunde*, which we have just received, a case of successful operation for the removal of the above named deformity is related by Dr. Dieffenbach, of Berlin. An interesting account of the comparative anatomy of the velum palati from the same pen, will be found in the 160th Number of The Lancet. A description of Dr. Dieffenbach's method of operating was intended to have been given in the succeeding week, but by some accident it was omitted; and as a reference is made in the present case to that description, it will be necessary briefly to mention it in order to make the present operation intelligible.

The principal difference in Dieffenbach's mode of procedure from those recommended by Graefe, Roux, Souchet, Jousselin, and Alcock, consists in the substitution of a finely drawn *lead wire* for the ordinary ligatures. It is necessary that the lead should be as pure as possible; the wire needs only be a little larger than a stout pin; and if used when recently drawn, it will be found just as yielding as a waxed thread. After the edges of the divided palate have been removed, which may be easily effected by taking hold of each with a forceps and transfixing it with a small cataract knife, as near the bony palate as possible, the knife is then carried onwards with a gentle sawing motion to the extremity of the uvula. The lead ligatures are to be introduced in the following manner: the one extremity of a piece of the wire is screwed into the end of a small needle about seven lines long, curved a little from its point to the middle, having three cutting edges, the concave surface being plain: from the middle to the end it becomes cylindrical and hollow, of the same size as the lead wire which is screwed firmly into it by means of another screw in its cylindrical portion. Being thus secured, the needle is taken hold of with a pair of forceps, the blades of which, bent at right angles, are just long enough to embrace the needle firmly, and to reach over the edge of the palate. The handles of the forceps are sufficiently long to reach to the deepest part of the mouth. The needle thus held is made to transfix the right side of the divided velum about two lines from its edge, and is then taken hold of by a common straight forceps, and pulled gently out of the mouth. The other end of the lead wire, armed with a similar needle, is then introduced in like manner on the opposite side. The needles having been unscrewed or cut off, the extremities of the ligature are then twisted once or twice slightly round, and put on one side of the mouth until the other ligatures are introduced. It is then recommended to commence the closing of the edges of the velum by twisting with a forceps the ends of the anterior ligature carefully around each other, until the edges of the wound are brought into contact. The twisted wires are to be cut off within about a quarter of an inch of the palate, and turned forward upon the roof of the mouth. The second ligature is to be managed in the same manner, and so the third, or as many as there may be. Should the inflammation be so violent as to cause great tumefaction of the parts, the ligatures may be untwisted to the necessary extent to relieve the tension, without altogether setting the edges free; and the wire may be again twisted tighter when the inflammation subsides. To remove these ligatures it is only necessary to cut the wire on either side above the twisted part, when the whole ligature may be easily brought away by a little lateral motion.

The history of the present case is as follows:—The patient was a maiden lady, about 30 years of age, of a delicate constitution, who had from her birth a fissure or division of the soft palate. The operation had been attempted by Graefe and others three times without success; but nothing intimidated, the patient applied to Dr. Dieffenbach. The operation was performed in the presence of Drs. Barez and Andresse, junior, in the manner before described, beginning on the right side. The hæmorrhage was slight, and soon stopped by gargling the mouth with cold water; four ligatures were then introduced at equal distances in the way mentioned, and the edges of the fissure were brought into accurate contact. The patient was forbidden to speak or to swallow any thing for twenty-four hours; during which time the mouth was ordered to be frequently washed out with elder flower tea, to clear it of its saliva.

For three days, the success of the operation appeared doubtful; the inflammation and fever were very considerable, but there was no necessity to loosen the ligatures. On the fourth day the patient became very weak, and was ordered nourishing enemata.

The mouth was washed out frequently with elder tea and honey of roses. On the sixth day, the inflammation had considerably subsided, and it was ascertained that union had taken place. The ligatures were cut through close to the palate, and easily withdrawn. After the ligatures had been removed, and the mouth washed out, a little opening of about the size of a small pea was discovered between the first and second ligatures; but as there was no appearance of matter on the edges, it was supposed that it would gradually diminish. After a few days the patient was allowed to take her ordinary food, and soon acquired her usual good health. The little opening just named, healed, however, very slowly; four months elapsed before it entirely closed, during which time it was necessary occasionally to touch the edges with a strong tincture of cantharides and other stimulants.

Since her recovery, the patient has been seen by Rust and Heim, two of the principal practitioners in the Prussian capital.

NOUVELLE BIBLIOTHEQUE MEDICALE, OCTOBER, 1826.

Researches on the Immediate Seat of Inflammation. By M. Cruveilhier, Professor of Anatomy, Paris.

Ever since the doctrines of Brown and his followers ceased to exert their influence on men's minds, or, in other words, from the time that hypothesis and speculation have begun to give way to observation, we find that physicians have very generally adopted the opinion that the greater number of diseases are either directly inflammatory in their character, or the consequences of inflammation, instead of being, according to the dogma of the Brownists, indices of debility in the system, or produced by debilitating causes. Inflammation, then, has long engaged the attention of inquirers, and many have discussed, at length, questions tending to elucidate its seat and nature, the condition of the vessels of the part, whether the blood flowed faster or slower than usual, &c. &c.

Whatever difference of opinion might have existed on these topics, still all were agreed in considering the capillary arteries as the immediate seat of the derangement, be that what it may. M. Cruveilhier, however, is decidedly of opinion that the immediate seat of inflammation is in the capillary veins, and this position he proceeds to establish by proving: 1st, That in every inflammation it is the venous radicles that are *especially* affected. 2d. That the inflammation of these radicles constantly gives rise to all the phenomena attendant on inflammation.

In order to be assured of the truth of the first position, it is only necessary to examine with attention any inflamed texture, whether cellular, adipose, serous, or mucous, and it will (says the Professor) be at once manifest, that in all cases the inflammatory redness is seated in the minute veins. Moreover, when inflammation seizes any of the accidental textures,* such as cancer or melanosis, the veins become enlarged, as we see particularly in soft cancer or encephaloid.

If acute ophthalmia be examined at its commencement, during its increase or at its height, we shall see the veins gorged with blood, and their capillary branches (which are imperceptible in the natural condition of the part) injected and distended; if the inflammation becomes chronic, or if it recurs frequently, the veins, no longer able to return to their original condition, remain as it were varicose, and so become a mechanical impediment to the movement of the eye-ball, and to a certain extent an exciting cause of inflammation by the irritation which they keep up in the part. The dilatation of the veins has been usually attributed to an increased activity in the arterial circulation, which produces a passive distension of the veins; but in this case the effect has been mistaken for the cause. This permanent dilatation of the veins remaining after inflammation, is not confined to the membranes of the eye; it occurs also in other inflamed textures; and this persistence of their dilatation affords a ready explanation of that circumstance so long known, so generally acknowledged, viz. that parts once inflamed are exceedingly liable to take on that condition again. The textures most abundantly supplied with veins are the mucous membranes; they are therefore, according to M. Cruveilhier, particularly prone to take on inflammatory action. When the lining membrane of the trachea and bronchi is inflamed, the veins are observed disposed in meshes, enclosed one within another; from these, small branches pass off, which terminate in larger veins placed in the interstices between the rings of the trachea.

When inflammation occurs in the mucous membrane of the intestines, this condition of the veins is strikingly manifest; and if ulceration takes place, it is the dilated and lacerated veins that give to the margins and bottom of the ulceration their characteristic redness. It may be said, that this condition of the part depends rather on the arteries than on the veins. This objection, however, may be at once removed, by carefully observing the minute vessels leading from the ulceration, for all of them will be found to terminate in the veins seated beneath the membrane; and this observation will further be confirmed by the flatness of the vessels, the thinness of their walls, and the colour of the blood which circulates in them.

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* These are called by M. Cruveilhier "tissus degénérés," thereby evidently considering them to arise from a degeneration of the part in which they occur, and not a new formation: this opinion he long since advanced in his work on Pathology; we thought it was not likely to be again revived.

The alteration of the veins in peritonitis, particularly in that form of it which occurs after parturition, viz. peritonitis puerperarum has long attracted the attention of practitioners. The veins of the abdomen are filled with a purulent sanies, and to this condition of the veins several (particularly Chaussier and Ribes) have attributed the suddenness of the dissolution in such cases.

If the brain in its softened condition be examined, (which condition M. Cruveilhier denominates, "capillary apoplexy,") the veins will be found gorged with blood, and some of them burst; and if the walls which enclose a clot of blood effused into the brain, be examined, it will be found that the peculiar appearance which they present, viz. a dotted redness, is altogether produced by the torn veins.

When we examine a false membrane which has been organised, what does it present? Venous vessels, and nothing more. Our author says, that he could never find anything else in these structures; and then gravely asks, Why should we search for any thing else in them? When any part is brought into connexion with the venous system, does it not necessarily come into connexion with the arterial also?

In support of these opinions and inferences, some experiments have been made with the design of showing that if inflammation be excited in the minute veins, all those phenomena will be induced in the part to which they belong, which are usually considered as characteristic of inflammation; that the inflammation is bounded by the extent of the phlebitis, and recurs when it recurs, whilst inflammation excited in the arteries and nerves never give rise to the same train of morbid lesions. Into the left femoral vein of a dog some ink was injected by means of Anel's syringe, the injection being forced from the trunk towards the extremity, the animal instantly showed symptoms of acute pain; into the femoral artery of the opposite limb the same quantity of the fluid was injected. I expected that the consequences would have been much more serious in the limb whose artery had been injected than in the opposite; but the reverse proved to be the fact: the limb in which the vein was injected became immensely swollen, whilst that in which the artery was injected remained nearly in its natural condition. The animal died in about thirty six-hours. The increased size of the limb was found to depend on a considerable quantity of redish serosity infiltrated into the subcutaneous cellular texture, which was traversed in every direction by dilated veins: in several places there were considerable effusions of blood between the muscles, the blood being coagulated just as it is in an apoplectic effusion of some days standing. The muscular fibre was much altered, being deeply red, injected, and easily torn. The great sciatic nerve was covered with venous vessels following the course of its fibres. The femoral vein presented, along its internal surface, a layer of lymph of a dark colour deposited upon it. The opposite limb, namely, that in which the artery had been injected, appeared to be somewhat softer than natural in its different tissues, but in other respects nothing remarkable; there was not a single trace of the ink in the cavity of the artery. This experiment was repeated five or six times, and always with the same consequences, namely, a considerable development of small veins—a sero-sanguineous infiltration of the part—an enlargement of the different lymphatic glands, which were softened and red, and into them entered lymphatic vessels loaded with a serous fluid.

In order to vary these experiments, and to confine the irritating cause to the veins, a small piece of wood was introduced into the femoral vein, from its superior extremity, as far as to the bend of the knee; and into the external iliac vein another piece of wood, sufficiently long to extend into the lower part of the ascending cava. In making this experiment, an attempt was made to ascertain whether the lining membrane of the veins possessed any sensibility; but, though it was rubbed in the rudest manner, the animal manifested no symptoms of pain. After death, which took place with the usual circumstances attendant on extensive inflammation, the subcutaneous veins were found considerably increased; the skin adhered to the fascia of the limb, particularly along the course of the femoral vein. This connexion was established by means of cellular tissues of a deep red colour, and also by veins which were rendered white by the pus which they contained. These veins, arising from the femoral, passed through the muscles, in order to be continuous with the subcutaneous net-work. On cutting through the different layers of muscles, small collections of pus were found in different places; this evidently proceeded from the veins, from which it could be readily forced out, and in one case branches could be distinctly traced from the femoral vein into one of the cysts. The muscular substance round these was injected with blood, and altered in its consistence. Besides these altered parts, others could be seen which retained their natural appearance, but healthy veins always corresponded with portions of healthy muscle, and inflamed veins led always to a purulent cyst. The femoral vein was transformed into a canal filled with pus, from which issued branches filled also with pus, whilst others remained healthy, though without any assignable cause for this marked difference. This, as well as the other experiments, are, according to M. Cruveilhier, altogether conclusive of the truth of his opinions respecting the seat of inflammation. As he promises a continuation of his researches in the following number of the journal from which we have made these extracts, and as he then will probably point out their practical and pathological applications, we shall reserve our comments for some future occasion.

ANNALES DES SCIENCES NATURELLES, JULY 26, 1826.

Researches on Pulmonary Exhalation. By G. BRESCHET and H. MILNE EDWARDS.

It is universally admitted that the inner surface of the lungs is the part of the body in which absorption is most actively carried on, and that it moreover performs another most important function, namely, that of giving free exit to certain gaseous and volatile principles which are brought to the lungs in the course of the circulation, and which could no longer be retained without detriment to the system. Hence it is that the breath of those who drink large quantities of ardent spirits, exhales a spirituous odour; and several medicines, such as æther and assafœtida, communicate to the breath their peculiar effluvia. If gaseous substances be injected into the veins in very small quantities, so as not to affect the life of the animal, they will soon manifest their influence on the pulmonary exhalation, as has been fully shown by the experiments of Nysten and Magendie.

The great vascularity of the lungs is evidently a condition indispensably necessary to the carrying on of this very active exhalation; but still it could not be assigned as an adequate explanation of the process, much less enable us to comprehend how two completely opposite actions could be carried on by the same part in the same moment of time, viz. the entrance from without inwards of some gaseous principles, and the exhalation or escape of others in precisely the opposite direction.

The recent researches of Dr. Barry, by elucidating the process of absorption, seem to cast some light on this subject. Absorption may be altogether suspended in any particular part of the body by removing it from the influence of atmospheric pressure, by means of a cupping-glass applied upon it. This evidently proves that pressure acting from without inwards, is a most efficient agent in determining the passage of fluids through surfaces to which they are applied: this process has been commonly ascribed to imbibition. Absorption seems to differ from simple exhalation in nothing else than in the direction in which the fluids pass, that direction being in the one case inwards, in the other outwards. If the former is produced by pressure, so must the latter. Now when the thorax is at rest, the air which it contains counterbalances by its elasticity the pressure of the whole atmosphere; but when the cavity dilates, the equilibrium is lost, and a new quantity of air is forced in to fill up the vacuity that would otherwise be produced. During inspiration, each air-cell performs the part of a sucking pump. It is by virtue of this power that it acts on the external air, through the medium of the trachea inhaling it as it were into it; and this same power it exerts also on the fluids contained in the other vessels, which are in communication with its walls, particularly the pulmonary veins. This may seem rather a mechanical explanation of the process of absorption and exhalation, but the following experiments tend directly to establish its truth:—

A tube was introduced into the trachea of a dog, and the thorax having been completely laid open, artificial respiration was kept up by means of a pair of bellows attached to the tube. When the air was driven in, the bellows were removed, in order to allow the lungs to expel the air by their natural elasticity, and thus the pressure which the air-cells sustained was not diminished either during the entrance or exit of the air. The *circulation went on regularly,* the animal appearing to suffer very little. Six drachms of alcohol, saturated with camphor, were injected into the cavity of the peritoneum, but the expired air gave no indication of either of these substances, even in a quarter of an hour afterwards. The muscles of the abdomen were then laid bare, and a cupping glass, with an exhausting syringe, applied. When the vacuum was established, the odour of the camphor soon became manifest, but not a trace of it or of the alcohol could be perceived in the expired air. These substances must have been carried into the circulation, for on applying a certain quantity of extract of nux vomica to the cellular substance on the abdomen, the animal soon exhibited those tetanic symptoms which mark its action.

A comparative experiment was then tried on a dog of the same size, the inhaling power (l'action aspirante) which accompanies each dilatation of the thorax not having been interrupted, and in a few minutes after the introduction of the fluid into the abdomen their odour was manifest in the expired air.

Some essential oil of turpentine was injected into the crural vein of a dog, and almost instantly the breath of the animal was strongly impregnated with its odour; on opening the thorax it was also manifest in the pleura, but not a trace of any such exhalation could be found in the peritoneum.

The turpentine was injected into the crural vein of another dog, after having previously opened the thorax, and artificial respiration was kept up, care being taken to perform it in such a way as not to determine any inhaling action by the process. The odour of the turpentine was soon perceptible in the expired air; it was equally manifest in the cavity of the peritoneum; and, finally, the muscles of the leg were equally impregnated with it. In the former experiment, the whole of the odorous substance appears to have been attracted to the lungs by the sucking power exerted during inspiration; in the latter, it became equally diffused through the whole system, just as it would if it were injected into the veins of a dead animal; it therefore follows, that if gaseous and volatile substances conveyed into the circulation, are exhaled from the surface of the lungs more freely than from any other part of the system equally well supplied with vessels, this difference must depend on the sort of suction which accompanies each act of inspiration.

COLLEGE OF PHYSICIANS.

To the Editor of The Lancet.

Sir,—I am exceedingly amused with the humerous squibs and crackers lately fired off in your and other journals; I augur the happiest consequences from them, as they appear to have already had the effect of rousing the imperial faculty to a very high pitch of excitement. All ranks, and every order, participate in the enthusiasm. If the zeal and ability recently displayed continue but for a short time longer, the best results will be attained, both for the members of the medical profession and for their patients. The musty worm-eaten fabrics of monkish contrivance will either be overthrown, or repaired, enlarged, and embellished with materials suitable to their professed object, and in accordance with the intelligence of the times in which we live. To you, who have laboured so hard, and contributed so much towards effecting these desirable changes, by incessantly combating inveterate professional abuses, the medical world acknowledges its obligations. Go on, Sir, in your career of usefulness, unmindful of the puling, calculating politics of a Cook, or his ridiculous vagaries on "the state of medical feeling." They may, pointless as they are, raise him, as similar inanities formerly did a chevalier, *ad summos chirurgiæ honores*. Well, let them be his reward, unless the enlightened members order things better than they did on the occasion referred to. The times, Sir, are more auspicious than they ever were before. It should not be forgotten, that "there is a tide in the affairs of man, which, taken at the turn, leads on to fortune."

The more immediate object of this hasty sketch is to call your attention to the bitter but merited taunt against the Licentiates, in the concluding part of a Letter published in your 165th Lancet, signed "A Friend to the late Censors," and to a communication signed "Socius," in the last Yellow Journal. The real object of the latter writer is evidently to sooth the licentiates, and reconcile them to continue *in sack-cloth and ashes* for an interminable period. But his cant and sophistry are too flimsy to deceive. I trust they will rather serve to rouse the *alieni homines*, wherever placed, and however dispersed, to unite for their own honour and the public good. "Socius" endeavours, in his letter on the jealousies of the licentiates, to avert, by bland words, and fine promises, the rising spirit of "*a most respectable quarterly journalist*, on the subject of the *unkind feelings* which are alleged to subsist amongst the licentiates towards the fellows of the College. There is," says Socius, "I assure you, no such disposition amongst the fellows towards their brethren of the Scottish or Foreign Universities, nor can I see any reason for its prevalence amongst the licentiates. It is true, that at the west end of the town, a large portion of the best medical practice has generally fallen to the share of the fellows. But it can scarcely be supposed, that the fellowship itself is the cause of this success; for the distinction between fellow and licentiate is not understood by the public. If the fellows have any advantage amongst the higher classes, (I mean the gentry of England,) this evidently arises from their being for the most part educated with, and early known to, that class, and therefore, perhaps, being capable, on the whole, of a more ready assimilation to them in manner and feeling. Besides, we may allow that there may be a disposition amongst the graduates of our own universities to assist one another, arising from those early associations which, in every profession in England, connects together individuals who have had the same education.

"We have often heard lately of the monopoly of the College of Physicians, but I am sure you have too much justice to promote *so groundless* a clamour. The College licenses the graduate of every university in Christendom, who is found competent to practise, and places him, as to the privilege of acting as a physician, on an absolute equality with any of its fellows. It only reserves, with some modifications, to the graduates of English universities, certain executive offices, *which are miserably paid*, in the English College of Physicians, a reservation which appears to me to be neither unreasonable in itself, nor calculated to give to the fellow any advantage over the licentiate in practice, independently of the circumstances above mentioned.

"Allow me to trouble you in conclusion with a few words on the subject of the hostility which is said to exist between the fellows and licentiates, and to threaten some disturbance in the profession. I cannot but deprecate such remarks as these, which appear to lead to no result whatever, except the excitement of *useless jealousy* between those who ought to live on good terms with each other. For I think it may be confidently said, that *as long as the College of Physicians persists in the liberal system of admitting the graduates of every university in the world to practise, in all respects, as freely as the fellows, (after an examination similar to that which is submitted to by English graduates,) it has nothing to apprehend, even in this enlightened age, from the opposition of any body of men whatever.*"

This, Sir, is too precious a morceau for abridgement. I have transcribed it entire for the entertainment of your numerous readers. The object of this Letter, the whole of which is a tissue of palpable untruths, or of guarded misrepresentations, is evidently to mystify, cajole, and tranquilise. "Socius" knew better than notice the *unanswerable* letter of "A Physician," in your LANCET of October 7th, though it must have been known to him as the text for Dr. James Johnson's comments, and more alarming predictions, in the October Medico-Chirurgical Review. We shall soon see whether the Doctor will suffer himself to be gulled and cajoled by the hollow-hearted flattery of "Socius," or will proceed in his course unmoved, through good report and through evil report.

Before I take leave of the learned Doctor, I should like to know his authority for inserting "*Member* of the College of Physicians," on the cover of his review. In my judgment, Boniface, with a pot of porter in his hand, is as much entitled to take his seat among the bench of justices, as the Doctor to the title he assumes. They are both licensed by their respective boards, one for the sale of ale, to keep clear of fines, the other for the sale of physic, which is no finable offence.

His colleagues, the editors of the Repository and Medical Journal, sensible of their degrading position, have ceased to acknowledge a connexion with the College, whether under the appellation of member or licentiate. Many who now take pleasure in the clanks of their fetters, will live to tear them asunder, and rejoice in their acquired freedom. All the assertions of this College Champion having been most triumphantly refuted by anticipation in the Physician's letter, *which* the *wary Editor of the Yellow Journal* has thought proper to reject, it would be supererogation to reply to them here. The College men being too prudent to appear in the field often, or on common occasions, I will take the liberty, now that opportunity offers, of putting a few plain questions to this crafty advocate.

1st. We are told, that the College of Physicians *permits* the graduates of every University in the world to practise, in all respects, as freely as the fellows, after an examination *similar* to that which is submitted to by the English graduates." Of course "Socius" is better acquainted than myself with the College tactics. Had the information come through a less authentic channel, I should have denied it *in toto*. I have always understood that, before the applicant (I cannot compliment him with the title of candidate) is suffered to offer himself for the humiliating boon, he is obliged to sign his self-condemnation in something like the following words: "That he is unfit to undertake the treatment of *all* descriptions of patients, and is *therefore not qualified* to be a *fellow*; but thinking that he may be useful in *some trifling ailments*, he humbly solicits *a license* for that purpose." This degrading preliminary having been duly signed, authenticated, and registered, he is admitted to examination. Here, again, he is made to feel his inferiority. While the candidates for the fellowship are required to translate a few lines in Aretæus, or some other Greek book equally out of date, the licentiate, to keep up an absurd distinction, is not permitted to show his qualifications in that language. Such is, I am told, the whole difference (and a difference it is, notwithstanding the dissimulation of Socius) in the examination of fellows and licentiates. Upon this pretended, though indefensible superiority, rests the only colourable pretence for establishing two grades of practising physicians, in opposition to the laws of the land, and the proceedings of the College, during the two first centuries after its formation. If we were to admit the superiority of the fellows in classical lore, would it constitute a ground for pre-eminence in medical skill? I am warranted in assuming, that, as a body, the licentiates are equally qualified in the sciences, and in general literature, with the fellows, and infinitely their superiors in what is the most important to a physician, *medical knowledge*. At any rate, let a fair trial be exacted before judgment is pronounced.

2dly. "There is, I assure you, no *unkind feelings* in the fellows towards their brethren of the Scottish or Foreign Universities."—Here again we have, unless I am much mistaken, an assertion in direct opposition to the fact. No "kind feeling" is wanted; but, if they act honestly, they will immediately restore the College to its original purity, by rescinding their illegal, tyrannical, and excluding by-laws. Under proper regulations, the mode of admitting members would be brought to what it was from the institution of the College in the reign of King Henry VIII. to the middle of the last century. In this, the golden era of the College, flourished the immortal Harvey. It is not perhaps generally known, that notwithstanding his being Physician to the King, to St. Bartholomew's Hospital, and a distinguished fellow, he practised *both surgery and midwifery*. Such was the prevailing custom with physicians till after the death of King Charles the Second. This monarch, as we are informed by Hume, was bled in his last illness by Dr. King, a skilful surgeon as well as an excellent physician.

In 1752, the Sons of Isis and of Cam acquired the ascendency, and filled up the measure of their tyranny and injustice. Until this memorable epoch, all universities remained upon an equal footing as to college honours. From this period, every thing valuable and respectable was awarded to the English Doctor, and a mere license granted to all others, which they were suffered to retain only while they behaved submissively to their task-masters. Had there really been a foundation in law, in equity, or in professional superiority for the distinction, the hardship would be the less intolerable; but knowing as we do, that licentiates are equal in general acquirements, and far superior in medical science, the humiliation is insufferably grievous.—The "kind feeling of the fellows towards their Scottish brethren" will be fully understood when we take into account that this memorable by-law was directed against the rising reputation of the University of Edinburgh. This celebrated school of physic, founded in 1720, immediately succeeded to extraordinary pre-eminence. Its graduates crossed the Tweed in immense numbers, and acquired so much distinction in the South, that the English physicians were suddenly alarmed for their golden drops. To oppose the new race in open competition was impossible; stratagem became necessary. Hence started that damning by-law of 1752, which the fellows have never ventured to cancel, and which has justly excited an hostile feeling, founded as it is in a deep sense of oppression and injustice. Should "Socius" presume to deny any part of the above statement, he shall hear again from me on the subject.

The kingdom of Scotland had been some time united to England, and therefore, when it was most desirable to remove all the causes of jealousy and dissatisfaction, the London College widened the breach and increased the prejudices of their "Scottish brethren," in violation of the law of the land, the treaty of union, and their duty as good subjects. Moreover, since the graduates of Trinity College, Dublin, are freely admitted into the fellowship, is it not monstrous to exclude those of Edinburgh, the first medical University in Christendom, from an equal participation in college affairs? Socius is requested to explain this anomaly in his "liberal system." Should Socius object to proofs of the disposition of his companions extracted from former times, he may be furnished with practical illustrations of very recent occurrence. He has only to direct his eyes to the sick bed of His R. H. the Duke of York. Sir Henry Halford was, I think, first consulted; further aid being required, Dr. Warren was called in, instead of the three physicians in ordinary, Dr. Pearson, Dr. Thomson, and Dr. Drever, who are all of them, in my estimation, much more highly talented than either of the above-mentioned physicians. Probably the first had been preceptor to some of the fellows, who now evince their gratitude by depriving him of the honours and emoluments appertaining to his office. But assailed as the College is on all sides, and in danger of being toppled down, many are of opinion, that in order to prop and strengthen the decayed building, their policy will lead them to introduce a few licentiates into the fellowship. Should they at length think of Dr. Pearson, I shall be curious to know whether, at his age, he would accept the bauble which has so long been his darling object; or would, like Sir G. Blane, manifest a becoming spirit and indignantly reject it. Should he and his colleague, the unabashed Dr. Drever, forget themselves, and sneak into the conclave, I trust their brethren, the licentiates and independent physicians of the realm, will convince them of their error, by withdrawing their professional confidence. Similar observations are equally applicable to Drs. Holland, Philip Wilson, Luke, &c., with an assurance that the removal of professional confidence from them will prove no irreparable injury to the sick. In Dr. Thompson, I anticipate the conduct of a gentleman, who will neither truckle to names nor to power. What shall we say to Dr. Hooper, whose recent adulatory dedication to the fountain of medical honours bespeaks, at least, a placable disposition. On the case becoming more puzzling still, who, gentle Socius, was the next person chosen to steer the vessel safely into port. As you cannot possibly guess, I must tell you—it was Dr. Macmichael, the humble admirer of the courtly President. Was all this accidental, or on the recommendation of the patient? Neither, Mr. Socius; it emanated from the combination system, and unless this be counteracted by adequate opposing means, the aliens will soon lose all their patients. The higher classes are already taken away, and the lower will soon follow, especially as the surgeons and the apothecaries, seeing the *growing influence of the fellows*, have been drawn into the vortex.

Lest it should be asserted, and insisted upon by the party, that the physicians above-named were selected by His Royal Highness, I will produce another illustration of the same system.

When the late Queen was afflicted, Dr. Holland, a licentiate, was her regular attendant. More heads being wanted, Dr. Maton first and then Dr. Warren were called in. Further aid being still solicited, Dr. Baillie was summoned from a remote corner of Gloucestershire to the assistance of his colleagues. But enough of consultations, *ex duobus disce omnes*.

A rumour is afloat that, by a recent minute in council, the Royal Physicians must in future be taken exclusively from the Fellows. Will "Socius" condescend to inform your readers, whether this foul preference originated in a high quarter or with a titled favourite, who, seizing upon the *mollia tempora fandi*, whispered soft things into his master's ear and misled him? The latter seems to be universally believed among the aliens. The elevation of Dr. Southey to the fellowship, by royal mandate, followed by his immediate appointment as one of the King's Physicians, appears to me conclusive on the point. Is Sir Gilbert Blane, the first physician to his Majesty, laid upon the shelf because he is only a licentiate? It is certainly not on account of his inferiority in general or professional knowledge.

No sooner had the Oxford and Cambridge men gained a preponderating dominion, than they framed another by-law, more absurd than all the rest, disallowing the practice of *surgery and midwifery* and thus counteracting the following clause, inserted in the 32d Act of Henry the Eighth, by Linacre, the wise and good:

"And forasmuch as the science of physic doth comprehend, include, and contain the knowledge of surgery, as a special member and part of the same, therefore be it enacted, that physicians may, as well within the City of London as elsewhere, practise and exercise the said science of physic in all and every its members and parts."

We learn in this short extract that, by the law of the land, the practice of the physician is unlimited, and no by-law of an incorporation can supersede the law of the land. With the act of Parliament in their hands, physicians have nothing to fear from the mandates and prohibitions of any junto or private college. So thoroughly am I penetrated with the impolicy, as well as illegality, of this arbitrary restriction, that I anticipate a speedy revival, under better rulers and more favourable auspices, of Linacre's wise law. The French, in these respects, have set an example which every unsophisticated Briton must wish to see followed in these realms.

While the College conformed to the acts of Henry, and permitted the members to walk about unfettered, they were respected and lived together in strict harmony; there was no "unkind feeling" among them. But after they were compelled to relinquish *surgery and midwifery*, a new order of things commenced. The College of Surgeons, which, at its formation, contained only *twelve* associates, moving in a very subordinate rank, gradually increased in numbers and usefulness. The members soon took upon themselves the direction of surgical cases, as well as of manual operations. Hitherto, the United Kingdom possessed no school of physic. Oxford and Cambridge, from inherent defects, never had any claim to the title. In Edinburgh, and afterwards in London, the want has been amply supplied. The surgeons and apothecaries taking advantage of the opportunities afforded, zealously cultivated the different branches of medicine, and now exercise them *without limitation*. Hence, we have three distinct orders of medical practitioners, whose jarring interests place them in perpetual opposition and hostility. No state of things could have been contrived more injurious to the faculty and the public than a body formed of such discordant materials. Had the College of Physicians always examined their candidates in surgery and midwifery, as well as in physic, and encouraged them to practise in every branch agreeably to the law, the medical profession would ere this have been carried to a much higher degree of perfection. The disgraceful contentions which now unhappily prevail would never have existed; because the exercise of the art, according to sound principles, would not have excited angry feelings, or other rivalship than a desire to remove sickness, and prevent mortality.

3dly. "The College only reserves to itself certain *executive offices*, which are miserably paid." Here, again, I should not hesitate to reply, except to a fellow, *Sir, you have knowingly made a mendacious statement.* As it is, I will inquire of "Socius" what is become of Dr. Harvey's estate, the title deeds of which he surrendered with his own hands to his colleagues? What is become of Linacre's, Kay's, and various other properties, bequeathed in trust to the College at different times? Pray, gentle Socius, do the licenses and visits to mad-houses produce no emolument, and no facilities to the best medical practice? Unless I am indeed misinformed, a princely income arises annually to the fellows out of this executive office alone.

Leaving Socius to ruminate upon these matters, I beg leave to invite his particular attention to the article in the Yellow Journal next to his own, and which, for ought I know, was furnished by himself. Whatever may have been the mode of its introduction, it is an important document.

"The following names," says the Yellow Journal, "have been added during the past year to the list of fellows and licentiates of the College of Physicians." Fellows: Dr. Thomas Watson, Dr. George Leith Koupell, Dr. Richard Prichard Smith, Dr. John Spurgin.—Licentiates: Dr. William Speer, Dr. Samuel Miller, Dr. Thomas Hodgkin, Dr. Richard Davie, Dr. P. Frederick de Jersey, Dr. Æneas M'Andrew, Dr. Charles Lush, Dr. Francis Boot, Dr. John Wilton, Dr. John Forbes, Dr. George G. Sigmond, Dr. Charles Phillips, Dr. George Waddell, Dr. Whitlock Nicholl, Dr. James Clark, Dr. James Scott, Dr. C. Agar Hunt.

Fellows 4. Licentiates 17.—Total 21.

Now if the former, as we are told, pay 50*l.* each to this puissant College, and the latter 75*l.*, you have, in the last year, the aggregate sum of 1475*l.*; 1275*l.* of it furnished by the licentiates for an useless slip of parchment. According to this statement, the licentiates exceed the fellows more than as four to one, and furnish to the College bank nearly five-sixths of its whole revenue from examinations!!! Mr. Socius, are the fellows "miserably paid" for this piece of service? or does it form an exception to the general rule? For my part, I should exceedingly like to peruse the statement of collegiate income drawn from every channel, though I never expect to see it *voluntarily* produced. In 300 years the aggregate has doubtless amounted to a very large sum. To adopt the language of a titled member of the College of Surgeons, the examiners ought to be *devilishly* well paid for their trouble in the management of College affairs! If the fact be otherwise, and the moneys have not been privately distributed among the fellows, why are they preserved? Socius may take either horn of the dilemma.

On a proper application, Parliament would assuredly take up the question, and ferret out the hoard. But how is this to be made? When, in the name of common sense, will the subdued licentiates, and their unattached brethren, make a just estimate of their numerical strength, and ample resources? Let them be wise in time. An association consisting of both descriptions of physicians might be easily organised, and brought into the field. The College, assailed by such an overwhelming force, and supported as the association would be by the public, must either capitulate at discretion, or be ruined in the struggle.

I have already trespassed so much upon your valuable columns, that I shall not enter into a lengthened examination of the "Censor's Friend" in a former LANCET. I cannot, however, deny myself the gratification of noticing his view of the licentiate's oath, *to do all things in honorem Collegii.* To an unsophisticated mind, this obligation would merely imply, that the licentiate binds himself to maintain the true dignity of the College. But, according to the interpretation given, it appears to me, that he is required in all matters to obey the dicta of the fellows. Surely, Sir, this, if true, is the worst description of slavery, and the least to be palliated. While the transported African *reluctantly* delivers up his bodily powers to the guidance of another, the licentiate *voluntarily* surrenders his mental freedom to the government of persons, who have an obvious interest in his professional miscarriage and degradation.

The Letter of an "Orthodox Graduate of an English University," in your Hebdomadary, contains so much good sense, gentlemanly feeling, and convincing argument, that I have great pleasure in holding it up to the attentive perusal of every fellow, licentiate, and independent physician in the imperial dominions.

His recommendation, to assemble a general meeting of medical graduates to improve their condition, is so agreeable to my own views, that whenever it does take place, I shall attend to support it with my name, and, if necessary, with my purse also.

I am, Sir,
Your constant Reader, and
AN ENEMY TO INJUSTICE.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE.

BY MR. GREEN,

On Sloughing of the Genitals.

November 14.

Gentlemen, said Mr. Green, I have had frequent occasion to allude to the subject of sloughing and mortification *generally*, but there are some *particular* cases to which I am desirous of directing your attention—they are of interest as connected with the treatment of venereal disease.

Sloughing of the genitals, in cases of venereal disease, is very frequent amongst the lower class of people, and it arises from various circumstances, to which in their situation they are more liable than those of the higher class. With a chancre or sore on the genitals, a man perhaps exposes himself to vicissitudes of temperature, drinks freely of spirituous liquors, works hard, and walks about, and sometimes applies to a quack, who saturates with mercury a previously debilitated constitution. Now, from a combination of these causes, a change takes place, and hence we have a state of sloughing induced, and patients often apply for admission at this Hospital with the penis in a most frightful state. It does not often happen, indeed, that we have an opportunity of seeing a patient under the circumstances which occurred to a man who was under the care of Mr. H. Cline. He had had a chancre on the penis, for which he put himself under the direction of a medical practitioner; mercury was exhibited very freely, and the penis, in consequence, began to slough. In order, effectually as he thought, to put a stop to the sloughing, the practitioner cut off the end of the penis; but that followed which might reasonably have been expected—the stump took on the sloughing disposition. Well, thinking he had not done enough, the *surgeon* cut off a little bit more—the same result followed, and a third time he pared off a portion of the penis. This is dreadful mal-practice. But I would observe, that it is not merely with chancre or sore on the penis that sloughing begins; in some cases there is gonorrhœa only which is attended with a high state of inflammation. In this inflammatory state of parts, the patient is perhaps exposed to the same causes which I have already enumerated as productive of sloughing with chancre, and is attended with the same effect—a state of sloughing is set up.

With respect to the progress of the disease; in some cases we find a complete gangrene or death of parts, more or less extensive, has taken place. In other instances, the progress is observed to be partly by an ulcerative and partly by a sloughing process, and it is to this kind of sore that the term *phagedenic* is applied. We find in the writings of surgeons, formerly, that they attributed the sloughing in these cases, to the rapid progress of the venereal complaint; they supposed that it was a peculiarly malignant form of disease, and hence they gave large quantities of mercury. This mercurial plan of treatment in such cases is highly injurious, and under it the sloughing in general rapidly extends.

The inflammation which is set up, I repeat, is not of a specific kind, but simply accidental, and supervening on venereal disease from the circumstance I before mentioned. And as the inflammation is of a simple kind, it only requires to be treated in a similar manner to other cases where there is excess of inflammation. I endeavoured to explain to you in my surgical lecture (and I trust that I was successful,) that there are two kinds of mortification, the one resulting from excessive vascular action, and the other from defective vascular action.

When the patient, therefore, is young and robust, with a full hard pulse, you will, of course, withhold tonics and stimulants, because it is obvious there is already excessive vascular action, and by increasing the cause, you would consequently increase the slough. Here then you must adopt the antiphlogistic plan of treatment.

On the other hand, there are cases in which the disease was originally induced by excessive vascular action, but in which there is a failure of power, either from default of constitution, or as the sequela of violent inflammation. Here the indication is of course different. There is a small, feeble, and quick pulse, and the fever present is of the irritative or hectic kind. There is a state of excitement in the nervous system, without a corresponding energy in the vascular system. In these cases you must rouse the vital system by means of tonics and stimulants. But in the numerous cases met with, we find all the shades and differences between these two states. There is one peculiar state of the system, however, to which it is necessary for me to allude; it is one where there is insufficient power, where the action of the heart and arteries is great; that is with regard to their contraction; but although we have a hard, it is not a full pulse. In these cases, there is excessive pain in the part affected, and you will find it beneficial to abstract a moderate quantity of blood from the arm; it often directly relieves the morbid sensibility of the part; the pulse becomes softer, and a healthy action is set up.

Where there is no indication but that of reducing excessive vascular action, or of rousing the system where there is defective action, the local treatment will present itself as a matter of course. But when there is that peculiar state of the system which I have just spoken of, and in which the sore is so exceedingly painful, you will find that the best mode of relieving it is to destroy the surface with the *strong nitric acid*. In making use of this application, you must take care to defend the surrounding skin; first *mop* up the unhealthy discharge, and cut away the loose sloughs, and then apply the acid, not merely to the remaining slough, but to the living morbid surface beneath. Give a large dose of opium, after the application, in order to subdue pain.

Having given a general view of this class of cases, I will now relate to you two cases in illustration:—

T. D. ætat 30, an Irish labourer, healthy in appearance, admitted into Naple's Ward, contracted the disease in *Swan-alley*. This circumstance of contracting the disease at Swan-alley, requires some comment before I proceed further, because we have received many sloughing cases into the Hospital from this quarter, and especially in the female venereal ward. It may, perhaps, be useful to give you this information. (A laugh.) But, however, it is a circumstance not altogether satisfactorily accounted for; the people who inhabit that place are of the lowest description, and it may readily be supposed they are exposed to the various causes which I have spoken of as productive of sloughing, namely, gin-drinking, want of cleanliness, and so on. But to return to the case under consideration: I find it reported that the prepuce was much swollen, and of a dark red colour, the greater part of its circumference occupied with a dark bloody slough. The glans penis was ulcerated, and the sore extended some way down, its surface having a yellowish-brown appearance; it was deep, and there was a constant hot burning pain felt in it. The pulse 100, with no particular character of hardness; the tongue was white, and furred; there was some thirst, with want of rest. The account given by the patient of his complaint was so imperfect as not to be relied upon. The treatment that I adopted in this case, I consider to be proportionate to the state of irritation in the system, and to the disease in the part. You will observe, that the symptoms of constitutional irritation were not very severe, and the progress of the disease had not been rapid. I directed the patient to keep his bed, the part to be raised, and a linseed-meal poultice to be applied. A dose of saline effervescing mixture to be taken every four hours, and a grain of opium at bed time.

The patient was admitted on the 21st of September, and on the 27th the slough had separated, and the parts had assumed a healthy character. The pulse was reduced in frequency, and, in fact, all the symptoms of constitutional irritation had subsided. I therefore discontinued the mixture, put the patient on a meat diet, and applied a mild stimulant—the black wash to the sore. The ulcers continued to mend, and on the 25th of October they had quite healed.

This case affords an instance of a simple mode of relief, on the principle I have laid down. In the next case you will find that a more active plan of treatment was adopted.

W. T. admitted on the 12th of October. Nearly the whole of the prepuce had sloughed, leaving the circumference in a foul sloughy state; and the remaining portion, with the body of the penis, was red and swollen. The upper surface of the glans was ulcerated, but not deeply; the ulcer had a sharp edge, and was exceedingly painful. The inguinal glands were enlarged; there was much constitutional irritation; the pulse was quick and hard; the tongue furred, and there was considerable thirst. The patient stated that thirteen days before admission, he had connexion in a place called Sun Yard. I should have thought that a place of a darker name would have been more appropriate on such an occasion. (A laugh.) In the course of a few days the prepuce became swollen and painful; there was also, at this time, according to the patient's account, phimosis, and a discharge from the external part of the penis; and probably this was from the glandula odorifera, situated about the edge of the glans. On the third day, a slough of the size of a shilling separated, which freed the glans; black wash and poultices were afterwards applied, until the time of his admission into the Hospital. It is probable that this was only a case of external gonorrhœa,—the gonorrhœa preputialis as it is termed; but from some circumstances, such a degree of inflammation was set up as, with neglect, terminated in sloughing. In this case I took fourteen ounces of blood from the arm, and in conjunction with this measure I prescribed the saline effervescing mixture, with five grains of Dover's powder, every four hours. Linseed meal poultices were ordered to be applied to the part.

On the following day, that is the 13th, I found that the bleeding had not reduced the pulse; the blood drawn was buffed and cupped; I therefore directed a repetition of the bleeding to the amount of eight ounces, also a purging powder composed of scammony and calomel to be given. On the 16th there was considerable amendment; and, in fact, to cut the matter short, from this time the patient went on well, and ultimately recovered.

[A notice was handed in to Mr. Green, signifying that an operation was about to be performed at Guy's Hospital, which occasioned him to finish the lecture somewhat abruptly.]

The clinical lecture was announced for twelve o'clock, but the students were kept waiting, kicking their heels, until half past twelve, before Mr. Green made his appearance. If the pupils would manifest a little feeling on such occasions, a lecturer would not dare to treat them with so much contempt. Let them try the experiment; we will answer for the result.

To the Editor of THE LANCET.

SIR,—As Mr. Lawrence was visiting his patients at St. Bartholomew's Hospital on Monday morning, a pupil requested his signature to certify his having attended the surgical practice for twelve months; and as soon as Mr. Lawrence had complied with his request, the box carrier (with the already too well known impudence of these menials) went to the student and *demanded*, (I particularly notice this word, as it was not a request, but a demand,) half a crown, which was very properly refused, as being one of those numerous impositions with which this establishment abounds. On asking by what authority he made the demand, he was told, in the most arrogant manner, that it was a custom, and as such he had a right to it, and would have it; when the student, without making any further reply, immediately walked away, telling him to get it if he could.

Now, Mr. Editor, do you consider it just, that gentlemen who have previously paid the enormous sum of five-and-twenty guineas, should be exposed to this imposition from men who really never do a single thing for any of them, excepting the dressers. It is not the paltry sum of half a crown that I complain of, or is generally complained of, as it happens only once, but it is the necessity that such abuses should be done away, which makes me notice it to the world through the medium of your valuable publication.

I am, Mr. Editor,

Your constant reader and admirer,

E. J.

London, Dec. 20, 1826.

REVIEW.

A Letter to Andrew Duncan, sen., M. D., and Prof., regarding the Establishment of a New Infirmary. By RICHARD POOLE, M. D. Edinburgh. Constable and Co. 1825.

THOUGH this pamphlet has arrived at that age when such publications are usually consigned to the "tomb of the Capulets," the subject to which it refers still remaining a matter of speculation, its resurrection has become necessary, as dead bodies are sometimes exhumated to bear testimony to the guilt of the living. Within its few pages will be found evidences of a conspiracy against the joint interests of science and society, which, if it served no other purpose than to turn the culprit pale, by exhibiting to him the work of his own hands, should obtain notoriety as extensive as the offence committed was cruel and contemptible.

The retrogression of surgery in the Royal Infirmary, and the incompetency of that institution to afford relief to an increased population, induced some spirited individuals in the years 1824 and 1825 to attempt a remedy for these evils by the establishment of a new hospital in Edinburgh. Other motives of a more earthly hue might have also conduced to the undertaking, and the sad necessity to which the masters of private schools were reduced, of teaching by precept rather than by example, gave, no doubt, a colour of truth to this suspicion. But, at all events, it might be expected that so useful a design would have instantly secured the support of every advocate of medicine and humanity, and that the only contrast which could possibly arise on the occasion, would be, who would do most for the advancement of the project? It required, indeed, no great sagacity to perceive that 800 students could be ill accommodated under one roof, and less charity to feel that the poor of the third city in the British empire, could never be provided for in a hospital of some 200 beds. To any proposal founded on facts so self-evident, no opposition could be anticipated, if men were to act on their convictions, without consulting their personal interests. A scheme, however, which calculates on the abstract reason only of mankind, reckons but on half the difficulties to its success, for it is quite impossible to produce any public benefits,as things now stand, without some private injuries being at the same time sustained. The andlord will not permit one clause of a corn-law to be repealed, to prevent the mechanic from starving; the pensioner must have the price of his corruption in an undiminished annuity, though the tax-man were to toll the last remnant of the subject's property to auction; and, to come nearer home, the professors of Colleges must have their fees, though pupils expired of intellectual hunger, and patients were every day to die the victims of their ignorance. That t' is is not the exaggerated statement it would appear, we have only to consider two things; first, the nature of the above proposition, and secondly, the character of the gentlemen by whom it was opposed. With the utility of such a hospital as was contemplated, the reader has been made acquainted, but no sooner was the plan submitted for the approbation of the public, than the demon of monopoly awoke from its slumber. A sort of "Church and State" cry was immediately raised by the chartered lecturers of the University, and the promoters of the New Infirmary held up, after the most approved form of loyal alarm, as innovators thirsting for the dissolution of order, that they might rise to eminence on the ruins which themselves had made. The pangs of disease admitted of no further alleviation; the medical school was to be deprived of one of its most important appendages; nothing was to go on right, if the dreaded design of a second hospital were carried into execution. A horror of improvement instinctively seized upon this little band, who immagined they heard the death-rattle of the old, while they perused the prospectus of the New Infirmary. Old age, forgetting its pains and infirmities, hobbled on to the conflict, and in front of the crusade was Dr. Duncan, senior, his patriarchial arm bared, and his pen drawn, to oppose the tide of dangerous innovation.

His pamphlet, addressed to Sir William Fettes on the occasion, was a compound of that vanity and dogmatism which might be expected to characterise the efforts of a mind enervated by years, and naturalized in habits of scholastic dictation. By a singular process of logical condensation, he has contrived to give so excellent a specimen of the arguments of the whole work in the title page, that its quotation might almost supersede any notice of the contents. The label to this prophylactic against the New Hospital contagion runs shus:

> "Demonstrative evidence, that much greater benefit will arise to those who have at once to struggle both with poverty and disease, from improving the Royal Infirmary by the establishment of a Lock Hospital, and Hospital for incurables, than by beginning a new rival infirmary, which may be productive of many evils."

The whole of which, being interpreted, means first, that the Royal Infirmary is unequal to the demands daily made on it by the poor; secondly, that those who are now excluded from its benefits would be relieved, whether affected by a chancre or a broken head, by the addition of a venereal ward or two; thirdly, that such cases as escaped recovery in the Lock, might have a chance of convalescence in the department for incurables; fourthly, that these blessings could not only not be attained by any other means than those stated; but, lastly, that the attempt to do so might really be followed by the fall of Salisbury Craggs on the capitol, or by some other equally awful visitation. The literature and logic of the subsequent parts of the work, are every way worthy of this curious title page; for while he pompously announces that the Royal Infirmary is capable of improvement; he calls it "the first hospital for clinical lectures in Europe, one of the most important branches of the most eminent schools of medicine in Europe." But again, consistently relapsing into contradiction, acknowledges that "it is indeed inferior to many hospitals in regard to the number of patients, and the number of operations in surgery." For the latter part of this very candid admission, Dr. Poole, in his excellent reply, gives a satisfactory explanation; he states, "A private practitioner informs me, and can prove, that since the last operation for stone in the bladder was performed in the Royal Infirmary, he himself has performed it upwards of twelve times, on persons who, from their circumstances and rank in life, would have entered that establishment for the purpose of undergoing it, had their prejudices, no matter what or whence, permitted." Thus it would appear, that the present arrangements are not only not sufficient for the demands made on them, but that patients are absolutely deterred, for reasons best known to themselves, from taking advantage of the surgical talent of this "first clinical hospital in Europe, and most important branch of the most eminent medical school in the world." These fine fancied and unmeaning epithets of the learned Doctor, might pass as the puerilities of dotage, but the reader will perceive that there is some "method in the madness" displayed by the old gentleman in the following quotation:

"In my own opinion, if a rival infirmary be established, it will be the means of abstracting a very considerable sum every year of money derived from students of medicine, and from annual subscribers, from the fund supporting the Royal Infirmary, where it is, at present, faithfully employed in relieving human misery. This sum, indeed, you may imagine, will still be employed in the alleviation of human misery, merely under a different set of managers. On the contrary, I am persuaded that the greatest part of it would find its way into the pockets of those medical practitioners who have been the prime movers of this new infirmary. That, therefore, there should be some medical practitioners in Edinburgh, using their utmost endeavours to promote this undertaking, is not wonderful. But, I sincerely hope that the benevolent inhabitants of Edinburgh will never afford them an opportunity of accomplishing this object. Without saying any more, I shall only give it as my opinion, that if the plan which has now been announced to the public shall be carried into execution at present, you (Sir William) will soon have the mortification of seeing upwards of five hundred pounds of the money expended by medical students on their education in Edinburgh, transferred to the pockets of the medical officers of this new rival infirmary, which would otherwise have been faithfully appropriated by the managers of the Royal Infirmary in the relief of human misery."

If from this declaration we subtract the "persuasions," "decided opinions," and "therefores" of Dr. Duncan, what will remain but the naked fact, that money was the question at issue, not the relief of human misery. He and the other opponents to the new hospital knew well, that in the event of its establishment, their monopoly was at an end; or, according to their own calculation, they would lose five hundred a year of their receipts. And, what a picture of human imbecility does this explanation of their opposition present? An old man, racking his brain for sophistical quibbles, to retard the progress of improvement, and praying with all the fervency of his heart, that his fellow-citizens may close their ears against the cries of distress! Supported, too, in his unamiable attack, by men who annually receive hundreds for instruction, which, under existing circumstances, they know they cannot communicate, and for the performance of works of mercy, by means which they also know are unequal to the ends; by men, in short, whom the world looks upon as the handmaids of pity, and the patrons of science; but who, in reality, are only planning the embezzlement of every shilling expended on medical education, while they talk loudest of improvement; and endeavouring to freeze the current of public charity, while their pens glow with the zeal of philanthropy.

SCOTUS.

Edinburgh, Dec. 16, 1826.

An Essay on the Use of the Atropa Belladonna, or Solanum Lethale, and the Solanum Hortense, with Practical Observations on their effects in the cure of Scirrhus, Cancer, Stricture, and various other complaints. By Powell Charles Blackett, Member of the Royal College of Surgeons in London; Surgeon in the Royal Navy; and Surgeon Extraordinary to His Royal Highness the Duke of Clarence. 8vo. pp. 68. London, 1826. Callow and Wilson.

The deadly and garden nightshades were principally known to the ancients by their poisonous qualities. In more modern times, however, they have been employed in fevers and the plague; in gout and rheumatism; in chorea, pertussis, epilepsy, hysteria, mania, tetanus, hydrophobia, hæmorrhoids, scirrhus, cancer, scrofula, nodes, &c.; in which they appear to have gained more credit, perhaps, than the present race of ractitioners will be disposed to allow them, although a very favourable impression of the virtues of one of them, at least, has undoubtedly set in. As an application to irritable surfaces, ulcers, strictures, &c., the extract of belladonna has recently been serviceable, and its use in dilating the pupil is well known to the reader. As a local application, it has sometimes seemed superior to opium; but whether, as Mr. Blackett assures us, it can

> " - - - - influence the kidneys, and prove diuretic—the intestines, and prove purgative—the skin, and prove sudorific—the nerves, and prove sedative—the absorbents, and prove the agent of absorption,"

and thus "prove" its omnipotence over a host of diseases, we do not pretend to determine. *A priori*, one would say, that it might "influence the nerves, and prove sedative." Such, indeed, is its effect, and where this is indicated, it will, doubtless, be often serviceable. Mr. Blackett employs a tincture of the extract, (℥x. extracti ad octarium spiritus,) and the cases which attest its efficacy, are principally hysteria, pertussis, mania, and acute rheumatism; but as all the narcotics are bound together by a somewhat strict analogy, it will not be necessary to dwell particularly upon the properties of one, though it should be the most dangerous of the tribe.

On Galvanism, with Observations on its Chemical Properties and Medical Efficacy in Chronic Diseases, with Practical Illustrations; also Remarks on some Auxiliary Remedies. By M. La Beaume, Medical-Galvanist, Surgeon-Electrician, &c. &c. 8vo. pp. 266. London, 1826. S. Highley.

M. La Beaume, the *medical*-galvanist and *surgeon*-electrician, may be very well in these capacities, but, in truth, he is a very sorry author. He dedicates his work to the medical profession, to whom he says, through his "humble instrumentality" the science of galvanism is much indebted, and proceeds to inform us that he is about to publish "a statement of cases occasionally referred to in these pages, in a separate pamphlet, for the perusal of those invalids who *require not the philosophy of facts*, but the facts themselves, to support their desponding hopes;" thus assuming that the present work is a philosophical exposition of something or other, and not one of the most arrant pieces of quackery that has ever been obtruded on the public. His practice, he says, "is not like that of the *mere mechanical* operators of electricity," but "to attack disease at its source,"—in short, as he would have us believe, to wage war with the elements. He next presents us with the old plate of the thoracic and abdominal viscera, that the "*invalid* may ascertain the relative situations of the different organs of *digestion*," to wit, the aorta, heart, bladder, &c. "The thoracic viscera," he says, "is *divided* by the diaphragm from the abdominal viscera," and "the heart is situated in the middle of the breast;" moreover, he commenced his "*medical* studies twenty-six years ago," and has obtained "support" in this town for nine years of that period, his ingenuity soon leading him "to judge of the applicability and efficacy of his remedies!" A gentleman who had not *secreted* any urine for six days" was galvanised, "and freely discharged the *contents of the bladder*!" He has "found galvanism very efficacious in *nephritic* complaints, for it acts powerfully and immediately on the *bladder*." The "*proximate* cause" of hemiplegia "was too great exertion and uneasiness of mind!" When paraplegia "was occasioned by a disordered state of the alimentary canal, galvanism generally succeeded in removing the complaint;" but when the spine was fractured, or a tumour pressed on the medulla, it was not "found *so* efficient." It removes obesity, and makes people fat; alleviates the sufferings of consumptive patients, by retarding the progress of pulmonary disease. It did good in some cases of *dropsy*; but he had no case of *ascites*; and only one, as he says, of "*tympanum*," though he has made pretty good use of a trumpet. But here is one of his cases, and he may take the benefit of the favourable impression it is calculated to convey of the rest. He says:

> "An *apparently* healthy young gentleman who *suffered much* from enlarged and tumefied glands, was sent to me for the application of galvanism. The *abscess* discharged (tumefied glands?) in a very short time, and the patient was soon well. The constitutional treatment of the malady having been neglected in this case for some years, the disease attacked the vital organs, baffled the effects of all medicinal means, and the patient soon after (he was well, *supra*) died of pulmonary consumption."

Of diseased "mysenteric glands," he has had but little experience; but he is quite certain that "indigestion produces a plethoric habit of body," and so elaborates the gout, or rather "gouty matter," which has "sometimes evinced itself to him as a *subtile principle*, being suddenly translated from the extremities to the organs of vitality!" Thus matter is sometimes *a subtile* principle, and, we suppose, *vice versa*. An eminent practitioner sent him a patient "who had been lame of the right leg, from an affection of the sciatic nerve;" but our ingenious medical galvanist "suggested the propriety of attacking the hepatic organs!" So that he became the adviser of "an eminent practitioner's" patient! Galvanism, he says, has "a peculiar action on the uterine system;" but he does not wish to say any thing which may "lead to the imputation of indelicacy," and, therefore, says nothing of the "disorders peculiar to males," although he has expended himself on those which are "peculiar to females!" He tried galvanism in one case of *gangrene*, but it "proved unavailing." But why should we tire our readers with the farrago of a man, who rarely touches a medical term without meddling with its orthography, or a medical subject but to blazon his folly?

THE LANCET.

London, Saturday, December 30, 1826.

THE MEMBERS of the English College of Surgeons, who, during the whole period of their connexion with that Institution, have been injured, degraded, and insulted, by the "Ruling Powers;"—who have been denied admission to the Hunterian Museum, except during a few hours in each year, and then directed to move from gallery to basement, and from basement to gallery, like a herd of Indian slaves;—who have been furnished with no CATALOGUE of the preparations, without which the Museum is almost useless;—who have run the risk of being *kicked*, or of having their brains knocked out, if they attempted to make a drawing of any valuable or interesting specimen of Morbid Anatomy;—who have been denied admission to the Library, and refused a perusal of books that have been purchased with their own money;—who are compelled to contribute to a fund, no account of the appropriation of which is ever rendered to them;—who are under the necessity of yielding obedience to insulting restrictions and unjust exactions, imposed by men that are by nature and education in every respect their inferiors;—who, although styled MEMBERS of the College, are excluded from its offices, now filled by a junta of worthies who elect each other, in the conduct of which neither the feelings, the respectability, nor the pecuniary interests of the surgical community are ever consulted;—who, although styled Members, do not participate in the management of their own Institution;—MEMBERS, who have been informed that "*a system of continual intrigue and cabal would be introduced*," if THEY were to elect the "Ruling Powers;"—Members who have been told by their despotic and ignorant governors, that they are not capable of appointing their own officers, because they "exercise the professions of Apothecaries and *Accoucheurs*;" and "*that in such hands*" their Institution "*would soon cease to be a College of Surgeons and of Surgery*;"—Members who have been politely told that the *drones* of the London hospitals are the only persons in England capable of teaching anatomy and surgery;—Members who, through the injustice and imbecility of the "Ruling Powers," obtain little or no respect from the public from possessing the College diploma, and, consequently, are often brow-beaten by judges, blackguarded by counsel, and treated as mere barbers by coroners and police magistrates;—Members who have seen that their diplomas are regarded as waste paper by the Lords of the Admiralty, and the Commander-in-Chief of the British army;—Members who are denied by their arrogant "Rulers" an entrance at the front door of *their own* College;—in a word, the Members of the English College of Surgeons, who, for a long series of years, have experienced from their "Ruling Powers" every species of insult, injury and degradation that the most tyrannous and iniquitous of laws would permit to be inflicted on the most degraded of slaves, have now a fair prospect of being speedily extricated from the bondage of their benighted, contumacious, and irresponsible Governors. And it is with the highest satisfaction we announce that the SURGEONS' PETITION to the House of Commons has been prepared by the COMMITTEE appointed at the General Meetings in February last, and IS NOW LYING FOR SIGNATURE at *The Freemasons' Tavern*. The names of the Committee are already recorded, and EVERY Member of the College who wishes to see SURGEONS in the first ranks of society, who is anxious to have conferred upon them that respect to which their talents and utility are so justly entitled; EVERY MEMBER of the College who is desirous to appear the enemy of injustice, and who would have it believed that he is not a voluntary slave and a coward, will hasten to attach his name to this Petition, if it be only to PROTEST against the manner in which his College has been governed, and to manifest his indignation at the treatment he has experienced from those who were appointed by Parliament to protect his interests, and to uphold the dignity of the surgical profession; if it be only to do this; if it be merely to show his disapprobation of the conduct of the Council, every intelligent and liberal-minded member will SIGN THE PETITION.

We understand that copies of it have been forwarded to all the large towns in the kingdom; and we are certain that the spirited and talented provincial surgeons will not be tardy in seconding the efforts of their metropolitan brethren, in the attempt to obtain for the College a NEW CONSTITUTION. The surgeons of provincial hospitals and infirmaries should not forget, that no certificate of attendance for less than two years on the surgical practice of their institutions is received by the Court of Examiners, and *not then even,* unless the student have PREVIOUSLY attended *two courses of lectures and dissections in London,* which, as we have again and again stated, amounts to a *proscription* of all certificates from country surgeons, and is an edict characterised, as far as we can judge, by the most gross injustice, inasmuch as the provincial hospitals, from being less crowded than those of London, afford the students a much better opportunity of witnessing the various cases of disease and operations, than they can have here, where we often see two or three hundred anxious spectators around the table of an operator, whilst, in all probability, not one-tenth part are enabled to take such an accurate notice of an operation, as would enable them to repeat it with any degree of confidence or of security. The provincial surgeons, therefore, will hasten to express their dissatisfaction at the conduct of the "Ruling Powers," and endeavour, at all events, to attain an equalization of rights. They will perceive, from the following paragraph, which we extract from the Petition, that the COMMITTEE have not been unmindful of their interests:

"That the Court also refuses to admit persons to examination, unless they have attended the surgical practice of a London hospital for one year; although the number of patients in several provincial hospitals of England is much greater than in the smaller London hospitals; although the means of acquiring surgical information are proportionably more ample in the former than in the latter; and although the surgeons of the former are not inferior in talent or professional acquirements to their brethren of the Council, who made this Regulation."

This part of the Petition will doubtless produce a powerful impression on the legislature, and that impression would be rendered much more striking and forcible, if the surgeons of every large town would present *a short Petition,* supporting the prayer of that to be presented from the surgeons of the metropolis, which Petition should be here before the 8th day of February next. The Members of Parliament who represent the counties or boroughs in which the petitioners reside, would be the most desirable persons to present such Petitions to the House, as they would be enabled to give personal testimony of the honourable conduct and high respectability of the petitioners. To the country surgeons we need not say more; we have discharged our duty, and we are confident that they will perform theirs in a manner becoming the character of MEMBERS of the Surgical Profession.

To the abused and vilified GENERAL PRACTITIONER, whether resident in London or in the country, we present the following extract from the Petition, which will convince him that *his* interests have not been lost sight of by the Gentlemen who compose the Committee:

"That the subject of Midwifery is entirely omitted in the examinations. This department of surgery appears to lie under the especial displeasure and contempt of the College, who, by the following by-law, have absolutely disqualified persons who practise it from a seat in the Court of Examiners:

1st. Every person practising as an apothecary, or as a man-widwife, shall be ineligible as a Member of the Court; and

2d. Any Member of the Court who, while a member thereof, shall practise as an apothecary, or as a man-midwife, shall be liable to such fine as the Court shall adjudge, not exceeding the sum of fifty pounds for each and every week during which he shall so continue to practise.

"That your Petitioners are at a loss to understand the reasons of this exclusion, and they are quite unable to discover for it any grounds of public utility, more particularly when they consider that many valuable lives are lost to the community through the ignorance and malpractices of persons who are allowed to undertake, without education or the slightest pretensions to professional skill, the exercise of that important branch of surgery. On reference to the Charter, your Petitioners can find nothing to authorise the exclusion of surgeon-apothecaries from a seat in the College Council. When persons practising pharmacy have undergone an examination, and have paid for their diploma, they are on a perfect equality, as Members of the College, with those who practise surgery only. Your Petitioners cannot see, in the possession of that additional knowledge which the practice of the surgeon-apothecary requires, any reason for subjecting the general practitioners, who constitute the great majority of the College, to the stigma of such an exclusion."

Let the General Practitioner reflect on this passage, let him meditate also on the treatment he has experienced from the "Ruling Powers;" and, finally, let him constantly bear in mind, that his object in petitioning the legislature is to procure the *annual election* of the officers of the College, and that the ELECTORS are to be the Members at large.

Mr. Saunders not only kept his operation on the cataract of infants at the Infirmary secret, but refused to meet Mr. Ware, sen., in consultation on such cases, or to divulge to him the course he proposed to take, on the avowed grounds, that the proceeding was peculiar to himself, and of great importance to him as a *young man*. He refused this in the case of a young child of Mr. Ralph Price, President of the Institution, and yet this Mr. Price supports the colleagues of the *secret Operator!*

Experiments on the Blood, in continuation of those published in The Lancet *of Dec.* 2, 1826. By Mr. R. Vines, Veterinary College.

7th. That if a horse or an ass being in health, and the blood buffy, be destroyed by bleeding from the jugular vein, and the blood be caught in different glass-vessels, and allowed to coagulate, on examination it will be found that that which flowed until the animal manifested symptoms of exhaustion from loss of blood, will be buffy; whilst that which flowed after, even until the death of the animal, will exhibit no such appearance.

8th. That if from a horse or an ass being in health, and the blood buffy, blood be drawn from the jugular vein to some amount, and the spinal marrow be divided as near the brain as possible, the arterial blood the moment respiration ceases, will become as dark coloured as venous, and of the same temperature. And if from the same animal blood be taken from the right and left auricles of the heart, and allowed to coagulate, that from the right will be found to possess the buffy coat, whilst that from the left will be entirely red, without the least appearance of buff.

9th. That in young healthy animals the buffy coat is nearly white, much resembling coagulated chyle.

WEBB-STREET SCHOOL.

To the Editor of The Lancet.

Sir,—As I know of no means by which I can address the anatomical and medical world in a more direct manner than through the medium of your useful and widely circulated publication, I shall feel grateful for the insertion of a few words in reference to the above school. Those pupils who are punctual in taking their respective seats at the Theatre a minute or two before the lecture hour, soon grow very impatient, and make a most tremendous noise unless the lecturer will very *speedily* make his appearance. I beg confidently to affirm, that it is not the lecturer's fault, but the pupils'; about two thirds of whom hardly ever enter the theatre until about ten minutes after the proper time. What can be more annoying to the lecturer, than to hear a constant jamming of the door, till nearly half the lecture is delivered. Twice this very week have I actually observed pupils walk in to hear Mr. Grainger *thirty-five minutes* after the commencement of the lecture. And the same thing precisely holds good respecting their conduct when attending Dr. Armstrong. I have seen the lecturer walk about, anxiously waiting the pupils to be seated, and, on one occasion, very lately, he requested a few that were loitering about the door, to enter the theatre. I have no doubt, if the students will meet precisely at the appointed hour, the lecturer will also be punctual. Another point I beg to allude to, is their attirement when at the lecturing theatre. I cannot possibly learn what can induce some three or four to appear in their elegant dissecting gowns. What necessity is there for bringing in the filth of those rooms to plaster the benches, and thereby render it communicative to the dresses of the cleaner and greater part of the class? In concluding, I wish to say, that it would be highly gratifying if those few "independent gentlemen," consisting of about twelve of that large and respectable school, were to condescend to take off their hats during lecture: this has occasioned great confusion. I need not state, that the major part of the pupils were present a few days since, when the opinion of a generally-beloved lecturer was delivered on the subject. That these lines may answer the purpose for which they are intended, is the hearty desire of the

Writer.

Dec. 20, 1826.

POLYPI IN THE HEART.

To the Editor of The Lancet.

Sir,—As doubts have been, and are still entertained, of the truth of *true* polypi having been found attached to the internal surface of the heart, the following account of a *post-mortem* examination will not be uninteresting to the numerous readers of your Journal.

I had been for some time attending a lady labouring under *chronic bronchitis*, attended with the usual symptoms of that complaint, viz. difficult respiration, with a cough and expectoration of frothy mucous or muco-purulent matter, or what, perhaps, might with more propriety be called a *morbid secretion* of mucus, possessing the natural tenacity of healthy mucus, but thicker, and of a greenish hue, coming up in patches. The difficulty of breathing increased in the morning, and the expectoration more copious of course, from the accumulation of mucus during sleep. This complaint has not been inappropriately called by Dr. Badham, the *winter cough*, as it is always increased during the winter, and generally attacking those advanced in life, it usually terminates fatally in the fourth or fifth winter. Before the flood of light thrown on these diseases by Bichat's more particular description of the anatomy of the mucous membranes, it was, and is still called by many, *humoral asthma*. It has also been confounded by Dr. Thomas, in his Practice of Physic, with *peripneumonia notha*. These cursory observations are, no doubt, superfluous to some, but as this disease is yet but imperfectly understood by many, they are not wholly unnecessary. My patient had reached to the fifth season with this complaint, and from the emaciation and increased difficulty in breathing, it was easy to prognosticate that she would not get through this winter. On Thursday, December 14, not having seen her for a day or two, I was sent for, and found her sitting up as usual in her bed-room; she complained that her appetite, which had been heretofore good, began to fail; that her nights had been restless, her sleep being broken by the cough and expectoration. She therefore requested an opiate, which she had been occasionally in the habit of taking; I gave her a dose of Dover's powder, combined with squill, which she took early in the evening; and when her attendant left her at about one in the morning, she described herself as feeling comfortable. I was sent for in haste about eight o'clock, and found her just dead. Although this disease usually terminates rather suddenly, yet as it appeared unusually so in this case, I requested a post-mortem examination, and on Sunday, December 17, accompanied by my intelligent friend and neighbour Mr. Perfect, we proceeded to the examination. On opening the thorax, we found the adhesions very considerable between the *pleura pulmonalis* and *pleura costalis*, so as to require much force in detaching the lungs from the chest and diaphragm. On opening the pericardium, there was an unusual quantity of effusion into that cavity, about five or six ounces. There was also a slight effusion into the cavity of the chest. Having removed the heart, on examining it, the aorta was found somewhat increased in size, but there was no disease or ossification in it, or in the pulmonary artery. The heart itself was not enlarged, nor on opening the left auricle and ventricle were its parietes thickened. On slitting up the vena cava and right auricle and ventricle, a *yellow fatty substance* presented itself, beginning and attached by rather a broad basis in the internal surface of the right *apendix auriculi*, and becoming somewhat expanded, extending across the auricle into the ventricle, and terminating in two long peduncles, about two inches in length. It was pretty firmly attached in its whole course. On examining the lungs, the minute ramifications of the bronchiæ and air-cells contained morbid mucus; but there were no signs of inflammation or ulceration in the mucous membrane or substance of the lungs; no hepatization or obliteration in the air-cells. The material point in this case is evidently the *polypus in the heart*. Now the existence of these substances has been affirmed by Tulpius, Malpighi, and Pechlinus, whilst Therluringius and others have denied that *true* polypi have ever been found in the heart, and believed that they were merely the coagulated fibrin of the blood formed in the moment of death, which substances Therluringius called *pseudo-polypi*. In this opinion he has been followed by Mr. John Bell, who begins by supposing the question to be, whether *blood sometimes coagulates, and forms polypi in enlarged hearts*. Setting out with this idea, he argues on the improbability of blood coagulating in the heart itself during life, and becoming washed pure, and of a firm consistence, thus constituting polypi. In this I entirely agree with Mr. John Bell; but did he suppose that polypi in other parts are formed by coagulated blood? Surely not; then why in the heart? That coagulated blood, or even the fibrin of the blood, should form a substance in the heart at the moment of death, or in the slow approaches to it, is not improbable; and call such substances *pseudo-polypi*, or what you will, they are quite distinct from *true polypi*, which are substances organised and possessed of vitality, shooting out from mucous surfaces. And there appears to me no reason whatever for supposing that polypi in the heart are different from polypi in the nose, in the uterus, or in the rectum. The internal coat of the heart, like all membranes which come in contact with air or fluids, and attached to the internal parts of organs required to be in motion, is a *lubricating* or *mucous* membrane. The fluency of Mr. John Bell's language, and the ingenuity of his reasoning, have deservedly made his works very generally read, and his opinions looked up to as authority. But when we consider that Mr. Bell denied the compressibility of the larger arteries by manual force, we must allow that he sometimes adopted opinions without mature deliberation. Whether the polypus in this case was the *cause* or *consequence* of the bronchial affection, is uncertain. I should rather say the latter. I am, however, quite satisfied, from the best of all evidence, that polypi are occasionally found shooting from the mucous membrane of the heart, as well as from other mucous surfaces. And I trust the publication of this case, and these observations, will lead to a more attentive examination of the heart in *post-mortem* researches, when, I doubt not, the occasional existence of true polypi in it will be soon universally acknowleged.

I am, Sir, yours,
W. Simpson.

Hammersmith.
December, 20th, 1826.

DR. BARRY.

To the Editor of The Lancet.

Sir,—In your report of the proceedings of the Hunterian Society, (No. 173 of The Lancet,) a serious misstatement occurs with regard to Dr. Barry's Theory of Absorption.

That gentleman is made to admit, (according to your Reporter,) that the exhausted cupping-glass prevents absorption in "*the same way*" as Mr. Ellerby's ferrule, viz. "by mechanical pressure applied round the poisoned wound."

Dr. Barry's view of the subject is this, as expressed in his book, (p. 99,) in his Lectures, and at both the Hunterian and London Medical societies: "That there are but two conditions indispensably necessary to enable any part of a living animal to absorb; viz. 1st, A free communication between the part and the thoracic pumps. 2dly, A free application of atmospheric pressure to the absorbing point and the course of the communication; consequently, that absorption must be rapid in direct proportion to the perfection of these two conditions."

To prove this proposition, Dr. Barry removes the pressure of the atmosphere from a poisoned wound by means of an exhausted cupping-glass, and prevents absorption, although the communication is not cut off between the wound and the thorax.

Mr. Ellerby applies circular pressure round the poisoned wound, *and cuts off the communication* by obliterating the cavities of the veins and lymphatics, and prevents absorption, although the pressure of the atmosphere *is not removed* from the wound.

Dr. Barry claimed Mr. Ellerby's experiment as *another demonstration* of his (Dr. B's) *proposition*, and this it was, no doubt, that led your Reporter into error.

Indeed, the application of pressure between a poisoned wound and the heart, is as old as that of the cupping-glass itself. Vide Experimental Researches (Barry's, p. 77.)

Philovacuum.

London, Dec. 26, 1826.

COLLEGE OF PHYSICIANS.

To the Editor of The Lancet.

Sir,—Allow me to correct one important mistake, relative to the College of Physicians, in my last letter. Since its publication, I am informed on good authority that the College possess no power whatever to prevent any medical graduate of any university, foreign or English, from practising as a physician in London.: if this be the case, it ought to be generally known. I, for example, am a graduate of a university. When, however, it was proposed to me to take my *Doctor's* degree, maturer age and mature reflection had convinced me of the dishonesty and immorality of a feigned subscription on oath, to the thirty-nine articles of the Church of England. It seemed like a compromise of common honour, if the formula of subscription meant anything, to subscribe to falsehood; and if it was a mere form, no honest man ought to give his countenance to a piece of gothic buffoonery which must tend essentially to weaken in the minds of young persons the importance that ought to attach to an oath, or any serious assertion of opinion of any kind. Again, it is incompatible with the duty of a catholic to subscribe to any protestant test of any kind. Even in cases where a mere form is the only thing pretended, we are not to compromise our character by playing at *lying for lucre of gain*. At Cambridge a man can be a Bachelor of Physic without being a subscriber to the articles, having once been matriculated; and this is enough to be candidate for the Fellowship of Warwick Lane. But the same objection stands in the way of integrity there, which is experienced in the Doctor's degree at Oxford or Cambridge. I, for one, among some others, would not have anything to do with the London College; and as I know that there are many very able men who would come and practise in or near London, were they not under a false impression about the preventive power of the College, I hold it to be a duty involving on me, as I have misstated this point in my last letter, to correct it in this. I shall, however, be pleased to have your more valuable opinion on the subject. If the *right of free practice* be established, we may then let the College die a natural death, and save a row; if not, then a petition of the legislature will be attempted, and, I presume, with success; at least, if we may judge from the enlightened policy pursued at last by his Majesty's intellectual ministers, who seem to have done more than any of their predecessors to consolidate the affections of liberal and philosophic minds; by permitting *free inquiry*, of which conscious rectitude is always fearless, and by opening *free trade*, which implies commercial confidence, they have drawn forth acclamations of gratitude from a nation of loyal and loving subjects to the throne of a *patriot king*. From such men the superannuated absurdities and dishonest regulations of the medical profession can never find shelter and patronage. And when it is considered that there is, in addition to a compromise of veracity which a good catholic dreads from its future consequences, and an enlightened philosopher disdains from its absurdity, a *ruinous expense* attending the process; it is to be hoped that if the laws of the College should, on inquiry, be found valid, and my view of them erroneous, their repeal will be immediately moved in Parliament. One successful operation done in surgery, or one difficult case well cured in medicine, confers on the student a diploma more valuable than any set of Examiners can confer. There always will be, both in and out of the regular profession, ignorant empirics, who may do harm rather than good; but, in both cases, an action at law is the remedy, and damages once obtained will afford a salutary check to future temerity. But the *excluding* power is a real evil, and so convinced am I of it, that if I were to determine to-morrow to come to England's capital and practise, I would not consult the College M.D., nor yield up my natural right to benefit myself by benefiting my fellow-creatures, to any artificial regulation that was not also a matter of law. To the law all good subjects must bend; but I ask, *What is the law in this case?*

Yours, &c.

Medicus.

Dec. 12, 1826.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

FATAL INJURY TO THE ABDOMEN, OCCASIONED BY A FALL.

S. Mills, ætat. 23, a healthy countryman, was admitted into Accident Ward, on the morning of November 25, under the care of Mr. Key.

He stated, that about half an hour previous to admission, he was in the act of tying a rope round some hop-bags, he being on the top of a loaded wagon, at the distance of twenty feet from the ground, when the rope broke or slipped, and he was precipitated to the ground. He did not strike against any thing in his fall, and said that he fell directly on his back—of course with great violence.

When admitted, the countenance was pallid, the surface of the body and the pulse at the wrist very feeble. In the course of an hour or two there was more warmth of body, and he vomited a dark brownish fluid. He now complained of great pain in the abdomen, but more especially in the right iliac region, and at this part he evinced great tenderness on pressure. The whole abdomen was very tense—(we are now speaking of the patient's condition about three hours after the accident, when we first saw him,)—and it appeared to be owing to a forcible contraction of the abdominal muscles, resembling what is termed emprosthotonos. The pulse was small, and somewhat jerking. Ordered, *to be cupped on the loins!* to have a common purgative enema administered, and to take a grain of calomel, with half a grain of opium, every five or six hours.

16. *Noon.* The vomiting continued at intervals throughout the latter part of yesterday and during the night, it ceased early this morning. The pulse is 120, and oppressed, the tension and tenderness of the abdomen not diminished; the bowels have not been relieved. Mr. Callaway on going round, directed sixteen ounces of blood to be taken from the arm, after which the pulse became more expanded—increased in volume, but in the space of two hours again became small and contracted.

At 4 o'clock the patient was seen by Mr. Key, who directed fomentations to the abdomen, and the purgative enema to be repeated; three motions were produced, but on attentive examination, they did not appear to be mixed with blood.

27. *Noon.* The patient has obtained but little sleep, the pain and tenderness of the abdomen at the right iliac region are undiminished,

the pulse is 130, and small; the tongue is dry and brown, and the vomiting occasional. The bowels have been copiously relieved several times, the stools contain much mucous, but no blood; the feet are cold, bottles filled with hot water are applied to them. A grain of opium was administered, by direction of Mr. Key. In the evening a grain and half of opium were given.

28. The pulse is upwards of 120, and small, the tongue is more moist; there is still great pain on pressure at the right iliac region, with a sense of hardness—there is not the natural elasticity of the part.

Two motions have been passed since yesterday; the latter appears to be slightly tinged with blood. The vomiting has ceased. A grain of opium was given this morning, but nothing further is prescribed; the pills of calomel and opium are discontinued.

29. Still great tenderness in the right iliac region, with much pain. The pulse is 130, sharp, and more iscreased in volume than yesterday; the skin is hot and dry; the patient is restless and irritable, and the bowels are very much purged, with distressing tenesmus.

Ordered the cretaceous mixture, with ten grains of aromatic confection, every six hours; twelve leeches to be applied over the right iliac region.

In the evening the report was, that the purging had continued incessantly. A grain of opium was administered.

30. The diarrhœa has been excessive throughout the night; there have been rigours; the pulse is 125, and the countenance flushed. Ordered to take twenty-five drops of laudanum, and to have a starch injection with laudanum, if the purging continued.

Dec. 1. There was less of diarrhœa after the laudanum was given, but it returned again with increased severity early this morning; the stools are exceedingly liquid. The pulse is sharp and incompressible; the tongue is foul but moist; there have been no rigours since yesterday.

A starch injection with laudanum was given this morning. Mr. Key directed twenty-five drops of laudanum to be given, a poultice to be applied over the right iliac region, and *six ounces of blood to be taken from the loins by cupping!*

Dec. 2. The patient slept well, and evinces less pain on pressure being made in the right iliac region; the purging is less frequent; the pulse is 120, and sharp; the tongue furred and moist; and the abdomen considerably distended. This report was made early in the morning, but at noon we found that the diarrhœa was again excessive, a starch and opium clyster was now exhibited.

In the evening twenty-five drops of laudanum were given, which afforded some relief, and ten leeches were applied to the iliac region.

3. The diarrhœa is unabated; the abdomen is greatly distended; the pulse 120, and sharp; the tongue covered with a thick yellow fur, but moist.

4. The purging continues; the pulse is 130, and less sharp; the tongue is cleaner; the feet are cold; there is slight hiccup, and some difficulty in micturition. Laudanum is given from time to time, and starch clysters with opium.

5. There is a distinct emphysematous sensation communicated to the hand about the inguinal canal, and it became a question with Mr. Key how far it might be proper to make an opening in the abdomen, in order to evacuate the supposed extravasation. The pulse was now small and feeble; the tongue red and dry, and the countenance was flushed and anxious. The abdomen was much distended, but the patient bore considerable pressure without evincing pain; the diarrhœa was still excessive. Mr. Key ordered suppositories of opium to be introduced into the rectum; and as he considered, from the state of the pulse, there was now an indication for supporting the vital powers, he directed that porter should be given in a moderate quantity.

The poor fellow, however, went on gradually sinking, without any material alteration of symptoms, and died on the evening of the 7th.

Post Mortem Examination.

The examination of the body showed that extensive inflammation of the peritoneum, consequent from the accident, had been set up, more especially on the right side of the abdomen. On cutting through the abdominal muscles, on the right side, air escaped, with a large quantity of yellowish fluid, partly fæcal and partly purulent. This was found to issue from an extensive abscess which had formed in front of the peritoneum. The boundaries of this cavity were formed by preternatural adhesions, which had formed between the omentum and parietes of the abdomen; it was well defined, and was very extensive, reaching above as high as the liver, and below to the right iliac fossa.

Continuing the examination, a still more extensive abscess was found situated behind the peritoneum; it extended throughout the iliac fossa over the lumbar muscles as high as the eighth rib. The peritoneal covering of the intestines throughout exhibited signs of inflammation having generally prevailed; but the great mischief was evidently confined to the right side. There was no lesion of the intestines at any part to be detected; and if any had taken place in the peritoneum on the right side, in consequence of the fall, it could not be discovered in its diseased state.

It will be observed, on perusing the case, that the only measures taken to subdue the destructive peritoneal inflammation which existed, and was clearly evidenced by numerous symptoms, consisted in the abstraction of sixteen ounces of blood from the arm, the application of ten leeches twice, and *cupping on the loins*! *Passive* treatment for *active* inflammation!

OPERATIONS.

On Tuesday, Dec. 5, Mr. Morgan amputated the fore arm of a young man, in consequence of disease of the elbow-joint; and, on the same day, Mr. Cooper removed the ring and middle finger, with a portion of their corresponding metacarpal bones.

CASE OF INJURY TO THE SCALP,

Followed by Inflammation and extensive Suppuration in the Cellular Membrane, beneath the Tendon of the Occipito-Frontalis.

Dennis Shean, a stout Hibernian, thirty years of age, was admitted into Accident Ward, on the 15th of November, under the care of Mr. Bransby Cooper.

It appeared that, eight days previous to admission, the patient had been engaged in a drunken affray at Wapping, and had received a violent blow on the head with a poker, which occasioned a wound of the scalp.* He was much intoxicated at the time, and was taken to the watch-house, where he was confined until the following morning. The wound bled very freely, but it was simply bound up, and he had not recourse to medical advice. He went about his customary avocations, experiencing but little inconvenience or pain from the wound, until five days previous to admission, when he began to feel uneasiness in the head, and his face became swollen. These symptoms increased, and were at the same time attended with much constitutional disturbance.

When admitted, the head and face were so much swollen as to occasion great deformity in the appearance of the countenance; the eye-lids were completely closed. There was an inflammatory blush of the scalp, extending over the whole of the fore part and middle of the head, and the parts had a puffy feel; they were œdematous, yielding to the pressure of the finger, and retaining the impression for a short time. The integuments of the upper two thirds of the face were of a dark red colour, with increased heat of the parts, and they were much swollen. There was a longitudinal wound of the scalp, of about two inches in length, over the upper part of the right parietal bone; the edges of the wound were separated, and the bone was denuded to some extent.

The constitutional symptoms attendant on so much local mischief were, as may readily be supposed, severe in their nature; the tongue was dry and brown in the centre, slightly moist, and covered with a white fur on the sides; the skin was hot, the pulse 110, and somewhat sharp, and the patient complained of thirst. The sensorium not much disturbed; the bowels moderately lax.

Mr. Cooper directed the head to be shaved, and a poultice of linseed meal to be applied to the wound of the scalp. The face to be fomented with a decoction of poppies, and the following medicines to be taken every six hours:

Calomel, 1½ *grain.*
Opium, ½ *grain.*
Tartar Emetic, ¼ *grain*, in a pill.

Sulphate of Magnesia, 2 *drachms.*
Solution of Acetate of Ammonia, 3 *drachms.*
Camphor Mixture, 1½ *ounce.* Mix.

16. The local symptoms are much the same as yesterday, but there is less constitutional disturbance. There is still a broad, dry and brown streak in the centre of the tongue, but it is more moist on the sides; the skin is less hot, the bowels are freely open, the pulse somewhat softer than yesterday. There is a slight purulent discharge from the wound. Ordered to continue the poultices and fomentations; with the pill and draught every six hours as before.

17. The patient slept well last night, the pulse is upwards of 100, but free from hardness; the tongue is moist, and covered with a yellowish fur. The face and eyelids continue greatly swollen, and the discoloration of the integuments is not much lessened. On examining the head to day, it was found that on the left side,and almost immediately opposite to the wound of the scalp there was a considerable swelling, as though matter had accumulated at this point beneath the tendon of the occipito-frontalis. Mr. Callaway, therefore, who visited the patient to day, made a free incision through the integuments, and evacuated a large quantity of pus. The poultices and fomentations were ordered to be continued.

18. The face is less swollen, and the redness is diminished; the pulse is soft, the tongue moist, and the bowels moderately

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* Such was the patient's statement when admitted; but the case, we believe, afterwards led to some judicial proceedings, and from the evidence given on that occasion, it was rendered dubious whether the injury was not occasioned by a fall.

open. There is a copious discharge both from the original wound of the scalp, and also from that made yesterday; the two openings do not appear to communicate.

In order to prevent the matter from burrowing further under the aponeurosis, Mr. Cooper directed broad strips of adhesive plaster to be applied over the head from side to side, both in front of and also behind the wounds—taking care that they should be applied at a proper distance, so as not to interfere with the free exit of matter from the openings in the scalp, over which poultices are to be continued. Ordered to omit the former medicines and to take

Sulphate of quinine, 2 grains;
Infusion of roses, 1½ ounce;

three times a day.

19. The pulse is free from hardness, the tongue moist, and the bowels open. The swelling of the head and face has greatly subsided, and the patient is now able to open his eyes; there is a copious discharge of a healthy character from the openings in the scalp, the same precaution is adopted in the re-application of strips of adhesive plaster, and the poultices are continued.

21. In every respect going on well. He is now allowed a pint of porter daily, and we find him to day sitting up in bed, and eating his dinner, apparently with a good appetite. The discharge from the wounds is less in quantity, although still considerable.

29. From the period of the last report to the date of the present, the patient has been progressively improving. We have visited him daily, during this time, and on several occasions have seen the parts dressed, but there is nothing material to report; the wounds of the scalp have granulated, and are healing kindly. The poultices are discontinued, but the adhesive strips are still used.

Dec. 10. The parts nearly well.

ST. THOMAS'S HOSPITAL.

CASE OF NEURALGIA, AFFECTING THE TIBIAL NERVE, CURED BY THE CARBONATE OF IRON.

M. F., ætat. 33, of spare habit, was admitted into Lydia's Ward, under the care of Dr. Elliotson, on the 19th of October.

She stated that she had been suffering, for three months past, with violent pain in the leg, which commenced at the inner side of the great toe, running along the inside of the tibia to the ham and to the groin, extending also across the lower part of the abdomen and to the loins. She described the pain as coming on rapidly—a shooting or stabbing kind of pain—and she said that it was brought on by the least pressure or friction.

Ordered to take *two drachms of the subcarbonate of iron*, every six hours.

Oct. 24. The pain is better below the knee.

28. The attacks of pain are less frequent and not so severe. The parts of which she principally complains now are the top of the foot and the knee; pressure and friction are borne without producing the pain as formerly.

31. Now only a dull aching felt along the bone; it is most severe at night, and prevents her from sleeping.

Nov. 7. Not improved since the last report. Ordered to take *half an ounce of the carbonate of iron* three times a day.

11. The pain relieved, but there is still much soreness about the limb, with numbness at other parts.

18. The aching pain still continues to be felt along the tibia and at the knee; but she bears strong friction and grasping.

21. Ordered to use the mustard liniment.

25. The report of to-day from the patient is, that the "pain is nearly gone." She only used the liniment three times, and it appeared to aggravate the pain.

28. Quite well. Left the Hospital a few days after the date of this report.

It will be observed, on perusing this case, that the severity of the pain was much diminished shortly after the patient had commenced taking the carbonate of iron; in fact, its character was changed from the shooting, stabbing pain of tic-douloureux to a dull aching; but this latter symptom, it will also be seen, remained for some length of time unrelieved. In referring to this circumstance, Dr. Elliotson remarked to the pupils that he had, on several occasions, observed a similar result from the exhibition of the carbonate of iron. He said, that he did not pretend to offer any explanation of the *why* and the *wherefore*, but simply mentioned it as a pathological fact worthy of notice.

ANOMALOUS NERVOUS AFFECTION, IN WHICH THE SYMPTOMS RESEMBLED THOSE OF ANGINA-PECTORIS, CURED BY THE EXHIBITION OF CARBONATE OF IRON.

The following case would appear to be a peculiar affection of the nerves, called the intercosto humerales, on the left side of the body. As we know that these nerves become *sympathetically* affected in some diseases of the heart, as in angina-pectoris, where one of the principal diagnostic marks of the disease is pain shooting from the side of the chest, in the course of the nerves down the arm; it is a fair presumption, that nerves which are thus sympathetically affected may also be the primary seats of disease. We are not, however, disposed to deny that the nerves were affected in this case, from some remote irritation; but it certainly was not apparent, and the disease only yielded to a medicine which appears to have a direct power over the nervous system.

The patient, a spare woman, thirty-six years of age, was admitted on the 7th of September under the care of Dr. Elliotson. She stated that she had been ill seven months with violent pain in the left side of the chest, occurring at intervals. She described the pain as shooting from the region of the heart, over the left breast; sometimes down the arm to above the elbow, and occasionally to the wrist; it also extended to the back. At the same time, during the paroxysms, she felt great dyspnœa, amounting to a sense of suffocation. The attacks of pain which were frequent, but not of long duration, were produced by pressure or friction, or even by making deep inspirations. But there was one fact which is especially worthy of notice, namely, that the pain was not induced by walking quick; with the exception of this, the other symptoms had, as Dr. Elliotson remarked, a close resemblance to angina-pectoris; there was, however, no irregularity of the pulse. The stethoscope was used, but it indicated nothing. From the time of admission to the 7th of November, a period of two months, the patient was respectively bled, blistered, and cupped. Digitalis, colchicum, and prussic acid, were exhibited, each for a considerable length of time, and without benefit. Dr. Elliotson, as a dernier resource, determined on exhibiting the *carbonate of iron*; and, on the 7th, prescribed half an ounce, to be taken three times a day. The reports made on the 11th, 14th, and 18th, show that the pain was progressively diminished, and the patient left the Hospital on the 23d of November, quite well.

EFFICACY OF ACUPUNCTURATION IN RHEUMATISM.

We are well persuaded that many valuable remedies in particular cases have fallen into disuse, and are condemned as "follies of the day," because they are indiscriminately used. An old friend of ours was in the habit of using three trite considerations on the subject of venesection—*the time when*, *the place where*, and *the manner how*. These observations are applicable to acupuncturation. It will be observed, on perusing the following case, that with respect to the "time when," the remedy was not used until the inflammatory action was first subdued by other means. And, as far as we have observed of acupuncturation, (having given it an extensive trial some years since,) this is an important fact to bear in mind; that it should not be used in cases of rheumatism, where there is any evidence of inflammation prevailing at the affected part, denoted by increased heat of surface and aggravation of pain on the application of heat.

Case.—The patient was 29 years of age, and had been much exposed to the vicissitudes of the weather; he had been ill two months with violent pain in the left hip, extending down the thigh, which appeared to be precisely of the nature of sciatica. Dr. Elliotson directed eight ounces of blood to be taken from between the trochanter major and tuberosity of the ischium, by means of cupping. On the 18th of November, (that is, a few days after admission,) the pain still continued, but was somewhat changed in its character, not being aggravated by heat. Dr. Elliotson directed an acupuncturation needle to be introduced near to the hip joint, and one in the outer and middle part of the left thigh; each needle to remain in the part for an hour.

21st. The report made on this case is—that the pain left the hip a quarter of an hour after the introduction of the needle; the thigh much the same, The acupuncturation was ordered to be repeated in the thigh daily, till the pain was removed.

25th. The pain in the thigh gradually gone. Omit the acupuncturation.

28th. The pain returned yesterday. Ordered to repeat the introduction of the needles in the thigh.

Dec. 2d. The pain gone from the left thigh, but it is now in the left shoulder and right thigh. Acupuncturation to be performed in these parts daily.

5th—12th. The pain entirely gone. The patient has his joke, for he votes the Doctor to be a "bit of a *bore*."

MIDDLESEX HOSPITAL.

CASE OF ANEURISM OF THE ARTERIA INNOMINATA, WITH SPONTANEOUS OBLITERATION OF THE RIGHT CAROTID ARTERY.

Thomas Gordon, a blacksmith, aged 38, was admitted into this Hospital, Oct. 19, of the present year, under the care of Mr. Shaw, for the purpose of having an operation performed for the cure of the aneurism.

The previous history of the patient is as follows:—He stated that about three weeks before he came to the Hospital, he consulted a neighbouring surgeon for a pain in his head and right upper extremities, with general uneasiness and feverish symptoms. As he complained principally of a soreness about the neck and shoulder, with some fever, and as he stated that he had been before exposed to wet and cold, the case was regarded by the gentleman to whom he applied as a rheumatic affection, and treated accordingly; and when he came into the Hospital he was in a state of salivation. But on the third day of his being visited by that gentleman, the patient mentioned that he had a swelling on the right side of the neck; the surgeon examined it, and told him that it was a swelling which was of importance; that it might be cured by an operation, and for that purpose recommended him to come to this hospital. He stated that when he vomited, which he did frequently at the commencement of the attack of fever before alluded to, the swelling appeared "to start up from the hollow of his neck," but he had not observed it to increase from its first appearance, to the time of his coming here. The tumour was about the size of a hen's egg, situated on the right side of the neck, extending from behind the clavicular portion of the sterno-mastoideus outwards, and a little upwards into the triangular space between that muscle and the trapezius; the base of the tumour being behind the sternal portion of the clavicle. The pulsations were very strong throughout. The patient complained of numbness in the right arm, which was easily to be accounted for by the pressure of the swelling on the axillary plexus of nerves.

During the first three weeks of his stay in the Hospital, the tumour gradually increased to about twice its former size. Mr. Bell, who saw the patient with Mr. Shaw, a few days after his admission, *decided* that the disease was an aneurism of the arteria innominata, and that it would be useless to attempt an operation; *palliative* measures should only be adopted.

Oct. 19. An alum gargle was ordered to be used frequently, and the following draught to be taken three times in the day.

Infusion of roses, 2 ounces;
Sulphate of magnesia, half a drachm.

A cold lotion, composed of ℥xij. of camphor mixture, with ℥ij. of spirits of wine, was directed to be applied constantly to the part.

20. An addition of twenty drops of the *tincture of digitalis* was this day made to each draught. The man complained of a little cough, for which a balsamic linctus, and a febrifuge draught were ordered.

21. The salivation continued. Half a drachm of precipitated sulphur was given to the patient three times in the day in a cup of milk. The patient was exceedingly restless and irritable.

On the 24th, a gargle, containing 12 grains of the *nitrate of silver* in eight ounces of water, was used.

25. A draught containing twenty drops of the tincture of opium was ordered to be taken every night at bed time. The patient now became more tranquil, slept at night; and complained of nothing but the cough, which was still troublesome.

28. The patient had now been nine days in the Hospital; the tumour had extended somewhat upward toward the trachea. A marked difference could be discovered between the pulsations of the right and left radial artery; the right beating weaker than the left. Eight leeches were applied to the swelling.

29. The former medicines were discontinued, and the following draught substituted:

Infusion of linseed, 2 ounces;
Camphorated tincture of opium, half a drachm;
Antimonial wine, 40 drops.

to be taken three times in the day.

On the 30th. Eight leeches were again applied, and twenty drops of the tincture of digitalis given in the infusion of linseed, instead of the paregoric. On the following day ten leeches were applied to the swelling, which continued to increase.

November 1. Fourteen ounces of blood were abstracted from the arm.

On the 4th. The bleeding, to the ammount of sixteen ounces, was repeated.

On the 5th. V. S. ad ℥viii. The digitalis draught was continued, with twelve drops of the tincture instead of twenty. The patient began to feel very weak. The tumour, however, continued to increase, and to extend gradually over the sternum, pushing the trachea to the left side. The patient's voice was husky, and the man finding the swelling increasing, began to grow dissatisfied, and repeatedly expressed a wish that some operation should be performed, especially as the surgeon who had sent him, God knows why, to this Hospital, had told him that he might be cured by an operation. The request was as frequently evaded by Mr. Shaw.

10. Was bled again to twelve ounces; on the 14th, to ten; and on the 16th, to the same amount. Twelve leeches were applied on the 18th, and again on the 22d, and the cold lotion continued.

The patient is still exceedingly anxious that something decisive should be done. The tumour is on the increase; the pulsation in the right radial artery is very feeble, as is the pulsation in the right carotid.

25. *No pulsation can now be felt in the carotid artery.* Ten leeches were again applied to the tumour. The leeches were repeated on the 27th, and again on the 30th;

when a draught was ordered for his cough, which was very troublesome. Nothing further was done, excepting to order a chalk mixture or two for a purging which had supervened, and being determined to remain no longer under this treatment, the patient left the Hospital on the 4th of December, intending to go to Panton Square; but it was too late, the unfortunate man survived only twenty-four hours after leaving the Middlesex Hospital, having been there about *six weeks.*

Dissection.

The following were the appearances which the parts presented; and a more instructive dissection could scarcely be seen. It shows how much might have been done by an energetic surgeon, and how much might be sacrificed by timidity or something worse. On dividing the integuments and cellular substance, the tumour was immediately exposed, the mastoid muscle appearing to have been destroyed or spread out so much as not to be perceptible, except some fibres of the sternal portion, which with their tendon were stretched across it; when that part of the tumour which was situated in the neck, was exposed, it consisted of three portions, one extending upwards by the side of the trachea, as far as the cricoid cartilage, a second portion laterally along the line of the clavicle to one third of the extent of that bone; a third portion was seen between these two, extending upwards and outwards, across the neck to the anterior edge of the trapezius muscle. The structure of the coats of the tumour at its front part seemed to be broken down, and gave way immediately on touching them, and a large opening was found opposite the clavicle, through which the blood had been prevented from escaping by the adhesion of its edges to the posterior surface of that bone. The upper part of the sternum and cartilages of the first and second ribs being removed, the remainder of the tumour was exposed, extending behind the clavicle, and upper part of the sternum, and reaching to the arch of the aorta, on which it rested; on removing the tumour from the parts on which it lay, the common carotid was found behind the first portion about one half or two thirds its natural size, and behind the second, the subclavian in its natural state; and on raising the tumour at its lower part, the commencement of the arteria innominata was seen; this being divided close to the aorta, the tumour came away. On examining the posterior surface of the sac, the arteria innominata was perceived dividing into its two branches, and on looking at its internal surface, the opening was found to be in the innominata, of an inch in extent, occupying the space from about half an inch from its commencement to its bifurcation, the coats continuing their natural appearance, and terminating abruptly at the commencement of the coats of the sac: at the lower part of this space was seen the orifice of this artery at the upper and outer part of the orifice of the subclavian, but no appearance of the carotid; and on passing a probe through this vessel from above, no resistance was offered to it at about half an inch from its commencement; this, however, gave way, on slight force being applied, and the probe passed on till its point was seen through a semi-transparent and resisting membrane which covered the mouth of the artery, and which appeared to be continuous with the lining membrane of the innominata. A coagulum of about the size of a walnut occupied that portion of the sac behind the upper part of the sternum; and layers of the same membrane, to about half an inch in thickness, the upper and inner part. There is half an inch of the subclavian artery between the tumour and its first branch.

Remarks.—The success which attended Mr. Wardrop's operation of tying the carotid above the aneurism as detailed in the 122d number of THE LANCET, ought to have induced the illuminati of the Middlesex to have attempted a similar mode of treatment. They might first have tied the carotid, and if that were found insufficient to have stayed the progress of the tumour, they should have afterwards tied the subclavian, rather than have given the man up to his fate. It will be seen, indeed, from the report, that ten days previous to the patient's leaving the Hospital, the carotid artery had become obliterated, and that fact was not unknown to Messrs. Bell and Shaw. Why, we repeat, did they not *then* tie the subclavian? The preparation is, at present, in the possession of Mr. Wardrop.

ACCIDENTS.

From Nov. 5. Fracture of the tibia and fibula; compound fracture of the leg; fracture of the skull; fracture of the jaw, with concussion of the brain; two cases of burn; injury of the spine; injury of the abdomen; fracture of the knee-joint; two cases of bruises; wound of the scalp; concussion of the spine; and a severe case of burn.—Up to Nov. 26.

No operations have been performed within the same period, with the exception of two cases of hydrocele.

We would remind the house surgeon that the accidents have not been posted in the pupils' room since the commencement of the present month.

THE LANCET.

No. 175.] LONDON, SATURDAY, JANUARY 6. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

On the Muscles to be found on the back of the Body.

Trapezius.—I have spoken of the *ligamentum nuchæ*, as being connected with the trapezius, but here it is necessary to explain what that is: it is really very insignificant in the human subject; but there is an elastic ligament, of a tough, yellowish substance, very strong but inanimate, which is called the ligamentum nuchæ. In animals it is very important, for it supports the head and neck when they are grazing, without the expense of muscular action. This ligamentum nuchæ you must be well acquainted with, for you must have seen it often when cutting up necks of veal and mutton. It is not necessary for the support of the head of man, but still he has a ligamentum nuchæ, though it is of an insignificant kind.

Now having spoken of the attachment of the trapezius, I come to speak of the *use* of it; and granting the posterior attachment to be the fixed part, the trapezius will draw back the scapula towards the vertebral column. But here is a muscle which may act in two different parts; there is no necessity for its acting altogether. Where a muscle is inserted into a sinew it acts on that sinew, but here is a muscle having a great breadth; the lower part of it may act separately, by drawing the scapula downwards; the upper part of it may act by drawing the scapula backwards and upwards. And again, the portion which extends itself towards the collar bone must be admitted to have a separate action, and that will turn the face to one side; and this concludes what I have to say about the action of the trapezius.

Latissimus Dorsi.—With respect to the action of this muscle, if the arm was elevated it would draw it to the side; having done that, it would draw it back towards the vertebral column, and then it would roll the arm inwards.

There are two great muscles which depress the arm; the pectoral muscle draws it forwards, the latissimus dorsi draws it backwards, and both concur in rolling the arm. Granting the arm to be the fixed part, then those muscles draw up the sides of the trunk to the arm. Now here I might repeat the advantages surgeons derive from a particular attention to the muscles. If a muscle is burst, you must bind the parts together in such a way as that they will approximate; if a muscle is divided, you can only close the wound by approximating the parts, and it is always convenient, when you dissect tumours, to put the muscles on the stretch.

Rhomboid Muscle.—Action of this muscle? Why it's as plain as a pike-staff that it will draw the scapula towards the vertebral column—draw the scapula backwards. But then here is a muscle, the parts of which may act separately; the lower part, the rhomboideus major, acting separately, will draw back the inferior edge of the scapula, and I might say, that the rhomboideus minor acting separately would draw back the superior edge of the scapula.

Levator Scapulæ.—This is an elevator of the scapulæ, and we are to associate with that the elevation of the shoulder joint.

Now here I show you three muscles today intervening between the trunk of the body and the bone of the shoulder, namely, the trapezius, rhomboid, and the levator scapulæ. Let me speak of them as one, and let me call upon you to remember that there were three described on the other front of the body, intervening between the trunk and the scapula, namely, the *subclavius, pectoralis minor,* and *serratus anticus.*

Now the question is, can we account, by the action of these muscles, for all the movements of the shoulder upon the trunk of the body? In all the motions of the shoulder, whether upwards, downwards, backwards, or forwards, the two bones move as if they were one piece; there is no motion between them, the ligaments will not permit it; but if the scapula has a motion at all independent of the collar bone, it is a motion upon the scapula and of the collar bone, on which it revolves, as it were, upon its axis. These things you will understand better as you understand the skeleton further, for no one will understand the skeleton from merely examining the dry bones; they must be seen connected with their natural ligaments before you can understand the real structure.

Serratus superior Posticus.—This muscle may be classed among the elevators of the ribs, and so far it is an inspiratory muscle; it may move the vertebral column, draw it back a little, and twist it in an inconvenient way.

Splenii.—There are two of these, the splenius *capitis* and splenius *colli*. What do they do? Extend the head and extend the vertebral column. They assist in turning the head round; and it is really curious how the head is turned round; it is not done by a single muscle, but by many muscles.

Complexus.—This muscle was, formerly, split into a great many; but thanks, say I, be to *Albinus*, for having it now considered as one. This is a muscle which, of course, supports the head, and draws the head backwards towards the vertebral column; but by drawing the head towards the transverse process of the vertebral column, it will turn the face to the opposite side, concurring with the *mastoideus* and trapezius on the same side; and in that same act, the *splenius* of the left side also concurring. Now you see there is a great necessity for muscles continually to support the weight of the head and neck: when we are quite upright, and have our faces looking straight forwards, the whole weight of the head is so poised on the top of the vertebral column, that it is perfectly balanced; it has no tendency to preponderate one way or the other. But it is poised as the false balance is; it has a greater lever on the one side than on the other, and the least preponderance of weight causes the head to drop forwards, and that too with no inconsiderable effect, as you see in people going to sleep. Well, then, there was a necessity for having the muscles continually to act for the support of the head, and this is the general use of the muscles which I have been describing.

Semi-Spinalis Colli, Rectus Capitis Posterior, and *Obliquus Capitis Superior.*—I will put all these three muscles together, for they must have the same use; they must support the weight of the head, and extend it.

Obliquus Inferior.—This is a muscle in bulk equal to all the rest; it is a very important muscle; it has a very efficient function to perform; it turns the head and the first vertebra round on the second vertebra.

Trachelo-Mastoideus is a muscle supporting the weight of the head, and extending it a little, turning it from one side to the other, but it is not a muscle of general importance.

Serratus Inferior Posticus, and *Serratus Superior Posticus.*—Both these are muscles of no importance. They act as inspiratory muscles, and will tend to steady the chest upon the vertebral column.

Longissimus Dorsi, and *Sacro Lumbalis.*—It is not worth while bothering one's self about the actions of these muscles; I have heard disputes about them, but they are not worth attending to. If, however, it were necessary to have muscles to support the head, and to draw it back, how much more is it necessary to have them to support the vertebræ? These muscles do support the weight of the vertebræ. If a person was inclined a little forwards, and these muscles were a little paralised, plump forward would he go with great weight upon his breast; but these are muscles to prevent that. And to give you an idea of the bulk of them, I would only ask you to look at the back of a skeleton, or an emaciated person, and what do you see? The vertebræ sticking up like a ridge. But look at the back of a fat person, and what do you see? Why, that which was a ridge, is here a furrow, with two fat lumps on each side. Well, then, these two muscles are continually acting for the support of the body; if they did not, the body would immediately fall forwards. And I would take this opportunity of saying, many of our motions are effected, not by muscular action, but by muscular relaxation. Suppose I wanted to make a bow, do you think I would use my abdominal muscles, and put these into full stretch? No; but I would relax them, and downwards would my nose drop. I remember, at a very early period of my life, having received a lesson of this kind: I caught cold, as the saying is; and, in my opinion, a very pretty little physiological book might be written on the subject of catching cold, for many people say that some colds are infectious: sneezing, for instance, by one man, will set another man about the same job. There are many others who will say, upon my soul and body, there is no infection at all about colds. But what is called catching cold, is where you are exposed to a stream of air; and if the wind blows upon some delicate persons, or if a little bit of a blast from the door comes upon them, O! off they will go sneezing, and have a cold immediately. Well, I had caught a cold; I had inflammatory fever, acceleration of pulse, white tongue, and thirst; was bother-headed, could neither read nor do any thing else, and all my muscles ached most surprisingly. As I didn't know what to do with myself, I went to the play; and when I got there, *egad*, my loins ached in a most horrible manner; I was glad to get to a place where I could lean to support myself, and then there was no pain. I held up my arm, but the pain in the deltoid was intolerable, and down it dropped immediately. Well, you know, all this is followed by sneezing, then by coughing, and then by expectoration. Now, I say, can you account for all this, that just a blast of air blowing on one part of the skin, should so disturb the whole constitution? Can you account for it? To me the account seems easy enough; which is, that one part of the skin being affected, the whole of the skin becomes affected; a sort of shivering and suppression of secretion takes place; and then we have what I may call the electricity of the body, the nervous system, and the muscular system, all become disturbed, and there is febrile excitement. Now a little of *James' powder*, and throwing yourself into a perspiration, will take off these feelings pretty quickly. But this relates only to one kind of cold. People come into the hospital with their loins full of pains, saying, O my loins are very bad indeed; and if you let them do as they please, they will remain there for many months; that is, if you allow them to get up and use their muscles, the pains will continue; but if you keep them in bed, they will soon entirely go away.

Now I have got over these muscles as far as I have gone, as briefly as I could, because I don't like to be too minute with respect to any object; and I am firmly persuaded that it is a piece of affectation to describe these muscles with accuracy, for they have not exactly the same attachments in different subjects; it is the general view of the muscles on the back, which it is important for you to learn; and having learned that, you may afterwards learn more if you think proper.

LECTURES

ON THE

Diseases of the Nervous System,

BY

DR. CLUTTERBUCK.

LECTURE VII.

On Idiopathic Fever.

The last form of *acute* inflammation of the brain to be noticed, is that termed *idiopathic fever*, by way of distinguishing it from what is called *symptomatic fever*, as produced by inflammation in general.

Now the term *fever*, according to its natural and obvious signification, expresses merely a general increase of heat in the system, probably from the Latin verb *fervere*, to be hot, and analogous with the corresponding term *pyrexia* from the Greek. Accordingly, in common language, (and justly in respect to the derivation of the word,) *fever* is a term applied to every state of system where the animal heat is morbidly increased. Now this, as you know, is the case in almost all inflammations, wherever seated, provided they are of a certain degree of intensity and extent; hence, such a febrile state of system has been considered as in most cases the mere effect of inflammation, and therefore called *symptomatic fever*, that is, fever symptomatic of inflammation, and of course a *secondary* affection. But it has also generally been supposed, that *fever* might exist as a *primary* affection, altogether independent of inflammation. This, it was alleged, is the case with the whole tribe of *continued*, *intermittent*, and *remittent fevers*; as well as those termed *specific*. For although these were often found combined with inflammation, this was supposed to be *secondary* and accidental only, and not the primary or essential part of the disease. Now such fevers, in order to distinguish them from *symptomatic* fever as resulting unequivocally from inflammation, were called by way of distiuction, *idiopathic fevers*.

I shall endeavour to show you, that such distinction is unfounded; and, as a general rule, that there are no *idiopathic fevers*, without inflammation as their cause: in short, that *fever* in every form, or, in other words, every febrile state of system, that is, where the skin is preternaturally hot, the tongue furred, and the pulse quickened (these being the leading symptoms of such state) is the result of *inflammation*, and of this cause only. This I propose to prove to you, by detailing the history of what is called *idiopathic fever*, when you will find reason, I think, to admit, that this form of disease furnishes no exception to the general rule I have just laid down. And you cannot but perceive the importance of this, in a practical point of view. For if a febrile state of body, whenever it occurs, is a *secondary* state of disease, an effect merely of *inflammation*, it ought not to engage our sole or principal attention in the cure; but we should rather look to the removal of the *inflammation* itself, as the *cause*; for this being removed, the *effect* will cease also; which experience shows to be the case. While the removal of the effect, the febrile state of system, is not necessarily followed by a cessation of the *inflammation*; which may still pursue its course: and more than this, it is sometimes found, that the exciting a febrile state, or aggravating it when already present, by the use of *stimulants*, is, in certain circumstances of inflammation, the most effectual means of removing the disease. This, we shall find, applies to proper or *idiopathic fever*, as well as to other inflammations.

I may as well tell you at once, what are the points I am desirous of establishing: they are these then: 1st, That there is no such thing as a *fever*, independent of local inflammation as its cause; consequently, that what is called *proper* or *idiopathic* fever, like all other febrile states of system, is always the result of inflammation; and that it no otherwise differs from a common case of inflammation of the lungs or any other organ, than in regard to the part where the inflammation is seated. 2dly, That the proper or primary seat of *idiopathic fever* is the *brain*, in the same way that the lungs are the seat of *pneumonia*, the liver of *hepatitis*, and so of others; the febrile symptoms, or general disorder of system, being in each case *secondary*, or symptomatic of the local inflammation. Thus, then, all febrile disorders, whether we call them *symptomatic* or *idiopathic* fevers, are compounded of a primary topical inflammation; and, as the effect of this, a general disorder of system, which, in Dr. Cullen's Nosology, is termed *pyrexia*, or a febrile state of body. Accordingly, we might make as many fevers as there are organs which, when inflamed, are capable of rousing the system into febrile action. In this way, we might have *pulmonic* fever, *cardiac* fever, *gastric* fever, *hepatic* fever, and so on; while those febrile states that are produced by inflammation of the brain might, upon the same principle, be termed *brain* fever, corresponding with what is called by physicians *idiopathic fever*; the primary seat and nature of which, I shall now endeavour to establish by proofs.

Now the *seat* and *nature* of a disease may be ascertained in two ways: *first*, by the symptoms or appearances that present themselves during life; *secondly*, by examination in the way of dissection, after death. These modes of investigation are both of them of considerable importance; but the greatest weight is due to the former, or examination of symptoms; because these, or some of them at least (the *essential* or *pathognomonic*) are always present; while there are many diseases that leave few or no traces behind them after death. I must premise here, that in an investigation of this kind, it is absolutely necessary to confine our attention to the simplest form of the disease; so as to exclude, for the time, all accidental combination with other diseases. Such combinations are exceedingly frequent in fever; but they throw no light upon the real or intrinsic nature of the disease, which, on the contrary, they rather tend to obscure. This is a point that has been too much neglected in most of the attempts that have hitherto been made to establish the theory of fever: the *accidental* circumstances having been confounded with those that are *essential*, and false conclusions come to in consequence. In ordinary practice, we find fever very often combined with inflammation in the chest, or in the abdomen, or other parts; all such cases are to be looked upon as *complicated* states of the disease, and which will be treated of hereafter. At present, our attention must be directed exclusively to fever in its simplest state.

Now I think you will best understand the subject, if I describe to you, as briefly as I can, a case of simple fever, such as it occurs nine times in ten in this climate, where the comparative mildness of the symptoms in the beginning, and the slower progress of the disease altogether, give us ample time for observation; whereas, in hot climates, fever is so rapid in its progress, and so quickly fatal; and, at the same time, so generally complicated with other affections, particularly inflammation in some of the abdominal viscera, that it scarcely affords an opportunity for investigating the intrinsic nature of the disease.

Suppose, then, you are called to a patient recently attacked with fever; not yet so ill, however, but that he is able to sit up. You find him languid and feeble, both unwilling and unable to make any considerable muscular exertion; his countenance dull and inexpressive; complaining of pain in the head, with heat and throbbing of the arteries of the head and neck, the throbbing increased upon stooping, or by any sudden exertion of mind or body; incapable of exerting the *mental*, no less than the *bodily*, functions; the skin hot and dry, either partially or generally, but always with the head hot, even though the extremities be cold, as they often are; the tongue furred, but generally less white than in other diseases; the pulse weak, and soft to the feel; the appetite lost, often with nausea; the sleep, imperfect or disturbed.

Now by these few and simple characters, you may always recognise a case of proper or *idiopathic* fever, even where the disease is in its early stage, and slight in degree; and where the disturbance in the brain is not so strongly marked, as it afterwards becomes.

This is fever in its simplest and mildest form, such as is called by Huxham and other authors, the *low nervous fever*, the *typhus mitior* of Dr. Cullen.

If you look at the disease in a more advanced stage, and a more violent and aggravated form; such as it appears under unfavourable circumstances, as confinement in an impure and heated atmosphere, with neglect of cleanliness and ventilation, or other mismanagement; you still find it presenting the same essential characters, differing from the former only in degree, but showing still more clearly the *seat* and *nature* of the disease. The pain in the head, indeed, may be no longer complained of; but this is owing to the want of consciousness, from the greater disturbance that is taking place in the brain. The heat of head, throbbing of arteries, and the flushing of the eyes and cheeks, are greater. The *sensorial* or proper functions of the brain, are more disordered, and in extreme cases nearly annihilated. The heat of skin is intense; the fur on the tongue has increased in thickness, and become darker coloured, often to the degree of absolute blackness; the pulse is soft, and easily compressible; with other symptoms that will be more minutely described hereafter. This is the other extreme of *simple fever*; differing from the former, or *milder typhus*, merely in degree. Accordingly, there are all the gradations possible between the two; the one, by continuance merely, especially if injudiciously treated, or neglected, readily passing into the other. This is the form of fever called, from its violence, *malignant*; and, from the tendency to decomposition observed in the fluids, *putrid fever*; called also *gaol*, *camp*, *hospital*, or *ship fever*, from the situation in which it has most frequently occurred: the *typhus gravior* of Dr. Cullen.

When fever occurs in young and vigorous subjects, living in a pure air, and in the spring season more especially; and also when it arises from such simple causes as exposure to cold, violent exercise, or temporary excess; the pulse becomes strong and full, the pain and throbbing of the head are unusually violent, and the heat of skin very great, with a tendency to profuse sweating. This constitutes what is called *inflammatory fever*, the *synocha* of Dr. Cullen, which never lasts above a few days, as it either terminates in health within this period, or degenerates gradually into the form of *violent* or *malignant fever* before described; under these circumstances, Dr. Cullen calls it *synochus*, as if it were a distinct *species* of disease, instead of a mere *variety*, as is really the case.

These are all cases of *simple fever*, differing from one another merely in degree; the difference depending upon foreign or accidental circumstances, not essential to the disease. And it is in this *simple* state only, that its true nature and character can be ascertained.

Now I ask, whether the characters just mentioned, and which are all that are essential to the disease, do not point out the brain as the part affected? It is the head that is uniformly complained of as the seat of pain, except where the disease is so violent, or far advanced, as to deprive the patient of his proper consciousness; then, indeed, he makes no complaint of pain in the head. The peculiar functions, again, that are performed by the brain, the *sensorial*, as we call them, that is, *sensation*, *voluntary motion*, and *intellect*, are constantly disturbed, in greater or less degree; sometimes they are in too excited a state, sometimes the reverse; but always disordered at the same time. This disturbance of the *sensorial functions* is in proportion to the violence and danger of the case; which proves that it makes an essential part of the character of the disease. And when it is considered further, that such disturbance makes no necessary part of other diseases, however violent and dangerous they may be, (provided they are simple and uncombined) we seem on these grounds to be warranted in referring fever essentially to the brain, as its proper seat.

It is true that fever is frequently accompanied with other symptoms; such as those of inflammation in the chest, or in the abdomen; and it has been said that these occur as frequently as the symptoms of brain affection, and have as great a right, therefore, to be looked upon as essential to the disease. This, however, is far from being a true statement of the case. The difference lies here; that in proper or *idiopathic* fever, however complicated, the brain affection is always present, though occasionally much obscured by the predominance of other symptoms; while the affection of other organs, is occasional and accidental only. No simple case of *pneumonia*, or *peritonitis*, or any other inflammation, except that of the brain itself, is attended with the essential symptoms of *idiopathic* fever. You will have the local pain, and the disturbed function of the part inflamed; and you may have likewise a high state of *pyrexia*, or general febrile action. But you will not observe the prostration of muscular strength, the delirious tendency, nor the other *sensorial* disturbance; nor the brown tongue; which are the distinguishing characters of proper fever, and which, where they do occur, in combination with other inflammations, serve to show a complicated state of disease.

It is, perhaps, worth remarking here, that the pain in the head, which I mentioned as serving to mark the seat of disease in fever, often precedes for several days the general disorder, or febrile state of system; it takes place, in fact, before the disease is fully formed, and before, in strictness of language, it merits the title of *fever*; while it (the pain in the head) often remains after the fever has wholly gone off; or is renewed again by the most trivial causes that tend to excite or disturb the vascular action of the brain; such as stooping, or any sudden bodily exertion, or emotion of mind.

These then are the grounds upon which I found my opinion, in regard to the *seat* of fever; and that the disease consists in inflammation of the organ, may with equal justice be inferred, from a comparison of the symptoms with those of inflammation generally. You have only to apply the same tests that are employed in investigating other diseases, in order to arrive at this conclusion.

If, for instance, you found a person complaining of pain in the chest; and if, as is often the case, there was a sense of heat and throbbing in the part; if respiration were observed to be disturbed in any way, as by cough, expectoration, or difficulty of breathing; and, lastly, if along with these *local* symptoms you should find the skin hot; the tongue dry and coated; and the pulse accelerated,—you would not hesitate to conclude, from such a combination of symptoms, that the patient was labouring under inflammation in the lungs. Now a similar train of symptoms, denoting inflammation in the brain, are always present in *idiopathic fever*, in greater or less degree. There is head-ach, with increase of heat, and generally throbbing of arteries within and about the head; there is more or less of disturbance of all the proper functions of the brain; and there is altogether the same febrile state of system, (*pyrexia*) that accompanies other inflammations. What inference ought to be drawn from these circumstances, I leave to yourselves to determine. I shall only remark further upon this point, that it is the lot of a considerable number of medical students, during the period of their residence in London, to become affected with fever, and often in a severe and dangerous degree; owing either to confinement in the bad air of a dissecting room, to wounds received in dissection, to excessive application of mind, or other causes. Now I have attended many of these patients, and I never found one who was not convinced, from his own feelings, that the brain was the principal seat of his disease, and that the arteries of the brain were in such a state of violent action, as could only be referred to actual inflammation.

This brings us, then, to the *second* head of proof, namely, *dissection* after death. Now this has been considered as affording evidence that ought to be quite conclusive on the subject. But you will easily see that such an opinion is not maintainable, and that for different reasons. In the first place, *dissection* can only show alterations of structure, or states approaching to this; but not disordered action, which is the primary and essential part of all disease. Alteration of structure is only a consequence of disease, and requires some time for its production; commonly, several days at the least, and often much longer. Now, if a disease should prove fatal before time is given for effecting such a change, it is plain that dissection would not serve our purpose. Hence you may understand, why the most violent cases of fever, as well as of other inflammations in the brain, leave the fewest traces of disease behind them. They prove fatal, before such change can be effected. Besides this, the appearances observed after death are not necessarily those that existed during life; great changes take place in the distribution of the blood at the time of death, so as materially to affect the appearance of parts.

The essence of disease, as I have before remarked, is *disordered action;* inflammation itself is nothing more at first; *change of structure*, when it occurs, is only a consequence, more or less remote, of this disordered action. Now inflammation always disturbs and deranges the function of the part which it affects; and, when very violent and extensive throughout the organ, may interrupt it altogether. This may be instanced in the case of the kidney, as well as any other: violent inflammation of this organ produces a total suppresion of urine: and you cannot doubt that the same may occur with respect to the brain. Should such be the case, life might be very quickly destroyed, from the necessity of the functions of this organ to existence; yet no remarkable traces of the disease might be found after death.

That the structure of the brain is not necessarily or materially altered, during the course of even violent fever, may be very safely inferred from this circumstance; that often, in the worst forms of the disease, where for many days together the *sensorial* *functions* have been nearly annihilated, a favourable turn takes place in the disease, by a kind of *crisis*, as it is called; and, in the space of a few hours or little more, the brain is enabled to resume its functions; free from disease, though with diminished powers. This could not possibly have been the case, if the structure had been materially changed; which serves to show that *fever*, like other diseases, is essentially a state of *disordered action*, producing, as a necessary consequence, a disordered state of functions; while change of structure, if it occur at all, is a remote effect, and by no means the cause of the symptoms that appear during life.

But there is still another reason, why dissection often proves incompetent to the elucidation of the nature of *fever*; namely, the occasional complication of this with other diseases, the latter sometimes destroying the patient, rather than the *fever* itself. Thus, in hot climates, inflammation very frequently arises in the stomach, or some other of the abdominal viscera, and kills the patient, where the fever itself might not have done so. In this case, dissection would be likely to show only the secondary diseases. So likewise in this climate, during the course of a fever, it frequently happens that extensive inflammation arises in the mucous membrane of the intestinal canal, sometimes spontaneously, but much more frequently, I believe, induced by the excessive use of calomel, and other drastic purgatives. This secondary affection hastens the death of the patient; and, in such cases, strong marks of inflammation are found in the intestines after death. This has led many to conclude, that an inflamed state of the mucous membrane makes an essential part of the disease. If this were true, such a state of membrane ought to be constantly met with; but it is only where symptoms of disordered action in the intestines take place during life, that such appearances are found.

But although the changes induced on the brain by fever, are not always or necessarily discoverable by dissection, you will find, in most cases, upon a careful examination after death, sufficiently evident marks of inflammation having existed in the brain during life. I have myself, indeed, met with no instance to the contrary, provided the patient really died of the fever, and not from any supervening disease, as is sometimes the case. In proportion as greater attention is paid to the subject, the proofs of inflammation existing in the brain, as the essential cause of fever, multiply. The appearances, however, are by no means peculiar to fever, nor distinguishable from those produced by the other forms of cerebral disease, and which have been already described. I have seen, indeed, much stronger marks of inflammation in the brain of persons dying of simple fever, than is met with in many cases of what is called *phrenitis*; and that where none but the ordinary symptoms of fever appeared, without any of those that are supposed to characterise the latter form of inflammation of the brain. Now such being the case, we are led into this dilemma: either the inflammation, in those cases, was the cause of the symptoms of fever present; or violent inflammation can exist in the brain, without giving rise to any symptoms, that is, without producing any disturbance of functions: a position which, I imagine, few are prepared to support.

Before proceeding further, it may be useful to draw a parallel between the three different forms of cerebral inflammation that have been mentioned; viz. *hydrocephalus, phrenitis*, and *idiopathic* fever. This, I expect, will facilitate your conception of the subject altogether.

Now with respect to *names*: the term *hydrocephalus*, or dropsy of the brain, is manifestly improper, as it applies only to an advanced stage of the disease. The peculiar signs denoting such an accumulation of fluid, are observed only after the disease has subsisted for some time; while the inflammatory state, that in which the disease primarily and essentially consists, is apt to be overlooked or misconceived. It should doubtless be called by some name denoting at once the seat and nature of the disease, and that in its simplest form. The term *meningitis*, which has been used by some, though ill-sounding, appears sufficiently characteristic; or the disease might be designated by the still more expressive language of *membranous inflammation of the brain*. The term *phrenitis* is perhaps admissible, from the long and constant use that has been made of it, to indicate that variety of cerebral inflammation that is especially characterised by active delirium. But the term *fever* is altogether objectionable, since it makes no distinction between a great number of diseases, to which different names have been given, and which often call for considerable difference of treatment. It is further objectionable as alluding to a secondary state of disease; while it leads to the neglect of the primary affection out of which it arises. The epithet *idiopathic*, that has been applied to fever, in order to distinguish it from other diseases that are attended with a febrile state of system, is absolutely improper; for it suggests an idea that is wholly groundless; namely, that *fever* properly so called, is an original and universal disease, and not the result of any primary topical affection. But I have said enough, I trust, to convince you that this is not true; but that what is called *idiopathic* fever, is primarily and essentially an inflammation of the cerebral substance; and therefore might not unaptly be called *cephalitis*, a name that has been employed by some nosologists, to express inflammation of the substance of the brain, though it did not occur to them to include proper or *idiopathic* fever under this denomination.

The *nature* of the disease is the same, in all the three varieties mentioned. They all consist in inflammation, and differ merely as to the particular seat they occupy in the brain. 1. *Hydrocephalus* is an affection of the *membranes* only; analagous with *pleuritis*, or *peritonitis*, or any other inflammation of serous membrane. In its simplest form, (of which there are many examples,) it is unattended with any disorder of the *sensorial functions*; though in most instances, perhaps, the inflammation extends to the substance of the brain, so as to disturb more or less its functions; just as it happens with regard to the lungs; where we meet with many more cases of what is called *pleuro-peripneumony*, than of simple *pleurisy*. 2dly, In *phrenitis*, the disease is characterised by disorder of one of the *sensorial functions*; whence it must be considered as seated in the brain itself; not affecting, however, the whole organ, but confined to that part, whatever it be, that is particularly connected with the *mental* function. Unhappily, our physiology is not yet sufficiently advanced, to enable us to assign this with any precision; though there seems sufficient reason to believe, that the hemispheres are more especially devoted to the operations of mind or intellect. 3dly, In *idiopathic fever*, all the *sensorial functions*, (*sensation*, *voluntary motion*, and *mind*,) are at once disturbed; though unequally in regard to each other, and in different degrees at different times. Hence it may be inferred, that *fever*, strictly so called, is an affection of the whole organ; in which respect it differs from the other forms of inflammation in the brain, which are partial, and of limited extent; as we judge from the state of functions.

It must appear, therefore, from what I have now said, that the different forms mentioned of inflammation in the brain, are mere *varieties*, in the language of natural history, and not *specifically* different in nature, as they have generally been considered. This is further proved by their frequent intermixture, and their readily passing into one another: so that, at times, it is difficult to say, to which variety any particular case belongs. Thus in *hydrocephalus*, the symptoms at first are often undistinguishable from those of ordinary fever; the inflammation extending more or less to the substance of the brain, produces a corresponding disorder of functions. Nor is it till an advanced period of the disease, that the peculiar symptoms of *hydrocephalus* make their appearance; that is, when serous accumulation has taken place. This result depends chiefly upon the age of the patient. In very young children, the tendency to serous accumulation appears to be greater; or it may be, that the membranes in them are more disposed to inflammation, which, when it arises, runs more rapidly through its course. Whence it is, that inflammation of the brain and its membranes in infants, is rarely observed to have the same protracted duration as in adults: the disease either proves quickly fatal, from the violence of the inflammation, and the consequent disturbance and interruption of the vital functions; or it ends in serous accumulation; with a new train of symptoms, and under a new denomination. In a word, *hydrocephalus* in infants (supposing the inflammation to extend, as in most cases it does, to the brain itself) is the same disease as *fever* in adults, and they require a similar mode of treatment. Nor is it uncommon for *hydrocephalus* to exhibit signs of active and even furious delirium, (as far as this state can be judged of in infants;) such as, in an adult, would be called *phrenitis*. It is likewise common for inflammation of the brain setting out as *phrenitis*, to subside at length into what is called the *typhoid* state of fever; so that towards the end of the disease, the *sensorial functions* are equally obliterated in both. In the course of ordinary *idiopathic fever* again, the delirium sometimes assumes the active form observed in *phrenitis*; this however is commonly of short duration, the delirium soon subsiding again into the low or ordinary state. This occasional interchange of symptoms is probably to be ascribed to the casual shifting of the inflammation, from one part of the brain to another; or to the varying state of the inflammation with regard to particular parts of the organ, a circumstance common to inflammation wherever seated.

These differences in the characters of the different varieties of cerebral inflammation, are not satisfactorily elucidated by dissection; for the appearances observed are very nearly the same in all. In recent cases, whether of *hydrocephalus*, *phrenitis*, or *idiopathic fever*, we meet with the same turgidity of vessels, both on the surface and in the medullary substance; the same reddening, and thickening, and opacity, of membranes; and more or less of serous accumulation. So that it is quite impossible, from the appearances exhibited on dissection, to indicate the particular form of the disease that existed during life. Such appearances are proofs only of the general nature of the affection, as consisting in inflammation. Nor are they to be considered as the immediate cause of the *symptoms*; for these differ widely, where the apparent changes in the brain are the same: thus confirming what I before stated to you, that the essence of disease is, in all cases, *disordered action*; a state that, of course, cannot be discovered after death, and of which the morbid appearances are only consequences, neither necessary nor constant. This readily accounts also for a fact that has been sometimes noticed; namely, that the symptoms peculiar to each of those diseases, have been observed during life, where no adequate cause of them could be discovered by dissection after death.

Lastly, I may remark to you, that the manner of attack and termination; the consequences; the occasional causes; and also the mode of treatment; are essentially the same in the three varieties alluded to; while, in all these respects, the analogy with inflammation in general, is perfectly maintained.

Sometimes, the attack is sudden and violent; accompanied then, generally, with rigors, or a *cold fit*, as it is called. This is soon followed by increase of heat; and this again by sweating, provided the patient is placed in favourable circumstances. At other times, the approach is gradual, and almost imperceptible; many days often elapsing before the disease attracts notice. The general course of the disease afterwards, corresponds in a great measure with the manner of attack. So that where this is sudden and violent, the disease is equally so, and runs rapidly through its course, terminating in many instances in profuse sweating. Whereas, when the approach is slow and gradual, the progress of the disease is likewise slow; the symptoms commencing mildly, gradually increase in violence; and the duration of the disease altogether is longer, while it subsides by slow degrees.

The *consequences* of these different forms of cerebral inflammation are essentially alike, and similar to those of inflammation in general. If the disease should continue beyond a certain period, it often ends in disorganisation of the parts concerned, in greater or less degree; thus laying a foundation for chronic disease, with imperfection or disturbance of function, in all the various ways that an organ so extensive and diversified in structure, is capable of. And thus are produced the numerous tribe of *nervous affections*, which receive their denominations chiefly from the particular function that suffers; but which all consist essentially in a disordered state of one or more of the *sensorial functions*, as will hereafter appear.

The *exciting* or *occasional causes of hydrocephalus, phrenitis*, and *fever*, are essentially the same. These different affections are all capable of being produced by the common causes of inflammation; such as the *taking cold*, and mechanical injuries of the brain. This organ, likewise, being under the influence of a greater variety of causes than any other, is excited into inflammation by many circumstances that have no effect on other parts. Thus *spirituous liquors*, and various *narcotic* substances, when carried to excess, readily excite inflammation in the brain; sometimes in the form of *phrenitis*, sometimes that of *fever*. *Mental emotions*, likewise, may induce one or the other of these, according to the nature of the cause, and the susceptibility of the brain to be affected by it. The different *febrile contagions* also, appear to induce inflammation of the brain, generally in the form of *fever*; the disease in each case, however, being of a *specific* nature, and different from common inflammation.

The *treatment* of all these varieties of brain affection, whether acute or chronic, is best conducted upon the same general principles as govern us in the treatment of other inflammations; that is, according to the state and stage of the disease, and the particular circumstances of the patient: modified, however, in some degree by the peculiar nature of the organ affected; a circumstance that influences the treatment of all diseases.

I shall next explain to you the varieties observed in the character of *idiopathic fever*. But this must make the subject of a future lecture.

FOREIGN DEPARTMENT.

Cases of congenital displacement of the heads of the Thigh Bones. Reported by Baron DUPUYTREN, in the *Repertoire* for October 1826.

"I HAVE had opportunities," says Dupuytren, in the Memoir before us, "of seeing patients who, for several years, were confined to their beds, though labouring under no disease—though afflicted by no malady that was remediable by art, their only ailment (if such it could be called) being an original or congenital displacement of the thigh bone. I have seen others who had been tortured by innumerable applications of leeches, blisters, cauteries, and moxa. I recollect, particularly, the case of a young girl who, under the direction of a *blind mad woman*, had been subjected to the torment of twenty-one cauterizations by moxa, applied round the haunch, and all this brutality was practised for a congenital displacement, and which was therefore not remediable by art."

Moxa, as every one knows, is the universal panacea for all sorts of maladies, in the estimation of Baron Larrey; it is indiscriminately applied to contusions and tumours—to aneurisms and phthisis—in fact, the "petit moxa chinois," as he calls it, is made to suit every ill "that flesh is heir to." This is merely a hobby; and where is the great nob, whether in law, physic, or divinity, that has not a hobby? One searches for fossil remains—another thinks of nothing else, either at home or abroad, but fractured thigh bones. One cures every thing with moxa—another with blue pill; whilst a third sends all his votaries to read page 79 of "my book." There is a fashion in every thing; why not in medicine too? One leads the ton in the West end—another in the East. Why should they not, when they find satellites to follow them? "*Oh! imitatores servum pecus.*"

If Dupuytren had ever shown any disposition to be witty, we should be disposed to think that he intended to make merry at the expense of his brother Baron for his propensity to the cautery and moxa. As they have been old rivals for *academic* honours, he might be disposed to raise a laugh at Larrey, and slily call him an old woman and a mono-maniac, as if he were mad on one subject, and that the moxa.

As it is unquestionably important to establish a distinction between such derangements as may be benefited by medical treatment, and those which are beyond the reach of art, it is quite unnecessary for us to offer any remarks on the necessity of attending to the diagnosis which Dupuytren seeks to establish between congenital displacement of the femur and that which is the effect of accident, or the consequence of disease.

This particular affection has hitherto escaped the notice of systematic writers. The author of the Memoir before us says, that he could not find any account of it in any work with which he is acquainted; yet it cannot be of very rare occurrence, as he has met with twenty cases of it in eighteen years. In this displacement the head and the femur is removed some way from its natural situation, viz., the cotyloid cavity, and rests upon the external iliac fossa, being in fact, so far as position is concerned, strictly analogous to that which occurs in luxation of the femur backwards and upwards. Every writer on the subject has treated of two species of luxations in this situation, of which one is the result of accident, and usually produced by violence, the other is a consequence of a disease in the joint, producing such a destruction of the bones as to permit the head of the femur to be drawn up from its articular cavity and lodged on the dorsum of the ilium. To these two species we are henceforth to add a third, which is the result of original malformation.

In this affection, as well as in the others, the head of the femur is drawn upwards and outwards; the limb is shortened; all the muscles of the superior part of the limb are drawn towards the crest of the ilium, where they form a conical mass, the base of which is towards the crest of the ilium, the apex at the great trochanter. By this retraction of the muscles the tuber ischii seems almost denuded; the great trochanter is particularly prominent. The limb is rotated inwards, of course so are the point of the foot and the knees; the heel and calf of the leg being turned outwards, the thighs are inclined inwards, so much that they tend almost to cross one another inferiorly, and this obliquity increases as the pelvis becomes developed and the individual advances in age; the limb is thin and emaciated, particularly at its upper part.

If an individual with this affection be examined, there will be found a marked disproportion between the upper extremities and the lower, these being so short and thin as to appear as if they belonged to a person of inferior stature. The motions of the limb too are restricted, particularly those of abduction and rotation. In the standing posture, the superior part of the trunk (which is greatly developed) inclines backwards very much; the vertebral column projects forwards very much in the lumbar region, and presents a proportionate hollow posteriorly; the pelvis is placed almost horizontally on the femurs, and little more than the point of the toes is applied to the ground. All this arises evidently from the change of position of the ilio-femoral articulation, and consequently of the centre of motion to the unnatural situation which they now occupy, viz. the dorsum of the ilium. If the individual be laid on the back, and the muscles be allowed to relax, the symptoms of this infirmity disappear altogether, the thigh can be drawn downwards and pushed up alternately by even a slight effort, and the trochanter can be made to recede from or approach to the crest of the ilium; all this can be done without giving either pain or uneasiness. This fact, added to the circumstance of both limbs being affected similarly, and that affection existing from infancy, will fully establish the diagnosis.

What, it will doubtless be asked, is the cause of this displacement? Is it the effect of a disease attacking the fœtus in utero, and which has ended by resolution after birth? Is it produced by a forcible removal of the head of the bone from the cotyloid cavity, this latter becoming subsequently obliterated and no longer of any use? or, finally, as the cavity is produced by the union of three bones, is its imperfection caused by some obstacle to the development of those bones, as Breschet is induced to suppose?

Several modern anatomists have ascertained that, in the evolution of the fœtus, the parts of the osseous system last developed are those corresponding to the points on which the several depressions and eminences are to be situated, more particularly those in which several bones are united. These facts throw some light on the mode in which the displacement now under consideration is produced. This development of the pelvis, and particularly of the cotyloid cavity, being retarded by some means or other, the head of the femur is drawn upwards; by the muscles, and the deformity continues for life. The management of such cases as these must obviously consist in palliatives; the whole of it may be reduced to the use of the cold bath to give tone to the muscles, and of a girdle, properly constructed, to confine and support the trochanters.

It is rather remarkable, that of the twenty cases of this original luxation which Dupuytren saw, seventeen were females. This may be merely accidental, yet it is a fact, now fully established, that malformations are more common in females than in males.

DR. BARRY.

To the Editor of THE LANCET.

SIR,—Philovacuum has said, that in your report of the proceedings of the Hunterian Society, there is "a serious misstatement with regard to Dr. Barry's theory of absorption;" but he does not say *what* that misstatement *is*.

Did Dr. Barry admit that Mr. Ellerby had succeeded in showing that "mere *pressure* was sufficient to prevent absorption," or did he not? I was present at that meeting of the Hunterian Society, and consider that he did most unequivocally admit it. Dr. Barry did admit that, which no man, having the evidence of his senses, could deny; but seeing the very awkward situation in which "the vacuum theory" would be left by this admission, he immediately claimed Mr. Ellerby's experiment as "*another demonstration*" of his theory, or of the proposition laid down in his book, viz. that *two conditions* are indispensably necessary to the accomplishment of absorption; viz. 1st, A free communication between the matter to be absorbed, and the thoracic cavities. 2dly. A free application of atmospheric pressure to the absorbing surface! He contended that it was of no consequence whether the one condition was removed by pressure, or the other by the formation of a vacuum; but that Mr. Ellerby's experiment supported instead of having weakened his theory, founded upon the admission of the before-named data. Mr. Ellerby was as much surprised as the rest of the company to hear this, and immediately said that "he could not discover any such opinions expressed in Dr. Barry's book; that he could not, in fact, find a single word said about the effects of *pressure* applied around the poisoned wound." How can Dr. Barry claim the experiment of Mr. Ellerby as a *demonstration* of *his* (Dr. B.'s) theory of absorption? A theory which sets forth that absorption can *only* take place by the agency of atmospheric pressure acting on the periphery of the body and driving the fluids toward a central vacuum. The ferule experiment affords *no such demonstration*, because whether there be a central vacuum or not, the pressure of the ferule will act with equal efficacy in preventing absorption. All that can be said, therefore, of this experiment is, that it *neither disproves* nor *demonstrates* the existence of such a vacuum. Surely Dr. Barry will not claim the *first* named condition requisite for absorption as *his*, or as involving any thing new. The *second* condition, which may be termed *his*, would be worth nothing, and, indeed, would be an absurdity without it; but the converse by no means holds. Dr. Barry was driven into the necessity of admitting the efficacy of pressure, and contended that the cupping glass acted "*in the same way*," according to the principles laid down in the 99th page of his book. The usual time for discussion having been exceeded, here the argument rested, as correctly stated in your 173d Number. That the Doctor shifted out of it by a *ruse de guerre* is very clear, as nothing can be found on the effects of pressure in that part, nor, indeed, in any other, of the book referred to.

Dr. Barry has reduced the circumstances indispensable to absorption to two; but he might safely have reduced them to *one*, namely, to a *free communication between the poisoned part and the thorax*. Cut off this communication, and no absorption, under any other circumstances, can take place. His second *indispensable* condition, or free application of atmospheric pressure to the part, is therefore worth nothing, proves nothing, for the thoracic vacuum; because it may remain, and absorption be prevented. This *indispensable* condition may be allowed to continue in full perfection, yet we find absorption to be effectually prevented by the removal of the *first*, viz. by cutting off the free communication between the part and the heart; *ergo*, this *indispensable* condition, to say the least of it, must be *very inert*, if not *altogether unnecessary*.

What says "Philovacuum" respecting the action of the exhausted cupping-glass? That it removes the pressure of the atmosphere from a poisoned wound, and prevents absorption, "although *the communication is not cut off between the wound and the thorax*." But the communication between the wound and the thorax *is cut off* by the cupping glass, as regards the *returning* vessels, on account of their being situated nearer to the surface than the *supplying* vessels, and are therefore closed by the pressure of the edge of the glass, whilst the arteries are free from such pressure. If the veins were not compressed, the blood would flow out of the space covered by the glass as fast as it flowed into it, and there would be no rising of the part within the glass, which is entirely owing to the injection of the part with arterial blood unresisted by atmospheric pressure. The communication with the thorax of the veins and absorbents of a part, covered by an exhausted cupping-glass, is cut off by the atmosphere pressing the edge of the glass upon them, and that pressure will be in direct proportion to the perfection of the vacuum formed. How then can "Philovacuum" say that, in this case the communication is *not* cut off? It is cut off as effectually as it can be with a ferule under any given pressure, and there is *no proof whatever* that the *vacuum has done*, or can do that, which has been shown to be done by *mere pressure*, because there can be *no vacuum without pressure*.

"The application of *pressure* between a poisoned wound and the heart, is as old as that of the cupping-glass itself," and it may be added, is the only effectual way in which the exhausted cupping-glass can act to prevent the absorption of the poison from the part. *Nothing to the contrary has as yet been shown.* It must be remembered that Dr. Barry's theory of absorption is founded entirely on his theory of the circulation; but the experiments he has hitherto made on absorption, do not afford the least support to his doctrine of the circulation; they prove nothing, nor do they disprove any thing; therefore, as far as absorption is concerned, the circulation theory remains unsupported.

ANTIVACUUM.

Jan. 1st, 1827.

ROYAL INFIRMARY, EDINBURGH.

A new method of performing the Operation for the radical Cure of Hydrocele. By Dr. BALLINGAL.

JOHN BARCLAY, (aged sixty-four,) in whose case the subsequent operative peculiarity was evinced, states that he had a hydrocele on the left side about five years ago, which was then successfully treated by injection. In some short time after, he perceived a similar enlargement of the scrotum on the opposite side, which gradually increasing in magnitude and inconvenience, he was induced to seek that relief which he had experienced from operation in the former instance. He accordingly became a patient of the hospital on the 5th of the present month, under the care of Dr. Ballingal. The hydrocele with which he was affected on admission, was of the ordinary size, and had never been previously evacuated. On the 13th, he was brought to the theatre, "magna comitante caterva." to have the operation usual in such cases performed, as was supposed, until Dr. Ballingal, loading his syringe with equal parts of wine and water, discharged its contents—where, gentle reader, do you think? into the tunica vaginalis, to be sure. Oh! not at all, there would have been no novelty worth recording in such common-place practice as that. Where, then? you naturally exclaim: Pell-mell into the cellular tissue of the scrotum, "like shot through a holly bush," as one of the Fudge family has it. Well, and what then? Why, after waiting the prescribed period for the retention of the mixture in the sac, and asking the patient, did he feel any pain in the loins, it was deemed prudent to withdraw the injection; but, to the great astonishment of the spectators, scarcely a drop would flow. Extraordinary accidents requiring commensurate remedies, an incision (ineffectual compression of the parts having been made to dislodge the fluid) was immediately performed for its recovery, but with partial success. This mysterious disappearance of the "negus" is thus facetiously touched upon in the Hospital Journal:

"Dec. 13. Operation by injection was yesterday performed with equal parts of wine and water, and either from the opening in the tunica vaginalis becoming somehow or other obstructed, or from a portion of the fluid having passed into the cellular tissue of the scrotum, the injection did not entirely return!"

This curiously defined "some-how-or-other obstruction," it must be confessed, is rather an obscure account of a very plain blunder, produced by the fidgetty manipulation of the operator, in permitting the canula to move from the position in which it was introduced. Mistakes, no doubt, will sometimes happen to the most expert and intelligent, but there are a few circumstances connected with this proceeding, for which the apologetic intervention of chance, insinuated in the explanation above, affords no satisfactory solution. First, it seems to have escaped the notice of the learned Professor, that many well-informed practitioners are now in the habit of delaying the process of injection in hydrocele, until the second evacuation, when the operation may be undertaken with somewhat more security and probability of success, from the contraction of the surfaces on which inflammation is to be excited. Aware, indeed, of the necessity of such precaution in a subject whose years and constitution rendered him susceptible of an unhealthy inflammation from the slightest cause, the writer presumed, that as soon as the young gentlemen of the Royal Infirmary had witnessed the important spectacle of drawing off the fluid, the patient would have been dismissed with directions to return when the water had again partially accumulated; but calculating on mere principle in the affairs of "the first clinical hospital in Europe," is quite an unnecessary exertion of the reasoning faculty. Second, it would appear, from the perhaps unprecedented measure of cutting down on the canula in search of the stray fluid, that Dr. Ballingal was not aware that in some instances, even where the injection has been judiciously employed, the whole or the greater portion of it is retained, and, what may surprise the surgical doctor still more, without producing any injurious effects, so that his incision was a supererogatory exercise of the scalpel. The results of these trifling errors of "omission" and "commission," were what might have been naturally anticipated; violent inflammation extending to the spermatic chord and urethra, by which a slight dysury was produced, consequent death of the cellular tissue of the scrotum, and the painful and protracted process of throwing off sloughs—all which the patient, now, however, apparently convalescent, has undergone. Mr. Hume has made many motions in Parliament of immeasurably less importance to the corporeal welfare of his countrymen, than one to prevent certain officers of this institution from meddling with surgical instruments. Should the honourable member deem the subject of sufficient moment to submit it to the consideration of the House of Commons, the perusal of a selection from the records of the Royal Infirmary on the occasion, may ensure him the novel gratification of finding himself on the side of the "majority" at the close of a division.

Scotus.

Edinburgh, Dec. 23, 1826.

THE FRENCH SCHOOL.

Paris.—No. III.

> Le secret d'ennuyer est celui de tout dire.
>
> Voltaire.

The assistant medical officers of the Hospitals are the *Eleves*, who are divided into two classes, the *externes* and the *internes*. Every year, in the month of November, the administration holds a public meeting, to which all the medical students who have matriculated between the ages of eighteen and twenty-four are admitted. A forum is formed of five persons, two physicians and three surgeons, who are chosen by lot out of the number already attached to the hospitals, who have to determine on the appointment of a certain number of pupils as *Eleves externes*. Every physician or surgeon, who has a relation among the contending students, is excluded from the jury. The students receive then certain questions, drawn by lot, which they have immediately to answer; these questions are confined to anatomy, physiology, and surgery, and afterwards each of the candidates receives, by chance, a theme on the same sciences, to which he must give a written answer, and send it in without a name, but with the usual forms observed in the answers to prize questions. According to the manner in which they acquit themselves they are chosen, and every year eighty new eleves externes are appointed to the different hospitals, and a like number leave. In the surgical wards of the large hospitals, containing on an average from forty to fifty patients, four eleves are placed; and in the medical wards, containing from sixty to seventy patients, two. These eleves must attend the physician or surgeon at each visit, must see the patients regularly in the evening, and as often during the day as their cases may require, and must afford all the necessary surgical and medical aid required; dress the patients, bleed, cup, bandage, &c. as may be requisite. For this they receive no remuneration, nor do they live in the hospital; but the advantage of having this post is, after a year, each is admissible as a candidate for the situation of eleve interne, which is always much sought after, and attended with many advantages.

Each year twenty of the eighty externes are promoted to the *eleves internes*, who must not continue in office more than four years. The examinations are conducted as in the preceding form, but made somewhat more sharp. An unsuccessful candidate is allowed to present himself a second year, but if he then fail he cannot afterwards be chosen. The situation of eleve interne is not unimportant; he has the inspection of about fifty patients, superintends the duties of the externes, keeps the necessary registers, collects the cases, reports the state of the patient on the preceding evening to the physician or surgeon at the morning visit, is allowed, in urgent cases, to prescribe for the patient, and makes the post-mortem examinations. Two *internes* remain day and night in the hospital in the chambre de garde, to receive accidents and attend to the casualties of the house, if the absence of their comrades should render it necessary. They do not live rent free in the hospital, but receive a few hundred francs a year as an equivalent for it.

Clinical Instruction.—In some of the hospitals *cliniques* are established, by which is to be understood the visit which the medical officer makes in company with the students, and the observations made by the former either at the bed-side or in the amphitheatre. After the visits have been made the parties usually retire to the operating theatre, and then the physicians or surgeon makes some observation on such and such a patient in ward St. Paul or St. Peter, No. 11 or No. 12. The operations are then performed, and after these come generally the consultations for the out-patients. These cliniques may all be attended free of expense, since the Professors are paid by the government. Of these cliniques there are two at the Hôtel Dieu, a medical and surgical; two at the Charité; two at the Hôpital St. Louis; one at the Pitié; one at the Hôpital des Veneriens; one at the Hôpital des Enfans; and the Clinique de Perfectionement, near the Ecole de Medicine. Each of these will be hereafter more particularly described. In addition to these cliniques, at many of the hospitals there are consultations, at which the physicians and surgeons deliver their opinions on the cases as they present themselves, a practice attended with great benefit to the student, and might be very easily followed at our public hospitals on the out-patient days.

To most of the hospitals the pupil can go without any formality, but in consequence of some disturbances which took place a few years since it is now necessary to obtain a ticket for admission to the Hôtel Dieu. A stranger must show a diploma, and a French student his certificate of inscription in order to obtain it. These tickets may be procured of Dupuytren any Thursday or Sunday morning, after he has seen his patients.

Having given a general sketch of the foundation, revenues, and administration of the Hospitals of Paris, it remains that we should examine their value as practical schools for medical education. For this purpose the principal only will be selected, and whatever they may present of peculiar interest, be noticed. Among these institutions, the Hôpital St. Louis holds a conspicuous place, and although inferior to the Hotel Dieu in size, is decidedly superior to it, or to any of the others in the manner in which it is conducted, and therefore possesses the first claim to our attention.

Hôpital St. Louis.

This Hospital, which was built during the reign of Henry IV., owes its origin to the prevalence of some fatal disease which reigned in Paris in 1606, and was supposed to be contagious; the Hotel Dieu, at that time the only public hospital, was so incommodious and badly managed, that it served only to accelerate the death of the unfortunates sent into it. St. Louis, at the time of its construction, was at a distance from any populous quarter of the city, and to prevent more effectually the spread of the supposed contagion, the architect surrounded it with a court 100 feet wide, enclosed within double walls. The hospital forms a parallelogram of 360 yards by 240, and thus presents a superficies of 259,200 feet. The principal buildings are situated around an area of 300 feet square toward the centre of the enclosure, and are two stories high; the attics of the building are large, but unemployed.

This hospital contains 1100 beds, and is destined principally to diseases of the skin. Some surgical and epileptical cases are admitted, but the number of beds occupied by these patients seldom amounts to more than 160.

The principal medical officers are Alibert and Biett, and the principal surgical, Richerand and Jules Cloquet.

The splendid work of Alibert on the diseases of the skin, has procured him a well-earned reputation. The opportunities afforded at this hospital of observing these affections, enabled him to present the public with a greater number of delineations of diseases of the skin, than had been before collected; and although his classification is in many respects inferior to that of Willan or even of Plenk, the individual descriptions which he has given, are, for the most part, very accurate, and form a very valuable appendix to Willan's work. The number of patients in this hospital with diseases of the skin, is not equalled in any other in Europe, and therefore affords an excellent opportunity of observing their almost infinite varieties, and the treatment most successful in their removal. Here are to be found patients from all parts of Europe and the French colonies; and, without sacrificing truth, we may apply to this establishment the title which Alibert once gave it, "L'egout de toutes les contrées du monde."*

During the summer, Alibert gives a course of clinical lectures on the skin diseases every Wednesday morning, from nine to ten; the clinic of Biett, which is attended by all the medical strangers at Paris, closes about May or June. It would be difficult to name any country of Europe whose representative one could not find at Biett's clinic; Mexicans, Haytians, Brazilians, and North Americans, are also to be seen in the motley group.

The principal remedies at this hospital, are sulphur, vapour and water baths, arsenic, and low diet. Sulphur is given in all possible forms, and Alibert sometimes orders it to be put into the soup. The number of baths used is astonishing; to the 20,000 out-patients who come from the town and country in the course of a year, 150,000 baths are ordered, and the 9000 patients who are annually cured in the hospital, take baths almost daily; so that the baths, which are on a large scale, form an important part of the establishment, and occupy almost an entire wing of the building. The greatest number of these are the simple warm water and the sulphur baths. The common baths, and those containing alkaline and other solutions, amounting in all to 70, are disposed in two large rooms. The general vapour bath, as it is called, consists of a small room, having on the side a flight of steps for the patients to sit on; the vapour rises through a small hole made in the floor, and twenty or thirty persons may seat themselves on the steps at the same time. On each side is a dressing-room, always kept in a proper degree of temperature. In an adjoining room are a shower bath, a single vapour, and a partial vapour bath or *douche*; the vapour being applied to any particular part of the body by a pipe, the orifice of which may be enlarged or diminished at pleasure. In another part of the hospital is the sulphur vapour bath, which can contain twelve patients at the same time. There is also a single bath of this kind, and another for partial fumigations, by which the fumes of mercury, or any other substances, may be applied to the face or other parts of the body, without being inhaled. These baths are appropriated to the use of the male and female patients on alternate days, and can be renewed as many times in the day as may be required. Sulphurous fumigations appear to have fallen into discredit, on account of their being found to irritate the lungs too much, and produce congestions in the head. The sulphur baths are now generally employed instead.

Dr. Gales, who was formerly apothecary to the hospital, imagined that he had discovered animalculæ in the vesicles of the itch; he contrived to convince Latraille of their existence, as well as the greatest part of the members of the committe appointed by the Academy of Sciences. In the Dictionary of the Medical Sciences, (Art. *Gale*,) there are engravings given of these insects, which are dignified with a peculiar order and genus. The great number of itch patients within, and coming to the hospital, has allowed of a great many experiments to be made on the treatment of the itch, and these have led the experimentors to the conclusion, that there is nothing like sulphur, which is applied in every form; but the best appear to be the solution of sulphuretted hydrogen gas, and the pommade hydrosulphurée, the manner of using which will be presently described.

A combination of sulphur with potass, applied either in the form of ointment or solution, is the most effectual and the most convenient remedy for the itch. The following are some of the forms recommended by Alibert, Biett, and Dupuytren.

The ointment most used at St. Louis is composed of two parts of sublimed sulphur, one part of purified potass, and eight parts of lard. This is given to the numerous out-patients coming to the hospital, in little packets, with directions to rub it on the skin thrice daily, and to use the sulphurous baths of the hospital once every day for a week, when they are dismissed quite cured. This ointment tinges the linen, and has some smell, which is not the case with the following:

Take of the *Subcarbonate of potash*, ʒij;
Water, ℥j;
Olive oil, ʒiv;
Flowers of sulphur, ℥v;

dissolve first the subcarbonate in warm water, and add gradually the oil to form a soap, then add the sulphur, and mix the whole carefully. This pommade is improved by the addition of two drachms of camphor, which covers the smell of the sulphur, and, on account of the soap formed with the alcali and oil, does not soil the linen. M. Lugot, of St. Louis, has particularly recommended the following form, which he asserts combines all the advantages afforded by the others, without soiling the linen, a considerable thing in poor-houses and other large establishments, where patients having the itch are admitted. He calls it the *sulphuro-soapy ointment*; it is composed of equal parts of white soap and sulphur. The soap, after having been rasped, is to be dissolved in water by trituration; the solution is passed through a cloth, and the sulphur is then gradually added.

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* Casper's Characteristik der Franz. Medizin.

There are some cases in which the use of a liquid may be preferable to that of the ointment; the lotions used by Alibert with great success in the cure of itch, are made as follows:

No. 1.

Take of the *Sulphuret of potass*, ℥j, or. ℥ij;
River water, ℔j.

No. 2.

Take of *Muriatic acid*, ℥j, or ℥ij;
Distilled water, ℔j.

Put one ounce of each solution into four ounces of warm water, and let the patients wash with a sponge. This mode of using the sulphuretted hydrogen gas, which is abundantly disengaged, is much praised by Alibert, and used by a great number of the Parisian practitioners. The patients appear very much pleased with this substitute for the ointment, and eight days is always sufficient to cure the most inveterate forms of the disease. Dupuytren uses in the Hotel Dieu, a solution containing,

Sulphuret of potass, ℥iv;
Water distilled, ℔j;
Sulphuric acid, ʒiv.

This solution is used twice in the day for six or seven days, during which time a tepid bath is taken once a day. Dupuytren tells the people to pour some of the solution in their hands, and rub themselves well; it should be kept in well-secured bottles. It would be right during the cure of the itch to let the patients take sulphurous baths, or if the skin should become too much irritated by any of the formulæ used, tepid baths.

Many persons have contended that the itch is sometimes epidemic, and sometimes endemic; but during the many years that Biett has been physician to St. Louis, he never met with any thing which could be interpreted as being favourable to such an opinion but once, namely, in the summer of 1818, when the temperature was very high, and the season remarkably dry. He examined 66 of these patients with great care, and found that the disease was eczema rather than scabies. He does not consider that it is endemic, for in those provinces where the itch is most frequent, as in Bretagne, in the Canton of Lausanne, and in the high valleys of Switzerland, the habits of the people are filthy, and their diet bad; the inhabitants of Lower Brittany, for example, wear the skins of animals, live in huts, or rather caves, below the surface of the ground, and indulge in spirituous potations, and their consequent excesses. Many of the ancients considered that the proximate cause of the itch was the presence of an animalcula between the epidermis and skin. Redi, an Italian, described some insects which he thought he had seen in the itch pustules, as early as 1685; the same assertion has been repeatedly made by Fabricius Hildanus, Gaubius, and Morgagni, but the subject was almost unknown to the public, until Dr. Gales renewed the investigation, and declared that he had seen these beings in thirty five patients at St. Louis. He engaged a celebrated draughtsman to copy some of them, and these were afterwards shown to the academy; a committee was appointed to examine into the matter, and they agreed in saying that they also had seen them. Latraille in his Genera Crustaceorum, and, indeed, most entomologists since his time, have named them *sarcoptes scabiei*, and placed them with the family of the *acari*. Linneus has placed them in the class aptera, and has called them *acari scabiei*. Geoffroy has called them *cirons de la gale*, and De Geer, *mittes de la gale*. They have been drawn in the Dictionnaire des Sciences Medicales, and are represented as having six legs, and two small horns, magnified 250 times, so that they appear as large as ordinary beetles. Alibert has carefully examined many scabious patients, and declares he could never find any sarcoptes or acari; and Biett, who is a very careful and reflecting man, has examined a large number of patients with the person employed by Gales to draw the insects, but they could never discover any in the vesicles under any circumstances. The painter afterwards owned to Biett that he had never seen any one of the insects in the itch vesicles or pustules, but always outside them. Lugot continued these investigations in 1819, 1820, and 1821, with the strongest lens, but with the same result as the preceding. This is strong authority against the *vital itch*, and goes a great way to upset the force of the observations of Gales and the others.

The obstinacy of *Tinea* is well known, and according to Alibert's confession, it is no less difficult to heal at St. Louis's than at St. George's. The division which Alibert has made of tinea, is one of the least exceptionable in his classification; but even here, the incongruity when compared with Willan's is self evident. He has described his tinea favosa, T. granulata, T. furfuracea, T. asbestina, and T. muciflua. Now the favosa might be also furfuracea, and the asbestina the granulata; colour and figure must be more decisively separated than in the present case, to enable the practitioner to carry such a classification to the bed side.

THE LANCET.

London, Saturday, Jan. 6, 1827.

The perversion of the College of Surgeons from the purposes the Legislature designed it should accomplish, ought to act as a salutary lesson to the framers of Charters and Acts of Parliament. Although the present Charter designates the College as belonging to the entire body of English Surgeons; and although it expressly states, "*that they, for ever hereafter, shall be and remain by virtue of these presents, one body corporate and politic;*" yet, from a misnomer in the framing of the clause, which prescribes the mode in which the elections of the Council were to be conducted, it has, in point of fact, been the property of the Council only, and the Members at large have not participated, in the slightest degree, in the general conduct and government of their own establishment. If the injurious effects which the obnoxious and unconstitutional principle of self-election and irresponsibility had been comtemplated when his late Majesty granted the Charter in question, surely that benevolent Monarch would have paused ere he attached his sign manual to an instrument, under the sanction of which it was certain there would be perpetrated acts tending to the pecuniary aggrandisement of those whom it protected, and of oppression and degradation towards those who were bound to submit to its legal though unjust impositions. From a careful perusal of its preamble, we fearlessly contend, that, in petitioning the Legislature, the Members are asking for no more than it was intended they should possess when the Charter was originally granted, viz. *the privilege of electing their own officers*—an advantage which, had it been intimated to his Majesty, or to his Privy Council, would, without doubt, have been secured to them—a privilege which was then, and is now, enjoyed not only by the Dublin and Edinburgh Colleges of Surgeons, but by the English College of Physicians; the Officers of which are annually *elected by the* Fellows. For what, then, are we asking? Is there any thing unreasonable or unprecedented in our request?—is there any innovation in that for which we seek? Is it to be endured, that the Members of the College of Surgeons are to submit with impunity to the exactions and degradations of a set of *self-elected, irresponsible* men, who frame whatever laws they please, without consulting the great body of the profession, *whom they do not represent*? What has the College done for its Members?—what has it accomplished for the community?—what has it added to our stock of scientific knowledge? Let the Council answer these questions, and we defy them to prove that it has, in any one respect, by any act or acts, contributed to the advancement of the science of Surgery, or that it has, in the slightest degree, benefited either its own Members or the public; on the contrary, it has, by its unjust regulations, become an object of contempt, and the Members have the mortification of seeing that their diplomas are no longer considered by his Majesty's Government as adequate criteria of professional qualification. Is it not most humiliating to the whole body of Surgeons, that before *Members* of the College can be admitted as Army and Naval Surgeons, that although they have the diploma of the College in their hand, that they must, in *addition*, produce certificates of attendance on Hospitals and Lectures? and that previously to their attaining such offices, they must submit to *another* examination before some paltry medical board? Such are the regulations sanctioned by his Majesty's Government—such is the respect it entertains for the diploma of the College, and such is the disrepute into which the diploma has fallen. Does not the Government by these regulations in effect say, 'We know the manner in which the affairs of the College of Surgeons are managed—we are acquainted with many of the creatures who compose the Court of Examiners—we are acquainted with the nature and extent of their examinations, and we can place no confidence in either—the diploma is no test of merit.' It is impossible that these facts can be too often repeated, or that their pernicious tendency can be too frequently contemplated. If it be notorious that the ordeal which a candidate has to pass when he obtains his diploma be one that requires no effort of judgment, or scarcely any of memory to accomplish, it cannot be expected that a testimonial so acquired can be regarded as of greater value than a piece of blank paper. The College tells us in its "*Refutation*,"—"that the increased respectability of the profession may be principally attributed to the acts and regulations of the College. This advancement may be mainly ascribed to the more extended education which has been progressively required by the candidates for its diploma." Weak as the people of the College are, and impertinent as their conduct has been towards the Members; with a full knowledge of their ignorance, and the most ample experience of their arrogance, we really did not expect such a statement as this. That the respectability of the profession has increased, we do not deny; but that it has arisen from "the more extended education" required for the diploma, is a conclusion at once unwarrantable, false, and ludicrous. The Members of the surgical profession are now held in higher estimation than they formerly were, in consequence of the generally admitted importance of the profession to which they are attached. All persons having any pretensions to knowledge, are fully impressed with the importance of surgical skill, and, indeed, thousands and thousands of the public, male as well as female, could annually yield the most grateful testimony of its value, added to which the splendid discoveries of HUNTER, and the brilliant attainments and scientific labours of many of the surgeons of the present day, have combined to obtain for the members of our profession a degree of respectful consideration unequalled at any former period of our history.

These are the circumstances that have raised us in the scale of society, an elevation that has been retarded only by the disgraceful conduct of the Lincoln's Inn Legislators. The more "extended education," forsooth, required for the College diploma, "has been the cause of the increase of our respectability"—monstrous! what in sober sadness are the evidences of "the more extended education?" what are the examinations at the College?—we write it with a blush of shame for the court of examiners—a few questions in anatomy and surgery, and what they are pleased to term *physiology!* What a liberal education! what unbounded acquirements! to enable a candidate to triumph over such a scrutiny! Thus, it is a "more extended education," for a surgical diploma, that requires no examination in the classics; in not one of the collateral sciences, nor a single question even in chemistry, comparative anatomy, the practice of medicine, or the materia medica.

If the council deem a successful examination at the College an unerring proof of a liberal education on the part of the candidate, it affords us a fair opportunity of estimating the extent of *their own* intellectual acquirements. In truth, no men could have furnished in their corporate capacity, stronger evidence of bad taste, imbecility, and illiberality; and it affords us the highest satisfaction to perceivethat the MEMBERS are signing the PETITION *now lying at the* FREEMASONS' TAVERN, with an alacrity highly honourable to their feelings, and complimentary to their judgment.

The seventh number of the Yellow Journal (January) is commenced by Mr. Earle, with a few observations on "diffused cellular inflammation," or what has commonly been called phlegmonous erysipelas. Mr. Earle objects to this term, because he thinks it is "likely to be confused with common acute erysipelas," and because *he* considers erysipelas "essentially an affection of the skin," not perceiving that in avoiding Charybdis he has fallen upon Scylla, in steering clear of *erysipelas*, merged at once into *phlegmon;* which, in a practical point of view, to use his own words, "will be found of the greatest consequence." True it is, that phlegmonous erysipelas is neither "common erysipelas" nor phlegmon, and no body ever said it was; but since it is seated in the same structure with the latter, while it partakes of many of the characters of the former, there surely is no great harm in giving it a name which implies a relation to each. Besides, the term "cellular inflammation" means inflammation composed of cells, and cannot of course be tolerated. "Inflammation," (phlegmon) says Pearson, (Principles of Surgery, XV,) "ought to be carefully distinguished from fever, erysipelas, erethismus, or symptoms of irritation; scrofula, and from the specific action of certain poisons." But how can this be done, as to the first, if Mr. Earle's nosology, or we should rather say, a charitable construction of his meaning, were admitted? Lavoisier's nomenclature was beautiful, because it indicated the nature of bodies, and defined with considerable accuracy, the relation which one compound of elements held to another: thus, *sub*carbonas, carbonas, *super*carbonas, &c. And does not the term *erysipelas-phlegmonica* describe the half brother of erysipelas and of phlegmon, which, like erysipelas, is seldom idiopathic, and, like phlegmon, is seated in the cellular tissue, thus partaking, as in other respects, of the nature of both? It spreads like erysipelas, and like it is arrested by incision, it suppurates with phlegmon, but is diffused as erysipelas. Nay the very object of Mr. Earle's remarks is to recommend the treatment proposed and adopted by Mr. Copland Hutchison, "which consists in making very free longitudinal incisions, if possible, before suppuration has taken place, through the swollen inflamed integuments down to the fascia or muscles." We have often spoken of this treatment, and shall therefore dismiss the subject, by quoting one of Mr. Earle's cases, although we cannot help thinking that he used the lancet too freely. The patient was one of his dressers.

"Mr. C. E. B——, ætatis twenty-two of sanguine temperament and a free liver, on the 21st of April, in opening the cranium of a man who died of gangrenous erysipelas after injury to the head, pricked the middle finger of his right hand with a small spicula of bone: the wound was so small that it did not bleed. On going to bed, after entertaining some friends at dinner, and taking his share of the wine, his hand became afflicted with pain, which rapidly increased, with an intense burning sensation in the finger. He applied cold water, but finding no relief he had recourse to a bread and water poultice; notwithstanding which, he could obtain no sleep. On the following morning, eight leeches were applied, and a deep incision was made near the seat of the injury, but without any benefit: the inflammation continued to spread over the hand.

"I saw him about the middle of the day, at which time the first phalanx of the finger had perished. Distinct lines of inflamed absorbents could be traced up the arm, especially at its outer surface, but no tenderness or pain was felt any where except in the finger and hand, and there it was of the most intense and burning nature. Leeches were again applied, and the poultice repeated; his bowels were freely moved with calomel and tartar emetic, and senna and salts mixture. The pain in the hand continued unabated, and could only be tolerated by applying the coldest water.

"On the morning of the 23d, after a sleepless night, the hand had a puffy œdematous appearance, although the redness of the absorbents was diminished. The tongue was furred, and pulse hard and frequent; skin hot and parched, and countenance much distressed. Sixteen ounces of blood were taken from the arm, and cold constantly applied to the hand. Opii. gr. ij. pulv. antim. gr. iv. were given at night.

"24. He had passed a restless night, with constant state of vigilance. The arm was more swelled, and extremely painful; pulse 120, but softer. Opium was given in three-grain doses during the paroxysms of pain.

"25. The night had again passed without sleep, and at intervals there was delirium. The arm was more puffy, but the pain was rather diminished. Oleum ricini was given to obviate costiveness, and the opium continued. The following night passed tranquilly, but without sleep.

"On the 26th, the arm was again very painful, and much swollen. It was enveloped in a bread poultice, made with a strong watery solution of opium. His bowels were open; his pulse frequent, but not strong; tongue covered with much brown fur; and he was more disposed to delirium, with a most anxious sunken countenance. Thirty drops of guttæ nigræ were given at night, in addition to the former pills of opium.

"On the 27th, there was no very sensible change. Still no sleep at night.

"On the 28th, he was visibly much worse. The inflammation had extended to the deltoid muscle on the outer side, but did not appear to have reached the axilla on the inner side; nor was there any pain at this part, or disposition to extend over the pectoral muscle. From the insertion of the deltoid downwards, the whole arm was as tense as possible, and felt remarkably firm when pressed. The colour was a dusky red, rather more vivid at the upper margin. He had been delirious all night, and appeared rather comatose. His countenance was shrunken, wild, and ghastly. He was so weak that he could not sit up in bed; his pulse was irregular, feeble and fluttering; his tongue covered with thick brown fur. It was evident that he could not long survive under these circumstances, and although I had no evidence in favour of the practice in a similar case, I resolved to make large and deep incisions, provided it met with Mr. Lawrence's concurrence, who was so obliging as to visit him with me. Mr. L. entertained the same view of the case, and in his presence I made three deep incisions,—one commencing a little above the insertion of the deltoid, and more to the outer side, which extended down to the olecranon; a second, about six inches long, from just below the olecranon to the wrist; and a third, about three inches in extent, on the inner side of the fore-arm. No suppuration or sloughing was apparent, but the wounds gaped much, and the fat was very firm and granular. The wound at the outer side of the fore-arm bled very freely, to the extent of from thirty to forty ounces; after which the limb was enveloped in a large bread and water poultice. In the evening, when I saw him, his countenance was much improved; and his pulse was steady, soft, an full, about eighty beats in the minute. The pain had nearly subsided, except in his finger. He was ordered a dose of calomel and jalap, and to continue the opium after its operation.

"29th. He had passed the night tranquilly, but without sleep. His countenance was much improved, and comparatively cheerful; pulse stronger, and quite soft; arm quite easy; skin flaccid and pale.

"30th. He was nearly the same as yesterday; still no tranquil sleep could be obtained. In the evening there was great restlessness, with slight wandering. Two grains of opium, and six of camphor, were given to him at night, which, for the first time since the receipt of the injury, procured repose. He slept tranquilly for four hours, and awoke perfectly collected, and with the arm quite easy. When I paid my visit, I found him greatly improved in every respect. Suppuration had taken place at the wounds. His bowels were moved with infus. sennæ and tinct. jalapæ; and, after the operation of the medicine, he took solid food with much relish. The opium and camphor were repeated at night.

"From this time he continued to go on most favourably; very copious healthy suppuration came readily away from beneath the whole integuments of the upper and fore-arm; but no sloughing took place of the cellular membrane or fascia. By lighter dressing and bandaging, the whole rapidly filled up and skinned over. In a few days he was ordered the sulphate of quina in infus. rosæ, and was allowed to take a mutton chop and some claret.

"Nothing particular occurred during the subsequent treatment, except the formation of abscesses at the back and front part of the hand, which required to be freely opened: during the formation of these, the constitution again suffered some excitement. The extremity of the wounded finger was also very painful, until the lateral ligaments were divided, and the dead portion removed. The finger remained swollen for a considerable time, and was the last part to heal. He subsequently went out of town, when he rapidly regained his health and strength."

Mr. John Wood, the lecturer on chemistry of the Windmill-street school, has made a few observations on the "analysis of urinary calculi, particularly those of a mixed nature," which we shall quote for the benefit of those readers who may not find time to consult Henry and Marcet, Wollaston, Prout and Berzelius on the subject, and yet desire to analyse the calculi they may extract or meet with. There is a very good digest of these authors in Ure's Dictionary of Chemistry, and a pretty copious analysis of Prout's book in The Lancet, Vol. VII. page 391, and Vol. VIII., page 39. Mr. Wood has confined himself to a detail of "the most ready means of distinguishing calculi from one another, and of analysing them when the various ingredients are intimately blended together." For this purpose calculi must first be divided, that their different laminæ may be seen, and analysed separately.

"This operation should be carefully performed with a very fine saw, in that direction which will expose the most extensive surface when divided: a few grains should then be scraped with a penknife from each lamina, commencing with the nucleus, and proceeding towards the exterior; care being taken to select the central portion of each layer, that it may not be mixed with those on either side of it.

"The apparatus required is simple, and the materials are few in number. Some watch-glasses, a spirit-lamp, a brass stand with rings for holding the glasses, glass rods for stirring the solutions,* a pair of platina forceps, a piece of platina foil, a blowpipe, and some stoppered bottles, conta ing pure nitric, muriatic, and acetic acids, solutions of potassa, ammonia, carbonate of ammonia, and oxalate of ammonia, with distilled water, complete the list.†

"At present only six ingredients have been discovered in urinary calculi,—viz. uric acid, urate of ammonia, cystic oxide, phosphate of lime, oxalate of lime, and the phosphate of ammonia and magnesia. One or two other substances have been discovered, but in so few instances as not to deserve mention with the others: such are carbonate of lime, and the two substances discovered by Dr. Marcet, the xanthic oxide and the fibrinous calculus.

"These may be distinguished from each other by the following tests:—Three of them are soluble in cold solution of potassa, —the uric acid, urate of ammonia and cystic oxide. The first dissolves in cold solution of potassa, and evolves no ammoniacal odour during its solution. On the addition of dilute muriatic acid, a copious white precipitate falls.

"Urate of ammonia resembles the last, excepting that copious fumes of ammonia are disengaged during the solution, which may be detected simply by the smell, or by holding the stopper of the nitric or muriatic acid bottle over the glass containing the materials, when dense white clouds of nitrate or muriate of ammonia will instantly be produced; or a piece of moistened turmeric paper will be reddened, if held over the glass. In either case the effect will be much increased by gently heating the glass. This variety is also soluble, with comparative ease, in distilled water; a fact first noticed by Dr. Prout.

"*Cystic oxyde calculi* dissolve readily in cold solution of potassa, give off no ammoniacal fumes, and afford no precipitate on the addition of dilute muriatic acid.

"Four varieties are soluble in dilute acids, namely, the phosphate of lime, the phosphate of ammonia and magnesia, or triple phosphate, the oxalate of lime, and the cystic oxide; and, of course, any mixture of them. All these are soluble in muriatic acid diluted with four parts of water, and are all precipitated by ammonia and the fixed alkalies, excepting the cystic oxide, which, being equally soluble in acids and alkalies, is of course not affected, It may, however, be thrown down by carbonate of ammonia. These may be distinguished from each other in the following manner:

"*The phosphate of lime calculus*, when heated before the blowpipe, undergoes a very trifling alteration; no peculiar smell is perceived, excepting that of burning animal matter when the heat is first applied; the ash is white, not alkaline, dissolves readily and quickly in dilute acids; and the solution gives a precipitate with pure ammonia, and with its oxalate, provided there be no great excess of acid.

"The triple phosphate likewise suffers very little alteration before the blowpipe, unless the heat be very strongly urged, when it fuses imperfectly. Copious fumes of ammonia are disengaged. The ash is generally brown, not alkaline; is soluble, but not readily, in dilute muriatic acid, and precipitable in the form of crystalline grains by ammonia, showing the re-formation of the triple phosphate. The oxalate of ammonia does not precipitate this salt when no phosphate of lime exists in combination with it.

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* "I have found small glass tubes, drawn out to a fine point, which may be readily done by the heat of a spirit-lamp, extremely useful for removing the fluid from the undissolved portion, which is easily effected by carefully immersing the point in the fluid, and applying the mouth to the other extremity. They are also useful for experiments on very minute quantities; as, by filling them with any fluid, and closing the larger end with the finger, the fluid is retained, and may be allowed to escape gradually in quantities as small as can possibly be required."

† "Pieces of broken window-glass answer for many purposes as well as watch-glasses, and are of course much more economical."

"The peculiar fetid odour disengaged on the application of heat, and its ready solubility in both acids and alkalies, sufficiently characterise the cystic oxide.

"*The oxalate of lime calculus*, when heated before the blowpipe, blackens, is enlarged in volume, and leaves a great quantity of ash of an intense whiteness, which is soluble with effervescence in dilute muriatic acid, unless the heat have been intense and applied for a long time, when it dissolves quietly. Pure ammonia produces no precipitate from the solution, but a copious bulky one is thrown down by the oxalate of ammonia. This ash gives a deep red tinge to moistened turmeric paper, and is, in fact, pure lime.

"Thus far the analysis is sufficiently easy, the calculi or laminæ consisting of only one ingredient: few calculi, however, are of a nature so simple, the greater number being composed of two or more ingredients, sometimes in separate laminæ, sometimes blended together; and it is in the examination of these that the greatest difficulty is experienced, which I shall endeavour, by the following directions, in some measure to remove.

"*Uric Acid and Oxalate of Lime.*—Calculi of this composition, when digested in solution of potassa, washed and filtered, the potassa will dissolve all the uric acid, which may be obtained by adding dilute muriatic acid to the filtered liquor; and the solid residue, being heated before the blowpipe, will give the results mentioned above. This mixture generally decrepitates loudly when first heated.

"*Uric Acid and Phosphate of Lime.*—This mixture may be treated as the last; the uric acid being dissolved out by potassa; and the remainder may either be heated before the blowpipe, or dissolved in dilute muriatic acid, and will afford the results mentioned under the head of phosphate of lime calculi.

"*Uric Acid and Triple Phosphate.*—When calculi of this composition are digested in solution of potassa, the acid is separated; a very powerful ammoniacal odour is evolved; and the undissolved portion, when well washed and dissolved in dilute muriatic acid, will, on the addition of ammonia, be reconverted into triple phosphate, in the form of small acicular crystals.

"*Phosphate of Lime and Phosphate of Ammonia and Magnesia, or the Fusible Calculus.*—This variety is immediately recognised by readily fusing before the blowpipe into an opaque, white, shining enamel. It suffers very little diminution in bulk, gives off copious fumes of ammonia, and the ash is not alkaline.

"*Phosphate of Lime and Oxalate of Lime.*—These calculi do not fuse before the blowpipe, but swell up in proportion to the quantity of oxalate of lime they contain; give out no smell of ammonia; the ash is alkaline, and, if it be dissolved in dilute muriatic acid, the solution precipitated by ammonia and filtered, a precipitate* is produced in the filtered fluid by the oxalate of ammonia. Phosphoric acid will dissolve out the phosphate, and leave the oxalate.†

"*Uric Acid and Fusible.*—These calculi blacken before the blowpipe, diminish in bulk in proportion to the quantity of uric acid, evolve a powerful smell of ammonia, and presently fuse. The ash is very slightly alkaline, dissolves without effervescence in dilute muriatic acid, and is precipitable by ammonia. We are indebted to Dr. WOLLASTON for the following method of analysing calculi of this description:—Digest in cold distilled vinegar, which takes up only the triple phosphate; dilute muriatic acid will next separate the phosphate of lime; and the remainder, which will be the uric acid, may be recognised by the usual tests.

"*Triple Phosphate and Oxalate of Lime.*—This mixture does not fuse before the blowpipe, gives off a pungent ammoniacal odour, swells up in proportion to the quantity of the oxalate, and does not perceptibly diminish in quantity. The ash is more or less alkaline according to circumstances, dissolves readily in dilute muriatic acid, and, after ammonia has precipitated all it can throw down, a further deposition takes place in the filtered liquor on the addition of the oxalate of ammonia.

"*Fusible and Oxalate of Lime.*—This calculus differs from the last only in undergoing a partial fusion after the heat has been applied a short time.

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* This precipitate by oxalate of ammonia, after the pure alkali has produced its full effect, depends upon the existence of lime in the calculus, in combination with an acid easily separable by heat, leaving the lime in combination with the acid in which the ash is dissolved. From this combination ammonia will not detach the lime; it therefore passes the filter in solution, and is afterwards precipitated by the oxalate of ammonia. Now the only two acids of this kind hitherto found in calculi are the oxalic and the carbonic: if it be the latter, the calculus will dissolve, with effervescence, in any acid; if the former, the solution will proceed quietly.

† Dr. Wollaston.

"Many calculi contain uric acid in so small a proportion as not to influence their external character and appearance: in these it may readily be detected by placing a small portion of the calculus, or lamina, in powder, on a piece of glass, and adding a drop or two of pure nitric acid; heating it over a lamp very carefully to prevent it from charring. Should there be the smallest quantity of uric acid, a red colour will appear as the mixture becomes dry, and will be deep in proportion to the quantity of uric acid. A drop or two of a solution of pure ammonia, added when it has cooled, will develop a beautiful purple tinge. If it be an object to ascertain the exact proportion of uric acid, take any given weight of the calculus, and digest it in dilute muriatic acid, and the undissolved portion will be the uric acid."

In this way Mr. Wood analysed the collections of Mr. Bell, of Mr. Cross of Norwich, and of the surgeons of the Kent and Canterbury hospital, amounting in all to 167 specimens, of which Windmill-street furnished 93, Mr. Cross 39, and the surgeons of Canterbury 33. The relative proportion of each species to the whole collection, was as follows:

Uric acid, about	$\frac{1}{3}$	being	56,
Cystic oxide, about	$\frac{1}{83}$	being	2,
Oxalate of lime, about	$\frac{1}{24}$	being	7,
Phosphates, about	$\frac{2}{15}$	being	22,
Alternating, rather more than	$\frac{1}{3}$	being	60,
Mixed, about...............	$\frac{1}{9}$	being	18,
Carbonate of lime, about	$\frac{1}{83}$	being	2,
			167

Only 26 of the 167 were free from uric acid; and 64 contained oxalate of lime; Many specimens were either entirely composed of uric acid and phosphates, or contained laminæ, in which they were mixed; but Dr. Prout supposes that the uric acid was combined with ammonia, which, indeed, is extremely probable. The two cystic oxide calculi, which are extremely rare, were found in the Windmill-street collection, and, according to Mr. Wood, there are but seven other specimens on record. Dr. Henry makes the frequency of this calculus to his total, as 10 to 985, or 2 to 197; Mr. Wood, as 2 to 167.

"A case of rupture of the urethra, treated by Mr. Travers," has appeared in THE LANCET (XI. 28); "Laceration of the urethra," by Mr. Green (X. 797); remarks upon it, (XI. 333,) and the case of strangulated hernia, by Mr. Tyrrell (XI. 397); so that Dr. Macleod's reporters have said nothing that was not known before. The Journal is a blank, or at best a losing prize; indeed, now that lotteries have ceased, Dr. Macleod appears to be the Bish of the advertising world—he puffs and gulls so well!

To the Editor of THE LANCET.

SIR,—It affords me great pleasure to congratulate you on what you have already done towards putting down monopoly and bringing forward merit. Whether the views I entertain of the medical profession coincide with those of yourself it is impossible to conjecture, but I will, with your permission, briefly state my opinions.

I consider, first,—That the College of Physicians is a relic of the ignorance and barbarism of the century which gave it birth. 2nd. That the College of Surgeons has rendered itself, by means of the unwise charter granted to it, a scene of disgraceful monopoly and exclusion. 3rd. That from the mode in which examinations are conducted at Apothecaries' Hall, these examinations have long since ceased to be thought any test of professional merit. 4th. That the division of the profession, as at present observed, into physician, surgeon, and apothecary, is absurd. 5th. That the public are grossly imposed upon by the belief that the physician has a greater stock of medical knowledge than the general practitioner, when it is a notorious fact, that nine-tenths of the physicians have infinitely less opportunities of observing diseases than the general practitioner. 6th. That the retail chemist and druggist, by practising the several departments of the profession, is highly culpable, and the system should be put down, if by no other means, by law. 7th. That no woman should be allowed to practise midwifery without possessing a certificate of having passed an examination on the various duties of the office. It would, doubtless, be better for women to give up the practice of midwifery altogether. 8th. That the medical profession should be divided into three great divisions. If we retain the old names, let the first be the physician, who shall be competent to practise every branch of the profession; in fact, he will be the general practitioner. For his attendance and prescriptions let him receive an adequate, but not exorbitant, fee. The second division shall be formed by the surgeon, whose duties will be those of the present consulting surgeon. And the third, the apothecary, or compounder of medicines; he shall retail drugs and make up the prescriptions of the physicians and surgeons. The apothecary shall be subject to the surveillance of the Society of Apothecaries, and the surgeon and physician to a college of physicians and surgeons. 9th. That the physician and surgeon should, before practising the profession, be subject to an examination touching his knowledge of anatomy, physiology, pathology, surgery, practice of medicine, midwifery, chemistry, materia medica, and medical botany; and the surgeon more particularly on the manual operation of surgery. 10th. That the candidate for a diploma of physician or surgeon should produce a certificate of having served an apprenticeship of one year to an apothecary. 11th. That the Court of Examiners should be annually chosen from amongst the most eminent, in the various departments, from and by their own body. 12th. That the examinations should be conducted publicly; and that certificates of lectures, hospital practice, &c., be received without any consideration as to time, place, or person. That the fee for such an examination should not be greater than adequate for the support of the officers of the college, the repairs of the building, the support of the museum, library, or any other source of instruction afforded by the college. 13th. That the candidate for a license to practise as apothecary should produce a certificate of having served an apprenticeship of three years to an apothecary, and be examined, publicly, as to his knowledge of chemistry, more especially pharmaceutical chemistry; of latin, if prescriptions continue to be written in that language; of materia medica, and medical botany. 14th. That the examination on anatomy, and on the operations of surgery, should be conducted with the subject before the party to be examined; and the examination on chemistry in the laboratory. 15th. That the trade of "Chemist and Druggist" should be done away with, so that there shall only be the wholesale druggist in this department.

I am, yours, &c.
A Radical Reformer.

Dec. 17th, 1826.

LONDON PHRENOLOGICAL SOCIETY.

Fourth Meeting of the Third Session,
Dec. 21, 1826.

Dr. Elliotson, V. P. in the Chair.

Dr. Disney Alexander, Physician to the Lunatic Asylum, Wakefield, was elected a Corresponding Member.

Mr. David Dunn, Surgeon, was elected ordinary Member.

Mr. Bennett read a paper on "Instinct, considered as in connexion with Phrenology." Instinct, he considered, in the common acceptation of the word, to be a term applied to those feelings of animals which direct their actions and habits of life. Various opinions have been maintained on this subject, but the general error on the part of disputants is, that they do not sufficiently distinguish between the various instincts of animals; some contending that the habits and actions of animals are the result of mere instinct, whilst others argue that they evince a partial reason. He described several of the primitive instincts in animals, and their modifications; and as illustrations of the corresponding cerebral developments, he exhibited the skulls of various species of animals, and he showed that the degree of sagacity in an animal corresponded with the development of the anterior portion of the brain, where all the intellectual faculties have been found to reside.

A conversation ensued on this subject, and Dr. Gall's Observations on Instinct were referred to. This author states, that instinct is a feeling, or internal movement, independent of reflection, or of true will—an impulse which impels a living being to certain actions, without its having a distinct idea either of the means or end; that it is erroneous to consider instinct as a general faculty, and to endeavour to explain by it all animal actions, however opposite they may be; and consequently that it is absolutely impossible to find a single organ for instinct. Dr. G. farther states, that there are as many instincts as there are primitive faculties, and that the word instinct designates only the activity of either of these same primitive powers.

Dr. Poole submitted to the inspection of the Members the skull of a murderer and suicide, and related some particulars of the dispositions and character of the individual when living. The cerebral development was in accordance with the character given.

Mr. Smart exhibited a human skull found in a tumulus, near a Roman encampment.

The Meeting adjourned to Thursday, January 4, 1827.

SUCCESSFUL TRANSFUSION.

At the close of Mr. Waller's Lecture on uterine hæmorrhage, delivered on Tuesday last, he informed his class that he had on Sunday again performed the operation of transfusion with success. The lady was of a very delicate habit, and had been the subject of flooding in all her preceding labours. She was the patient of Mr. Brown, a respectable surgeon in Stamford-street, who had made use of the accustomed measures with great promptness, and had succeeded in immediately putting a stop to the hæmorrhage. Notwithstanding his administration of stimuli, however, and the perfect cessation of the bleeding (for there was not the slightest draining,) she remained in that alarming state of collapse, that there appeared no hope of recovering her, except by transfusion. This was performed by Mr. Waller and Mr. Doubleday, aided by Mr. Brown and his assistant, the latter of whom supplied the blood, and the patient was perfectly resuscitated by it. The quantity injected was eight ounces.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CASE OF SIMPLE FRACTURE OF THE INNER MALLEOLUS BECOMING COMPOUND, AND TERMINATING FATALLY.

T. T., ætat. 43, was admitted into Accident Ward, on the 4th of November, under the care of Mr. Key, on account of fracture of the left inner malleolus, and also of the fibula, about an inch and a half from the ancle.

The patient stated that the accident occurred in walking across the street; his foot became wedged in a gutter, and in this situation he suddenly fell—the foot being violently twisted outwards. Both fractures were very evident, and readily detected; there was considerable ecchymosis over the inner malleolus, with swelling generally about the joint, and the foot was slightly everted. The limb was placed in the straight position with a splint on each side, and an evaporating lotion was applied to the part. In this manner the limb remained until the second day after admission, when Mr. Key found the patient complaining of great pain, and on examining the limb, he discovered that there was great swelling about the ancle-joint with a dark-coloured inflammation that also extended some way up the leg; there was a small dark spot of about the size of a sixpence, immediately over the point of the inner malleolus. Mr. Key now directed the limb to be placed in the bent position, on its outer side, and with a splint placed underneath, taking care to support the foot, which still had a tendency to eversion. Leeches were ordered to be applied around the ancle-joint, the limb to be fomented, and a small poultice laid over the slough, at the malleolus.

From this time, the patient's health seemed to suffer materially, the sloughing did not extend rapidly or to any great degree, but the state of the constitution indicated that something essentially wrong was going on.

On the 15th, he was exceedingly irritable and restless, his pulse was quick and hard; he was bled three times in the space of twenty-four hours, but with little benefit.

On the 17th, the symptoms of constitutional irritation had not all subsided; he was now taking one grain and a half of calomel, with two grains of opium, and three grains of antimonial powder, every four or five hours. The dilute nitric acid lotion applied by means of lint to the ancle, and over this a linseed-meal poultice.

From the 17th until the 20th, the poor man continued much the same; he had a quick, vibrating pulse, the pulse of irritation; the tongue was dry, and brown in the centre; he was exceedingly restless and delirious, almost constantly talking, and wishing to get up. There appeared, however, on the 20th, to be a slight remission of symptoms; but this only continued for a few hours. The quantity of opium was diminished to one grain for a dose.

21. Pulse 110 and sharp, skin hot, tongue parched, great restlessness, singultus and catching at the bed-clothes. The abdomen has a tympanitic feel, notwithstanding that the bowels were freely acted upon yesterday by castor oil; he vomits frequently. The wound at the ancle is still in a sloughy condition. Ordered the saline effervescing mixture, and a small quantity of wine. *Evening*. Seen by Sir Astley Cooper, who directed brandy to be given in lieu of the wine, with a few drops of laudanum.

22. The vomiting relieved; but the poor fellow is evidently sinking, he retains the brandy and laudanum only. Ordered three grains of capsicum with six of carbonate of ammonia, every three hours.

23. Becoming worse.

24. Moribund.

On examining the parts after death, it was found that the fracture through the inner malleolus had extended into the joint; the ligaments were not torn, nor was there any collection of matter about the joint, or at any part of the limb. The accident, then, at first was a simple oblique fracture through the inner malleolus, extending into the ancle-joint, with consequent displacement of a portion of the tibia. The fracture was rendered compound, as we have seen by a process of ulceration, that took place in the integuments over the inner malleolus.

OPERATIONS.

LITHOTOMY—PECULIAR SITUATION OF THE CALCULUS.

On Tuesday, December 12, Mr. Key performed the operation of lithotomy on a little boy, about five years of age. Mr. Key employed the strait staff and scalpel as usual, and completed the operation in about the space of one minute. The stone was lodged in a part of the bladder, *behind the pubes*, so that it was only felt on withdrawing the sound, and then but occasionally. Mr. Key stated that he had several times sounded the child during the last two years, and until lately had not been able to detect calculus. There was no difficulty experienced in removing the stone, which was of considerable size.

On the same day with the preceding operation, Mr. Key removed a portion of a man's leg, under the following circumstances:—The patient had suffered what is termed natural amputation at the ancle-joint; the foot had separated at this part from gangrene, following exposure to cold. On the stump, however, there was, an ill-conditioned ulcer, that had obstinately resisted all attempts at cure during a period of three years: the man had been several times in St. Thomas's Hospital, under the care of Mr. Travers. The projecting point of the external as well as of the internal malleolus, of course rendered the surface of the stump uneven, and the weight of the body was consequently entirely thrown on these projecting points, which were simply covered with skin. Mr. Key, therefore, thought it advisable to remove a few inches of the limb, in order to procure a good stump.

The flap-operation was in this case performed; the flap being made from the back of the leg.

A few days after the operation, when Sir Astley Cooper was making his customary hebdomadal circuit of the Hospital, Mr. Key took an opportunity of pointing out the case to the "worthy Baronet," who made what appears to us a very pertinent observation on the merits of amputation performed at a short distance above the ancle; namely, "that the operation was well enough calculated for making a *drawing-room* leg." Sir Astley afterwards explained that by this observation he meant, the operation was suitable for persons who were so situated in life that they could procure an artificial leg, and whose avocations (unlike those of the poor man) would not subject the stump to continual pressure. Baron Larrey, who is no mean authority on this subject, condemns the operation in strong terms. We had an opportunity during his late visit to this country, of hearing him speak of the operation of amputation immediately above the ancle, and he appears still to entertain the same objections which he has brought forward in his surgical memoirs.

HOSPITAL TREATMENT OF BURNS.

We had occasion, a few months since, to point out the very absurd practice which prevails in this Hospital with respect to the treatment of severe burns:—more especially in the congestive stage. It is well known that for some time after the occurrence of a severe burn or scald, as with many other injuries, the vital powers are exceedingly depressed; the heart performs its functions feebly, and the surface of the body and the extremities are cold. In this congestive state (as it is termed,) many patients die, without any reaction taking place. Now the indication for treatment under such circumstances is sufficiently obvious—is indeed so palpable, that it would be an insult to common sense to enlarge upon it. It consists of course, in endeavouring to rouse the heart to action; to establish a reaction in the system, by the judicious employment of stimuli.

Let us see how far these remarks apply to the treatment of severe burns at Guy's Hospital, and take the notes of the following case by way of example.

A child, about 10 years of age, was brought to the Hospital on Wednesday evening, having been severely burned, in consequence of her clothes catching fire. The principal parts injured, were the chest, neck, and arms; the extent of mischief was unequal, in some places the cutis was destroyed, in others the cuticle only had suffered, but there was, throughout the greater part, abrasion of the cuticle. The accident occurred about half an hour before the child was brought to the Hospital. The radial pulse could scarcely be felt, nor indeed could the pulsations of the heart scarcely be distinguished; the surface of the body and the extremities were cold.

The patient being put to bed, *small quantities of brandy with ammonia, were* (very properly) *given*. This we shall, as on a former occasion, style, "*blowing hot.*" And now for the "*blowing cold*" in the same breath:—*Equal parts of linseed oil and lime* *water were applied*—COLD, *over the extensive burnt surfaces!!*

We visited the patient on the following morning, and found that reaction had not even then taken place, but in a very imperfect degree. The same "*see-saw*" system had been persevered in, and we remarked, that on each time of applying the cold, the poor child shivered, and it was apparent that the heat of the body, as it was slowly developed, was as quickly suppressed. In the evening, Mr. Callaway saw the patient, and directed the application of turpentine liniment (gently warmed) to the parts; the brandy and julep of ammonia to be continued.

On the *third day* from the receipt of the accident, we found that complete reaction had taken place, and that a state of febrile excitement was substituted in place of the former congestive state. *The brandy and ammonia still continued*, and the turpentine locally.

On the *fourth day* there was a state of high constitutional excitement; the pulse was very quick; the tongue furred and dry; the respiration hurried and thickened; and there was constant thirst, with great restlessness.

On the *fifth* day the symptoms of general excitation were equally severe, but the breathing had now become decidedly affected. The child had, in fact, every symptom of inflammation of the trachea: there was the peculiar croupy sound at each inspiration, with great dyspnæa; the pulse, at the same time, was rapid and bounding; the eyes were suffused, and the temporal arteries were seen strongly beating. The tongue was furred, dry, and brown; the child was constantly desiring drink to quench its thirst; but, on swallowing the fluid, coughing was excited, when the brazen, harsh noise of croup was heard. *The brandy and ammonia were still continued*!!!

On the *sixth day* the symptoms were unabated. *Brandy and ammonia still exhibited*!!

On the seventh day death closed the scene.

The post-mortem examination of this case showed, that which indeed had been manifest enough during life, namely, that the lining membrane of the trachea had been affected with acute inflammation. There was a layer of coagulable lymph spread over the inner surface of the trachea to the extent of several inches; the bronchial passages were loaded with a frothy fluid, and the lungs were in a state of congestion.

CASE OF WOUND OF THE SCALP.

The history of this case is as follows: the patient is a spare unhealthy-looking woman, thirty-nine years of age; she was admitted into Chapel ward under the care of Mr. B. Cooper, on the 21st of November, having received a small contused wound of the scalp on the 15th. The injury was occasioned by her being pushed against a wall with considerable force; she came to the surgery soon after the accident, and the part was dressed with strapping, but the case was not deemed of sufficient importance to be admitted.

On the 19th, that is, four days after the accident, the face began to swell, and she had considerable pain in the head, with much febrile excitement.

When admitted, the upper part of the face was much swollen, and the skin was of a dark red colour, which was unequally diffused. The right eye-lids were closed by the swelling; the whole scalp had a puffy feel, was œdematous and tender on making pressure. There was an oblique wound of the scalp, about half an inch in length, at a short distance above, and to the right side of the occipital ridge. There was, apparently, no discharge issuing from this wound. With respect to the constitutional symptoms, the patient complained of a dull aching pain in the head, with a sense of tightness or constriction; the pulse was quick and small, having some degree of hardness; the tongue was covered with a white fur, but was moist; the bowels were open; she complained of thirst.

The means employed on the day of admission were, shaving the head, and applying a poultice over the wound, with the exhibition of a dose of colocynth and calomel.

24. The swelling of the face rather increased; the febrile symptoms much the same. On the right side of the head the swelling of the scalp is most considerable, and at this part an opening was made, but only a small quantity of serum escaped. The following medicine is now exhibited:—

Calomel, two grains;
Opium, quarter grain;
Tartar emetic, quarter grain, to be taken every six hours.

26. Two openings made in the scalp yesterday, and a large quantity of pus evacuated, with much relief to the patient. Strips of adhesive plaster are applied as in the case of Shean, (related in the last Number, p. 428,) but the matter in this case is more diffused, although less in quantity.

28. Copious suppuration has now taken place. A bandage is applied in lieu of the adhesive strips, and poultices are continued. The patient takes two grains of the sulphate of quinine, with an ounce and a half of the infusion of gentian, three times a day, and is allowed a pint of porter daily; the pulse since the commencement of suppuration having become feeble.

30. Much the same; the plan of treatment not altered; the suppuration is very copious; and the matter is diffused under the tendon, requiring to be pressed out at each time of dressing. There is more febrile excitement than at the date of the last report.

December 1. Not so well; the redness and swelling of the face, which had almost subsided, have now returned. The skin is hot, the pulse quick, and tongue furred; there is thirst, with some uneasiness of the bowels, Ordered the saline effervescing mixture; the same local treatment observed.

4. Better. The febrile excitement has now abated; it appeared to be, in a great measure, attributable to the state of the bowels; which having been freely relieved, the symptoms yielded. The tonic plan is now, again had recourse to; the local treatment is the same; poultices to the wounds, and a bandage applied around the openings, with a view of preventing the further spread of matter under the tendon.

It would be tedicus and uninteresting to proceed in any further daily detail of this case, inasmuch as no fresh symptoms arose, and the treatment, consequently, was the same. There was copious suppuration continuing for some time, and portions of dead cellular membrane were thrown off at some of the openings. The bandage was not of that utility in restraining the burrowing of the matter, as the adhesive strips appeared to be in the first case; for notwithstanding its constant application, the matter made its way down the side of the head, nearly as far as the zygoma, requiring an opening to be made at this part in order to evacuate it. The patient, however, did well; and upon visiting her with the dresser on the 12th, we found the suppuration greatly diminished, and the wounds apparently healing fast; the general health much improved.

On the 16th we had again an opportunity of seeing her; the parts had healed rapidly, and she was looking forward to leave the Hospital.

ST. THOMAS'S HOSPITAL.

EXHIBITION OF IODINE IN A CASE OF DROPSY.

We do not know whether iodine has received a fair trial in anasarcous diseases. From the powerful effect, however, which this medicine has on the absorbent system, we can readily conceive that there are certain forms of dropsy, in which the use of such a remedy is indicated, and in which it would probably prove beneficial.

Case. G. W. ætat. 15, was admitted under the care of Dr. Elliotson on the 9th of October; he had been ill seven weeks with ascites; passed but little urine, and the bowels were much disturbed. The abdomen was very much swollen, but the legs were not increased, except on sitting up long. Dr. Elliotson directed a small portion of the ointment of iodine to be rubbed over the abdomen twice a-day, for the space of an hour, and to take six minims of the tincture of iodine three times a-day. The report made on the 18th was, that the abdomen was much softer and smaller, that the urine was much increased in quantity, and the diarrhœa had ceased. He was ordered on the 14th to take ten minims of the tincture three times a-day. On the 21st, the dose was increased to 15 minims, and on the 23th to *twenty minims*. On the 5th of November, we found him much improved in appearance, the swelling of the abdomen greatly diminished; the use of the iodine still continued, both externally and internally. The appetite was so much improved, that he was allowed a mutton chop, having been previously kept on a milk diet. On the 18th and 21st, the reports were, that he was much better. It is to be regretted that his friends shortly after this thought proper to remove him from the Hospital, so that the full value of the treatment in effecting a perfect removal of the disease, was not satisfactorily ascertained. So much benefit had, however, been derived from it, that Dr. Elliotson remarked, it was his opinion the disease would have been entirely got rid of by a continuance in the use of the iodine.

RETENTION OF URINE FROM THE LODGMENT OF A CALCULUS IN THE URETHRA.

A boy, apparently about six years of age, was brought to the surgery by his mother, for the purpose of obtaining Mr. Green's advice on account of great difficulty and obstruction which the child experienced in passing his urine. It appeared from the mother's statement, that about ten months ago the boy was in the Hospital, under the care of Mr. Green, being supposed to have calculus in the bladder, but, subsequently the symptoms became so much alleviated by the use of medicine, that he was dismissed from the Hospital without having undergone any operation. The child's mother informed Mr. Green, that for two preceding days he had suffered great inconvenience in passing urine; she said that it only came away by a few drops at a time, and with great pain.

Mr. Green proceeded to pass a small sound down the urethra, which readily went as far as the bulbous portion, and here became obstructed by some hard substance, supposed by Mr. Green to be a calculus. Attempts were therefore made, by means of a pair of dressing forceps, and also with two probes, to extract the supposed stone, but without success. Mr. Green not having a pair of urethra-forceps at hand, and being fully satisfied that there was no urgency of symptoms, the bladder not being distended, he directed the child to be brought to the Hospital on the following day, when, with a proper instrument, he proposed attempting to extract the foreign body.

On the following morning the woman again presented herself with the child at the surgery: there was now complete obstruction to the discharge of urine, and the bladder was enormously distended, reaching even higher than the umbilicus. It was ascertained, by passing the sound, that the obstruction existed at the same point, and as the symptoms had now become urgent, Mr. Green, on seeing the child, immediately resolved to make an incision in the urethra. The part at which the foreign body was lodged, was at the anterior commencement of the bulbous portion of the urethra, consequently at a narrowed part of the canal, and immediately opposite the fore part of the scrotum. The portion of urethra immediately in front of the scrotum was very tender on pressure, and the integuments of the scrotum itself were red and swollen, apparently from slight effusion into the cellular substance consequent upon inflammation. An incision was made along the line of the raphê to a considerable extent, dividing also a portion of the integuments of the scrotum; and it was now satisfactorily ascertained, that the cause of obstruction was a calculus which had become firmly impacted in this part of the urethra. By means of a probe, Mr. Green succeeded in dislodging it, when it proved to be about the size of the tip of the little finger, and in shape resembling a grape stone. It is a circumstance worthy of remark, that on the removal of the calculus, the bladder did not contract, so as to expel its contents, and it was necessary to introduce a catheter in order to draw off the urine.

There was no particular symptom succeeding the operation; no extravasation of urine into the cellular substance of the scrotum, which was a circumstance, from the peculiar situation of the incision, likely to occur. The urine continued to pass freely through the wound for several days, when a granulating process commenced, and at length the continuity of the urethral canal was restored.

Mr. Green informed the pupils, that he repeatedly sounded the child during its former sojourn in the Hospital, but was unable to detect the presence of a calculus. The symptoms under which the child laboured, he said, however, were those characteristic of stone in the bladder; and such was his opinion then; the present event had confirmed the diagnosis.

RETENTION OF URINE, FROM STRICTURE IN THE URETHRA.

The following case, which occurred a short time since at this Hospital in the practice of Mr. Travers, may be usefully related here, in conjunction with the preceding:—

J. Preston, ætat. 28, admitted on account of retention of urine. He stated, that he had laboured under a difficulty of passing his urine upwards of two years; that he had, on some occasions, complete retention, which was relieved by the introduction of instruments, but that on other occasions his water flowed in a small and interrupted stream. For two months preceding his admission into the Hospital, the symptoms had been much aggravated; and, for two days prior to admission, he had passed but a very trifling quantity of urine. He complained of much pain and constant desire, with like inability to minge; the bladder was distended, and painful on pressure, and there was considerable febrile excitement.

Mr. Travers saw the patient a short time after he was admitted, and when the dresser had been making some attempts to pass a catheter, Mr. Travers introduced a moderate size silver catheter, and found a very firm stricture at the commencement of the membranous portion of the urethra. After nearly half hour had elapsed in making attempts, Mr. Travers at length succeeded in *forcing the stricture*, and carried the instrument onward into the bladder. The force employed in passing the point of the catheter through the obstruction was very considerable, but the hæmorrhage from the urethra was not great. The poor man experienced much relief from the emptying of the bladder: the catheter was left in. As there was much tenderness of the abdomen, leeches were directed to be applied to the part, and also to the perineum, with the subsequent use of poppy fomentation: a dose of castor oil to be given immediately.

Nothing material occurred subsequently in this case, so as to render a daily detail necessary. It will be sufficient to observe, that the catheter was withdrawn a few days after its first introduction, when the patient was able to pass his urine in a tolerably full stream. A catheter or sound was introduced daily for about a week, and it passed with little or no obstruction. About the expiration of this time, however, the patient complained of much pain in the perineum, with irritation at the neck of the bladder: he had also rigors, which were followed by some febrile excitement. These symptoms led to the fear of an abscess being about to form in the perineum; such, however, was not the result: under the application of leeches, with the exhibition of a purgative, the patient returned to his former state of health; and he was dismissed from the Hospital a short time after, being quite well, and enabled, as Mr. C. Bell would say, "to make water without splashing his silk stockings."

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF CONICAL CORNEA IN BOTH EYES, WITH LEUCOMATOUS OPACITY.

A STOUT strong young woman, ætat. 19, came to the Hospital, August 4th, with conical cornea; the cornea of both eyes was affected. It had lost its regular convexity, being elevated into a conical protuberance, with leucomatous opacity at the apex of the cone. When the eye was looked at laterally, it was easily seen the cornea did not present its natural convexity, but was elevated into an obtuse cone. The cornea, with the exception of its leucomatous apex, appeared perfectly transparent, and exhibited no deviation from its natural structure; the iris was natural; in fact, no morbid alteration in the organ, save this change in the cornea. This change, along with the opacity, of necessity greatly interfered with the function of the organ. Mr. Lawrence held up his hand, not far from her face, but she was unable to distinguish any such object; she said she had some indistinct perception of gentlemen around her. She said the left eye had been thus affected for two years; that it came after she had an inflammation in her eyes, for the cure of which her medical attendant was desirous of bleeding her, but to which she objected; and that when she recovered, the eye presented its present appearance. That about five weeks ago, the right eye had a similar attack of inflammation, but she would only allow one leech to be applied, and the eye was left in the same state as the other. She stated she has a brother and sister alive, who labour under the same disease, having attacked them about the same age, and that a sister died, affected with it likewise; thus making four in one family afflicted with this lamentable irremediable disease. As far as we could learn, the period of the accession of the complaint in the three cases, bears out Mr. Phipps in his observation, that "it is a change sometimes taking place at the age of puberty." He never observed the affection in persons under the age of 14 or 16. All the authorities we have been able to peruse on this disease, speak as having seen it in one eye only, save Leveille[*] and Burgman, who saw a remarkable case where the corneæ of a person who had been hanged were so prodigiously distended, that they reached down to the mouth like two horns. The case is quoted by Mr. Wardrop in his Essays on Morbid Anatomy of the Eye, from Haller's Disputationes Chirurg. Tom. II.

About three weeks ago, there was a case (at the Eye Infirmary, Moorfields) of the same disease in both eyes, fully answering the description given by Mr. Wardrop in the above mentioned work; the apex of the cornea resembling a piece of solid crystal, and to one placed immediately in front of the patient it had a transparent sparkling appearance, which prevented the pupil and iris from being distinctly seen. The medical men in Dublin had punctured the cornea for emission of the aqueous humour several times, but which operation had neither been attended with improvement in vision, nor cessation of disease. Mr. Lawrence at first said nothing could be done for the patient, but afterwards the idea suggested itself of tearing away a portion of the iris at its ciliary attachment, thereby enlarging the pupil, and giving her the only chance with the application of belladonna which remained. He ordered her to leave off drinking porter, to take gr. ij. of calomel, and xij. of jalap immediately; two grains of calomel, and four of compound extract of colocynth every other night, and to have three or four drops of the solution of extract of belladonna; ℈i. to ʒi. dropped into the eye every night and morning, and said he would speak to Mr. Wardrop upon the propriety of the operation, who had previously seen the patient at the Hospital of Surgery, Panton-square.

The patient came the following week as desired; but as the belladonna had exerted its full influence on the iris, without any adequate improvement of vision, Mr. Lawrence seemed to be of opinion it would be needless to perform the operation, as the present enlarged state of the pupil had not in the least contributed to the furtherance of that grand object

CASE OF CHRONIC IDIOPATHIC IRITIS.

A stout female, of fair complexion, a cook, æt. 31, was admitted under Mr. Lawrence with iritis of the subacute form; the disease had existed for three weeks. It had arisen so slowly, that the girl was quite ignorant of the state of the eye, and the complaint only first attracted her attention when she had lost vision in the left, in consequence of the effusion of lymph, and its organisation into adhesion. There had been no pain felt in the part, no redness, in short, no premonitory sign or symptom indicating the approach or presence of disease.

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[*] Traite sur les Maladies des Yeux, traduit de l'Italien de Scarpa, par J. B. F. Leveille, Tom. II. p. 179.

She went to the Eye Infirmary in Moorfield's, on August 3d, from which Mr. Lawrence had her brought to the Hospital, when the following appearances presented themselves:—

Both eyes were attacked; in the left the inflammation bore the more active character. There could be observed the circular arrangement of vessels on the sclerotica at its junction with the cornea, affording the zonoid appearance present in iritis, caused by the state of excitement in the iridal arteries; the redness being deepest round the cornea, and fading towards the periphery of the eye-ball. The iris had undergone the usual change from grey, its natural colour, to a dirty, muddy appearance. In conjunction with this change of colour, there was complete loss of its natural brilliancy; its radiated fibrous texture appearing dull and confused. These appearances (caused by the mixture of the effused yellow lymph, with the natural pigment of the iris) were more observable on the pupillary margin, which had lost its peculiarly sharp and well defined edge, and become thickened and of a spongy texture. Effusion had taken place from the uvea and posterior pupillary margin, and, in the usual sequence, partial adhesion to the capsule of the crystalline lens. The pupil was contracted and irregular, and motion nearly destroyed by the change in structure and preternatural connexions. She was ordered to be cupped upon the neck to ℥xvi, and to take four grains of calomel, and twelve of jalap, immediately; two grains of calomel, and one-third of a grain of opium every six hours; to have the extract of belladonna applied to the eyebrow; to be put upon milk diet, and to wear a shade.

Friday, August 4. It is curious to observe the effect of the belladonna on the iris of the right eye; the pupil has a pectinated or stellated appearance, caused by the contractile efforts of the iris in its attempt to liberate the pupillary margin from the anterior capsule. Mr. Lawrence pointed it out as an excellent instance of the powerful influence of belladonna; the narcotic had not affected the left eye in like manner, from the iris being more inflamed, and, consequently, incapable of motion. He remarked it was a curious circumstance, that the iris should have been attacked, and not the retina; it seemed more like, *a priori*, that the latter should suffer from the light and heat of large fires (with which the patient had been occupied during extreme warm weather) than the former, which is so habituated to the stimulus of light. The mouth is not yet under the influence of mercury.

August 7. Mouth now sore; the mercury has arrested the adhesive inflammation, and put a stop to the effusion of lymph, while that already effused is being rapidly absorbed under its action. The irides are assuming their natural colour; the red zone around the right cornea is gone, and perfect vision restored. In a short time she left the Hospital entirely free in both eyes from any remains of the attack.

There have been two operations this week by Messrs. Vincent and Lloyd. The one a case in which very bad strictures having existed, the bladder had been punctured above the pubes for retention of urine about twelve months ago. Mr. Lloyd had employed the usual means for curing the stricture; but before this object was obtained, the man went suddenly to another part of the town; he heard no more of him until lately, when he made his appearance with a bougie *in* the bladder: the man, since the bladder had been punctured, had worn the bougie in the aperture, and it had slipped in. Mr. Lloyd, previous to the man being brought to the Hospital, had endeavoured in vain to extract it by the polypus forceps and other means; he determined, then, to enlarge the puncture. On Saturday he introduced into the aperture Mr. Key's straight staff, and upon it enlarged the opening with a blunt bistoury; then introducing the polypus forceps, he easily extracted the piece of bougie coated with a considerable earthy deposit. No calculi were detected.

The other operation was perfomed on Sunday by Mr. Vincent, for the liberation of a strangulated femoral hernia.

The woman, æt. 65, had been subject to irreducible hernia for ten years; the fresh descent had taken place on the Tuesday previous to her admission; the usual means for reduction had proved abortive; the hernia was the size of a large fist; the usual symptoms of strangulation were present; she had had no alvine evacuation during six days. The hernial tumour being laid open, a large piece of thickened omentum, and a loop of intestine (the latter of a chocolate colour, and coated with a layer of lymph) were detected strangulated by Gimbernat's ligament; this being divided along the attachment to the bone, the gut was returned; the omentum cut off, no vessels requiring ligature, and a little lint laid upon the incision. The patient is going on very well.

WESTMINSTER HOSPITAL.

CASE OF POPLITEAL ANEURISM; FEMORAL ARTERY TIED; AMPUTATION PERFORMED.

G. B., a stone-mason, aged 30, was admitted into the Hospital on December 18, having a large swelling in his leg, under the care of Sir Anthony Carlisle.

He stated, that in September last, he perceived for the first time a small swelling in the ham, about the size of a walnut, the pulsations of which the patient compared "to the beating of a clock." There was at this time considerable pain in the limb, extending from the heel toward the tumour. He consulted a surgeon at Pimlico, who recommended him to use a fomentation, which afforded slight relief. In the middle of October the leg began to swell a little, but did not increase much until the week before the patient came to the Hospital. The pulsatory motion in the ham ceased when the leg began to swell.

20. The leg is now become of twice its natural size, exceedingly tense, and of a dark brown colour. There is evidently a fluid of some sort deeply seated in the limb, and in considerable quantity. The countenance is pallid; the pulse 120, and very weak. The circumference of the calf of the leg is rather more than nineteen inches.

23. The tenseness has increased; the patient does not complain of much pain, but says that he has rather more by night than by day. The limb measures half an inch more than on the 20th. Pulse 130. A consultation was this day held on the case in the operating theatre, when a considerable difference of opinion prevailed. Sir A. Carlisle distrusted the history which the patient gave of his case, and observed, that it might have been abscess in the ham, which being seated over the artery, would have had a pulsatory motion given to it. This abscess might have burst at the time the patient described the swelling to have commenced in the leg, and the matter might have found its way among the muscles of the calf. He said that if it were a diffused aneurism, it must have burst in a much shorter time than any case he had before seen. He could not help thinking, therefore, that it was an abscess. Messrs. Lynn and Guthrie were of a different opinion; they considered that it was an aneurism. Mr. Lynn, sen. opined that the coagulum would press upon the artery, and obliterate it, and that the coagulum would ultimately discharge itself by causing sloughing of the integuments, and that in this way the "*case would cure itself!*" As they could not all agree in opinion, it was determined *to do nothing*, and to have another consultation on the case, on Wednesday the 27th. In the mean time a tourniquet was put on the limb, in case the tumour should burst. So that it was advisable that the man should have the tourniquet on; but was it equally advisable that he should be left in jeopardy of his life for four days?

27. The leg had become larger; it was more discoloured and tense than on the 23d, and it was now agreed that by *way of exploration*, the tumour should be opened. The man was accordingly placed on the table, and Sir Anthony made an incision into the depending part of the swelling. Some coagulated blood flowed out, and the incision was extended about two inches, to let out more of the coagulum, when about a pound of it escaped. A large quantity of arterial blood now gushed out, evidently from a large vessel. The inguinal artery was compressed at the groin by Mr. Guthrie. The question was agitated, whether it would be better to amputate the limb, or to tie the femoral artery. It was decided by the majority, first to tie the femoral artery. Sir Anthony accordingly tied it in the usual place for popliteal aneurism. The remainder of the coagulum was then removed by introducing the fingers into the tumour in the leg, when arterial blood was observed to flow from the lower part of the wound. Amputation was considered preferable to searching for the bleeding vessels. Sir Anthony, commencing from the point at which he had secured the femoral artery made a flap of the muscles on the inside of the thigh, and proceeding from the same point made a similar flap on the outside, and the limb was soon removed. The patient was on the table about forty minutes. The amount of blood lost altogether was about *six pounds.*

On *examination* of the amputated limb, the aneurismal sac was found seated rather lower than usual, the anterior and posterior tibial and peroneal arteries passed out from the sac. The extravasated blood had passed between the gastrocnemius and soleus muscles, and had separated them considerably from each other.

Since the amputation the patient has been going on tolerably well up to this time, (January 1) under the usual treatment adopted in such cases.

THE LANCET.

No. 176.] LONDON, SATURDAY, JANUARY 13. [1826-7.

SURGEONS' PETITION.

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled,

The humble Petition of the several Persons, whose names are hereunto subscribed, Members of the Royal College of Surgeons in London,

Sheweth :—

That an Act was passed in the 18th year of the reign of his Majesty King George the Second by which the Surgeons of London, and the Barbers of London, were made two separate and distinct Corporations. That when the late Corporation of Surgeons had become dissolved, as was alleged by the Court, through non-compliance with the provisions of the said Act, the Members thereof were re-incorporated by his late Majesty's Charter, dated the 22d day of March, 1800, under the title of the Royal College of Surgeons in London. That, by Letters patent of the third year of the reign of his present Majesty, dated February 13, 1822, the Master, Governors, and Court of Assistants, were dignified with the titles of President, Vice-Presidents, and Council, with the privilege of having a Mace, and of holding lands, &c. to the amount of £2000 per annum.

That the declared objects for which the above Charters were granted were, "The due promotion and encouragement of the study and practice of the art and science of Surgery;" and the principal mean by which it was proposed to accomplish these objects, was an examination into the education and qualifications of Candidates for admission into the College, and of all persons who should be appointed to surgical situations in his Majesty's Army and Navy ; under the obvious supposition that the diploma and certificates granted by the College would enable the public to distinguish between the well educated and well informed practitioner and the ignorant pretender. Hence the government of the College concerns not only its own Members, but the whole community; the health and lives of individuals being confided to the care, and the question of life and death often depending on the knowledge and skill of Surgeons.

That, by virtue of the said Charters, the entire management of the affairs of the College is vested in the President, Vice-Presidents, and Council, who are only twenty-one in number ; the Court of Examiners, ten in number, being chosen by and out of the Council, of which they still continue Members. *That these persons have the power of filling up the vacancies in their own body*; *that they share amongst themselves all the offices of the Institution* ; *that they hold these offices for life* ; *and are not accountable to the Members in general for the appropriation of the funds, nor for any of their other proceedings, all of which are conducted in private, and most carefully concealed both from the Members in general, and from the public.* Hence the distinguished offices of President, Vice-Presidents, Examiners, and Councillors, are inaccessible to the body who form the commonalty ; and are not attainable as the reward of genius, talent, or knowledge. Hence too your Petitioners have no voice in electing the Officers of the Institution, no control over its funds, no share in governing its affairs. nor in making the laws, which by the Charter they are compelled to observe, although they are styled Members of the College, and although the Charter, speaking of the general body of Surgeons, expressly states, "That they, from henceforth, for ever hereafter, shall be and remain by virtue of these presents, one body corporate and politic."

That, in proceeding to enumerate specifically their grounds of complaint against the governing body of the College, your Petitioners beg to direct the attention of your Honourable House to the circumstance, *that a majority of that body either are themselves Surgeons of London Hospitals, or Lecturers on Anatomy and Surgery at such Hospitals, or have relations or near connexions in such situations ; and consequently, that in the laws and regulations which they make, respecting the course of education to be followed by those who present themselves for Examination, they have a direct pecuniary interest obviously tending to mislead* *their judgment*. In order to illustrate this subject, your Petitioners lay before your Honourable House the substance of three Regulations made by the Court in 1823. They cannot help observing, that in making such Regulations respecting the education and practical studies of Surgeons, the Court have gone beyond the powers bestowed by the Charter. That document authorizes them to inquire into the fitness of a Candidate for the duties of his profession; to ascertain, by sufficient examination, the amount of his knowledge, not to direct where and how the knowledge is to be gained; and still less to erect a profitable monopoly for themselves at the expense of the general body of Surgeons. The Court enacted, that so far as London was concerned, no Certificates of attendance on Anatomical or Surgical Lectures, or of the performance of Dissections, should be received, except from the Physicians or Surgeons of Hospitals, or from persons teaching in a school acknowledged by the medical establishment of an Hospital. Although this restriction, which, by confining the honourable employment of teaching Anatomy and Surgery to a few individuals would have been most injurious to that science which the Court of the College are more especially bound to protect and encourage, has been abrogated by the Court since a General Meeting of Members of the College, convened for the purpose of considering the abuses in its management, your Petitioners could not omit the notice of an attempt which illustrates so strikingly the monopolising and selfish spirit always observed in self-elected and irresponsible bodies.

That the Court also refused to admit persons to examination, unless they had attended the surgical practice of a London, Edinburgh, Glasgow, or Aberdeen hospital for one year; although the number of patients in several provincial hospitals of Englnad is much greater than in the smaller of the hospitals above mentioned; although the means of acquiring surgical information are proportionably more ample in the former than in the latter; and although the surgeons of the former are not inferior in talent or professional acquirements to their brethren of the council, who made this regulation. They have indeed modified this resolution since the meeting before alluded to, and will now receive, as testimonials of education, certificates of attendance at provincial hospitals; but they have annexed a condition, which renders the concession nugatory, viz. "Provided the student shall have previously attended Two Courses of Anatomical Lectures, and Two Courses of Dissections in London, Dublin, Edinburgh, Glasgow, or Aberdeen." They also require that the term of attendance on a provincial hospital shall be two years, while one year's study at a London hospital is sufficient. Your petitioners consider the whole of these regulations as injurious and insulting to the surgeons of provincial hospitals, and, at the same time, prejudicial to the public, by discouraging the resort of students to those establishments, and thus lessening their utility as sources of that most valuable kind of information which is derived from experience. At the same time the Council determined, that certificates of attendance on Summer Courses of Lectures should be no longer received, although they had been heretofore admitted indiscriminately with those of Winter Courses; although Lecturers of established reputation for ability and knowledge had been in the habit of teaching anatomy and surgery during the summer to large classes of pupils; and although such opportunities of gaining information must be advantageous to all zealous students, and particularly convenient and desirable to those whose time and pecuniary means are limited. Of the Council who made this regulation, several members were connected, either as Lecturers or Hospital Surgeons, with Medical Schools, at which Winter Courses of Lectures only were delivered.

That the examination of candidates, the principal duty confided by the Charter to the governing body of the College, has been hitherto conducted in a manner so unsatisfactory that the diploma affords no adequate test of professional qualification. The Court of Examiners have gone through the forms of examination, in a single evening, with so great a number of persons, that the time allotted to each could not have been sufficient for the necessary investigation. The candidates at present are only examined in Anatomy, and in Surgery considered in its more limited sense, while several parts of Medical Science necessary to the Surgeon are not noticed. Hence so little confidence is now placed in the proceedings of the Court of Examiners by enlightened persons, that, although the duty of examining Army and Navy Surgeons is vested in that Court, the Lords of the Admiralty and the Army Medical Board have refused any longer to recognise the College diplcma as an adequate test of professional qualification; they have enacted specific regulations for the education of Army and Navy Surgeons, who are obliged to undergo an examination by the respective Boards.

That the subject of Midwifery is entirely omitted in these examinations. This department of Surgery appears to lie under the especial displeasure and contempt of the College, who, by the following by-law, have absolutely disqualified persons who practice it from a seat in the Court of Examiners:—

1st—Every person practising as an Apothecary, or as a Man-Midwife, shall be ineligible to be a Member of the Court; and,

2d—Any Member of the Court, who, while a Member thereof, shall practise as an Apothecary, or as a Man-Midwife, shall be liable to such fine as the Court shall adjudge, not exceeding the sum of fifty pounds for each and every week during which he shall so continue to practise.

That your Petitioners are at a loss to understand the reasons of this exclusion, and they are quite unable to discover for it any grounds of public utility, more particularly when they consider that many valuable lives are lost to the community through the ignorance and mal-practices of persons who are allowed to undertake, without education or the slightest pretensions to professional skill, the exercise of that important branch of surgery. *On reference to the Charter, your Petitioners can find nothing to authorize the exclusion of Surgeon-Apothecaries from a seat in the College Council. When persons practising pharmacy have undergone an examination, and have paid for their diploma, they are on a perfect equality, as Members of the College, with those who practise Surgery only.* Your Petitioners cannot see, in the possession of that additional knowledge which the practice of the Surgeon-Apothecary requires, any reason for subjecting the general practitioners, who constitute the great majority of the College, to the stigma of such an exclusion.

That the invaluable Museum of the late Mr. John Hunter, liberally purchased by an enlightened Government, subsequently deposited in the College, and containing ample materials for assisting the progress of Anatomy and Surgery, would, through the limited admission allowed by the Council to Members of the College, and other persons engaged in scientific pursuits, have still remained of little public utility, but for the judicious and highly laudable interference of His Grace the Duke of Somerset, Lord Colchester, the Censors of the Royal College of Physicians, and other Trustees of the Museum. That although this Collection was removed to the College in 1806, there is not, at the present time, a Catalogue descriptive of its contents. That, from the knowledge of the Museum possessed by some of your Petitioners, as well as from the opinions of others who are conversant with the subject, they are firmly convinced that a Catalogue might have been prepared in less than twelve months. That the time still required for this purpose by the Council of the College, or that part of it which forms the Board of Curators, is three years, to commence from the month of August next. That out of the Ten folio volumes of Manuscripts admmitted to have been left by Mr. Hunter, and which are believed by your Petitioners to have contained an account of many of the preparations of the Museum, *eight have been destroyed by a Trustee of the Museum, who is also a Member of the Council of the College.*

That the College Library, consisting of books partly purchased out of the College fund, and partly presented by individuals, still continues entirely inaccessible to the Members, and that there is not, to the knowledge of your Petitioners, a Librarian, or a Catalogue of the books.

That the various grievances complained of by your Petitioners appear to them, and they trust that they will appear also to your Honourable House, *to have directly originated in the present mode of governing the College, and transacting its affairs,* which combine all the evils inseparable from a system of self-election, of holding office for life, and of entire irresponsibility; hence it has often happened that persons have been chosen Members of the Council, and subsequently Examiners, although notoriously deficient in the talent, knowledge, and character, which ought to be deemed indispensable qualifications for those important offices. Moreover, as the appointment is for life, individuals in extreme old age, whose faculties are considerably impaired, have often retained their situations, to the exclusion of others well qualified, and in the full vigour of their intellects. Among the various powers, which the self-elected and irresponsible governing body of the College has appropriated to itself, is that of examining its own accounts; a power, of which the great liability to abuse cannot fail to strike your Honourable House. The fund of the College, a great portion of which has been derived from the admission fees of new Members, and from the annual subscriptions of the London Members, is, or should be, very considerable. The Court, which directs the expenditure, appoints five of its own Members to audit the accounts, and no statement of the extent or appropriation of the revenue is ever rendered to the Members at large.

That your Petitioners, having now enumerated the principal evils of which they complain, humbly submit to the consideration of your Honourable House their opinion, that it would be beneficial to the Members of the College, and promote the objects for which it was incorporated, IF THE COUNCIL WERE ELECTED ANNUALLY BY THE MEMBERS IN GENERAL.

That some of your Petitioners have applied to the President, Vice-Presidents, and Council, of the said Royal College of Surgeons, to concur in this application to your

Honourable House, but they, by their answer, have refused.

Your Petitioners therefore humbly pray, That your Honourable House will appoint a *Committee of Inquiry* on the matters herein stated; and that your Petitioners may be allowed to prove the same by competent testimony: and that they may have such further relief as your Honourable House may deem necessary and expedient.

And your Petitioners, as in duty bound, shall ever pray.

FOREIGN DEPARTMENT.

ANATOMY.

Royal Academy of Medicine, Paris.

Extra Uterine Pregnancy.—M. Ouvrard, of Dijon, corresponding member of the Section of Surgery, transmitted a case of pregnancy of the left fallopian tube. A woman, who had borne five children, became pregnant for the sixth time; the movements of the child up to the eighth month were very distinct; they then ceased, and twelve months elapsed without delivery taking place, or any remarkable symptom occurring. Several medical men conceived that M. Ouvrard had been deceived in his opinion, and suspected the existence of scirrhus of the left ovary, or of a tumour developed in the mesentery. Inflammatory symptoms suddenly appeared in the part where the child was placed; an abscess formed, and opened itself at the end of six weeks through the rectum. The remains of the soft parts of the child, and the placenta, escaped through the anus; the legs also presented themselves, and were extracted by a surgeon who judged that the fœtus had arrived at its full time. The woman died, having lived forty days, during which time she continued to pass with her stool different parts of the fœtus. The head, spine, and ossa innominata, were never passed. During the life of the patient, there could be ascertained by the touch an opening communicating with the rectum, and a cyst. The post-mortem examination showed, that impregnation had taken place in the left fallopian tube.

PHYSIOLOGY.

Instance of Early Puberty. By Doctor Gedike, Berlin.

Doctor Gedike was called to attend on a child seven years old, of a most extraordinary figure. She had the countenance of a person already advanced in age; the extremities thin; the chest narrow; the throat developed; the abdomen swollen and tense. The external parts of generation were very much developed, and covered *with hair*. The appetite and evacuations were inconsiderable; the pulse quick. On touching the abdomen, there could be easily felt in the neighbourhood of the pelvis a solid body, having an irregular form; moreover, a round and yielding tumour was also discovered. The child died of an inflammation of the intestines; and, on examination, there were discovered several steatomatous tumours situated in the cavity of the pelvis round the uterus, which they displaced from its natural situation. The right ovary and fallopian tube were distended, and contained from three to four ounces of a deep coloured liquid; the left was not so large, and was lost in the substance of the tumours.

Poison of Vipers.—M. Desaulx, apothecary at Poictiers, has lately made some experiments on this poison. He has ascertained that dogs may swallow with impunity much larger quantities than Fontana thought, and that the poison, if kept for some time, loses its activity. Mangili, on the contrary, has affirmed, that this poison well dried and hermetically sealed, preserves its activity during several months. It remains to be known on what kind of viper Desaulx performed his experiments; Fontana and Mangili did theirs on the *coluber redi*; the vipers of France are the *coluber aspis* and *berus*.

PATHOLOGY.

Pathological Anatomy of the Liver. By M. Andral, Jun.*

This physician lately read a paper before the Royal Academy of Medicine on the pathological anatomy of the liver, in which he endeavoured to establish, that in the various alterations which this organ undergoes, some are produced by an increased determination of blood to the part, others by a diminution of the natural quantity. Taking the structure of the liver as the point to set out from in the investigation of this subject, he recognises two substances which, by their separate or simultaneous alteration, produce all the morbid changes to which the liver is subjected. The union of these substances may be sufficiently well represented by a sponge; the one of a deep white represents the solid part of the sponge, and is composed of large vessels which traverse the part, but do not ramify on it. The other is red, particularly vascular, of a cavernous appearance, as an erectile tissue, and deposited in the areolæ of the other. Hypertrophy of this substance constitutes what is called a granular state of the liver; and the lesion of this viscus which M. Laennec has styled cirrhosis, and considered as an accidental texture, is simply hypertrophy of the white substance. During the increase of one of these substances, the other may diminish, from which results the lessening of the size of the liver in its granular state, or *cirrhosis*. Moreover, M. Andral refers to three classes all the morbid states of the liver: 1. Different degrees of active or passive vital or mechanical sanguineous congestions. 2. Alterations of nutrition. 3. Alterations of secretion. The sanguineous congestions are partial or general; in these the red substance of the liver plays the principal part. In a few cases they are followed by a rupture of the vessels, by hæmorrhage into the texture of the liver—a kind of hepatic apoplexy. General or partial hypertrophy of the organ is a frequent consequence of the congestions, in which case the texture of the organ is generally thicker; in certain cases, however, it is softened. The alterations of nutrition are also often the results of congestion, and are manifested by hardening, softening, fatty degeneration, &c. of the liver. Lastly, the third order of alteration of the liver consists of morbid secretions which may take place in its parenchyma; as, for instance, the different abscesses of this organ, cancer, tubercle, &c. According to M. Andral these degenerations are not new textures accidentally developed, but true productions of morbid secretions; indeed, he states that he has proved the vessels which are observed in some encephaloid masses do not belong to them, but are the remains of the organ in which they are situated.

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* Archives Generales, Nov. 1826.

Alterations of the Bile.

On the 26th of September, M. Andral read another paper on the alterations of the bile, in continuation of the subject discussed in the preceding memoir. M. Andral said, that if the bile is occasionally not changed, although the liver be diseased, still this secretion was sometimes found changed when no lesion of the organ could be perceived. A primitive alteration of the bile often met with, is that in which it becomes a watery or albuminous liquid, being scarcely yellow. M. Andral observed it in three cases, when there was fatty degeneration of the liver, or atrophy of the organ, or hypertrophy, induration of the parenchyma, development of cirrhosis, or of red granulations. The bile presents also differences in its quantity, the intestine being either empty or full; in its colour, varying from a clear yellow to a deep black; in its consistence, the bile being either as clear as water, or thick as honey. The bile of some, when placed under the skin, inflames it; when introduced into the cellular membrane, according to Morgagni, acts as a true poison. These different alterations of the bile appear to M. Andral to warrant the opinion held by English medical men, that the state of this fluid may be the cause of several derangements, and that these may be cured by the exhibition of such remedies as effect a change in it. M. Broussais' school, on the contrary, regards these disorders as the effect of gastro-enteritis, which purgatives will only exasperate.

The paper of M. Andral concludes with some observations on icterus: on the one hand he says, all the diseases of the liver may induce this state; and, on the other, all may exist without it. When no change is perceptible in the liver and its dependencies, either an acute or chronic duodenitis, or pleuritis diaphragmitis on the right side, or an inflammation of the brain and its membranes will be found. Sometimes, however, no change is to be observed in any of the solids. The causes of icterus are either an affection of the liver, gastro-enteritis, an acute moral affection, neuralgia of the hepatic plexus, or, lastly, a biliary calculus. As to the cause of the yellowness of the skin, and all the textures in icterus, most physicians think it arises from absorption of bile and its passage into the circulation; but M. Andral conceives this phenomenon owing to the liver, altered in its structure or its functions, not separating from the blood the materials of the bile. In some cases, he adds, the yellow tint depends on a kind of general ecchymosis which takes place in the reticular layer of the dermis,—as, for instance, in the jaundice of new born children, and in the yellow fever.

SURGERY.

M. Dupuytren lately presented to the Academy of Medicine three persons on whom he had performed with success the amputation of a portion of the lower jaw. The first, a man of forty-eight years old, was operated on thirteen years ago; the second, a young woman between twenty-five and thirty, submitted to the operation six years since; and the last, a girl of fifteen, had been operated on twelve months. M. Dupuytren stated, that the effects of the operation are much less severe and shorter in their duration than is generally supposed. In a few days the cicatrization of the skin is complete, and the junction of the divided bony parts do not require more than thirty days. M. Dupuytren was led to conceive the partial amputation of the lower jaw possible, from observing considerable part of the jaw removed in soldiers by balls; this operation he undertook for the first time in 1812 with success, and since that time it has been repeated more than twenty-five times by different surgeons, among whom are Lallemant and Delpech of Montpellier, Graefe of Berlin, Cusack of Dublin, Mott in America, &c.

Extracts from the Bills of Mortality of Berlin, for the year 1825. (*Hufeland's Journal der practischen Heilkunde.*[*])

In the year 1825, the population of Berlin, including the military, was 203,470. The births were 8,033, or one in twenty-five of the population; and of these, 4,127 were males, and 3,906 females; 6,876 legitimate, 1,157 illegitimate. The deaths were 6,426, or one in thirty-two of the population; of these 3,494 were males, and 2,932 females; 2,102 under twelve months, 3,222 under ten years, 3,426 under twenty years, 5,99 above seventy years. The still-born were 381, of which 215 were males, 166 females. The marriages were 2,126. The births exceeded those in 1824 by 502; the deaths were fewer by 40; the marriages more numerous by 325.

The deaths, within the first twelve months, among the illegitimate children, amounted to one-half of the births, and among the legitimate children, to one-fourth only. The difference in the chance of life between legitimate and illegitimate children is further shown by the mortality among those under ten years, and by the proportion of still-births. The illegitimate children form only an *eighth* of the births, but a *fifth* of the deaths before the end of the tenth year; the proportion of still-births among the illegitimate children is a tenth, among the legitimate children only a twenty-sixth. On comparing these proportions with those formerly assigned by Dr. Casper, for the years 1819—22 inclusive, it appears that there is a diminution in the proportion of illegitimate births from 16 to 12½ per cent.; but an increase in the deaths among the illegitimate from 49½ per cent. before the fifteenth year, to 50 per cent. before the tenth year, and also an increase in the proportion of still-births among the illegitimate from 8⅓ to 10 per cent. These facts are very curious, and if they be confirmed by future experience, it will follow that this proportional mortality will go on increasing as the proportion of natural births decreases again. The cause is not far removed from observation.

In the lists of the causes of death the most interesting facts are the following:—Forty-seven women died in child-bed; of these 22 died of puerperal fever. Sixty died of measles, 108 of scarlet fever, 1,076 of various inflammatory fevers, 416 of consumption, 358 of dropsy, not reckoning hydrocephalus, of which there died 77; 558 of apoplexy, seven of small-pox, 75 of accidents, 47 of suicide. The mortality lists of Berlin will be henceforth of very great value, for by a municipal regulation the friends of every deceased person, when they announce the burial to the proper church officers, are required, after this, to fill up a schedule of particulars, and likewise to present a certificate of the cause of death by the medical attendant.

Medical Police, and Secret Remedies.

M. DOUBLE read before the Royal Academy of Medicine of Paris, the first part of a work which he had undertaken in order to prove,—1st. That for several centuries, by the vigilance of the administration, in concert with the most distinguished medical men, the strongest efforts have been made to rid society of the pestilence constantly springing from secret remedies. 2. That the most favourable circumstances are at present combined to free them from the tribute of money and life, which, on no consideration, ought longer to be tolerated.[*]

In France, the first decree relative to this object was issued by Philip IV., called the *Bel*, in 1811; it prohibited the exercise of the healing art to all those who had not been recognised by sworn masters (maitres jurés) capable of practising the art. Louis XIV., especially by his declaration of 1696 and 1702, and the decree of 1767, manifested a sincere wish to repress the abuses which had introduced themselves into the exercise of medicine. He prohibited to every person, not provided with a valid title, the practice of medicine, as well as the sale or gratuitous distribution of medicaments, and included in this prohibition the religious orders. Louis XV. formed, in 1772, a special commission for the purpose of examining and deciding on secret remedies, inspecting the mineral waters, and pronouncing on epidemics. The unfortunate Louis XVI. erected for the same purpose the Royal Society of Medicine. Louis XVIII. gave the same powers.

The decree of the 10th of August 1810, may be considered as the resumé of preceding legislation on the subject, and it positively establishes, that *secret remedies ought no longer, and could no longer, be tolerated.*

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[*] Edinburgh Med. and Surg. Journal, Jan. 1826.

[*] M. Double's observations cannot apply to England, for quack medicines and quacks abound, and will continue to abound, as long as our government encourages the sale of the one and the constituted medical authorities possess no power to prevent the existence of the other. ED. L.

ST. THOMAS'S HOSPITAL.

CLINICAL LECTURE

BY MR. GREEN.

On the Venereal Disease.

GENTLEMEN, (said Mr. Green,) for this morning's lecture I have selected a case of syphiloid disease, which you will find in Henry's Ward; the patient was admitted at my last taking in.

His name is Edward Goneghan, he is 31 years of age, and his occupation that of a bricklayer—this latter circumstance is important in the history of the case, because it shows that he was exposed to the vicissitudes of weather.

When admitted, there were several foul sloughy ulcers on the forehead; at one of the sores a portion of bone was exposed, of the size of a shilling. He said that three pieces of bone had already exfoliated from other parts of the forehead. The right ala nasi was extensively ulcerated; there was a large opening through the septum, and a large portion of the velum pendulum palati and uvula was gone. On the lips there were several ulcers, with hard, irregular and everted edges.

The history which the man gave of his disease was as follows:—About seven years ago, he had a chancre on the penis, for which he rubbed in mercury a few times, and salivation was thereby produced; under which plan of treatment, the sore healed. At the expiration of nine months, he felt pains in the limbs, on account of which he was salivated with blue pill. Between this and two years from the commencement of the disease, he took mercury respectively for ulcerated throat, blotches, and nodes upon the shins and cranium. The disease of the throat and the blotches were not at all benefited by the mercury; some of the nodes disappeared under the use of blisters, but in others the bone exfoliated. From this period to the time of admission, he has had pains in the limbs, and foul ulcers breaking out in different parts of the body.

The man's general health was not good, although far from being so much broken up as in many of the cases of this description which present themselves to our notice. The pulse was sharp and quick, indicating some unnatural excitement, the bowels were regular, the appetite good, and the patient rested well.

Of course you are to take the patient's account with some reserve; but I believe that in the principal outlines it is tolerably correct. You will see that he has been the subject of secondary symptoms as they are called, for upwards of six years; that he had chancre seven years ago, for which mercury was used, and under its use the sore healed. Nine months after this, you find that he had pains in the limbs, and was a second time salivated. Between this and the second year, we see that there were nodes and blotches—and since this he has never been free from disease. It is doubtful whether he took mercury a third time, but I think the probability is, that he did take it; knowing how usual it is to exhibit mercury in such cases.

Before making some general observations on syphiloid disease, I may just remark to you the plan of treatment which I thought proper to adopt in this case—it was as follows: I directed half a drachm of the extract of sarsaparilla, with four ounces of the decoction, to be taken three times a day. A linseed-meal poultice to be applied to the forehead, and a weak solution of nitric-acid, by means of pieces of lint, over the sores at which the bone was exposed.—*Milk diet.*

The patient was admitted on the 23d of November; and the report made of his case on the 4th of December is highly favourable. The sores have assumed a healthy appearance, and the patient's health seems to be much improved; his pulse has lost that sharp beat which denoted much irritation existing in the system, and it is softer and fuller.

Now this appears to me to be one of that class of cases which often falls under our notice, and which are exceedingly difficult to treat. Many cases wear the appearance of this person, being affected with venereal disease, and we often see the same affection of bone as in the severest forms of true syphilis. But if such patients are put under a course of mercury, and especially if it be pushed, all the symptoms are aggravated, and the patient will often perish. In many cases, however, you will find that if you do not adopt a mercurial plan of treatment, the symptoms will not be ameliorated. So that the prospect of cure on the one hand or the other, is, you will perceive, rendered dubious; and under these circumstances you will see how necessary it is to obtain an accurate knowledge of the nature of the complaint, as far as observation will lead us.

I believe it is very possible to have a compound disease, and this is a doctrine which is pretty generally adopted in the present day. What I mean, is a compound disease of syphilis and mercury, in a peculiar constitution. The effect of mercury upon the system—its modus operandi, is extremely obscure, but one can with truth come to this conclusion, that it has some *specific* action, which in fact means something that we cannot explain. We may indeed say that mercury excites such an action in the system, as is incompatible with the existence of the specific irritation supposed to be produced by syphilis. Such was the opinion of John Hunter. Mercury certainly excites a febrile action in the system, much resembling hectic fever. There is a quickened pulse, and an increased determination to the skin; in fact, all the secretions of the body are increased under the use of mercury. One very obvious effect of this medicine, is the excitement of the salivary glands; the patient is also disposed on very slight exertions to break out into sweats. The secretion from the kidneys is increased, and no less on those of the bowels; indeed, often as you know, often to a troublesome degree. These are the manifest effects of a mild mercurial course, and may be regarded as fair proofs of the effect of mercury on the system. But push the mercury further, you will find all the symptoms aggravated, and there will be a fever of irritation, and this is not what is required for the cure of the venereal disease. On the contrary: for under such a plan of treatment, the secondary forms of the disease will be fixed, aggravated or produced.

When I say that the excessive action of mercury on the system will *produce* the secondary symptoms of syphilis, you must bear in mind that I mean, provided there is already a venereal taint. It has been often objected to this opinion, that when mercury is given in large quantities for various diseases, as in liver complaints, no such kind of affections occur as we set down for the products of mercury. Now I do not mean to say that if you take a healthy person; that is, healthy as far as the poison of syphilis is concerned, you will, by giving such a person mercury, have the effects produced which are called secondary symptoms: no; it is in those patients who have, as I before said, a venereal taint, and at the same time a peculiarity of constitution, that mercury acts as a poison. This peculiarity of constitution is shown by the same symptoms as are indicative of scrofula. The patients are much disposed to glandular affections, to affections of the synovial membrane of the joints, and there is great irritability of the vascular system.

The older surgeons were of opinion, that certain forms of disease were produced by a poison absorbed into the system, and that the effects went on, uncontrolled, until subdued by the action of mercury. If the disease was cured by mercury, then it was set down as venereal, and vice versa. You will even find in John Hunter's work similar opinions expressed; it was on this account that mercury was pushed to excess, and if the symptoms were aggravated they were considered as the products of venereal disease, and hence the mercury was obstinately persevered in until the most horrible devastations were committed, and the patient often fell a victim, not to the disease, but to injudicious treatment.

By some it is said, that the venereal disease has undergone a change; that it is of a much milder nature than formerly; but I cannot see any reason to admit this. I am rather disposed to attribute its mildness to an improved plan of treatment.

In no part of the treatment have our views been altered so much as in the exhibition of mercury. It is now established, that the primary, as well as secondary forms of syphilis, may get well without the use of a particle of mercury. We are greatly indebted to the surgeons of the army for information on this point; they had extensive opportunities for observation, and were enabled to conduct their experiments with much more exactness than could be followed in civil hospitals, and still more than in private practice. But many of you may very properly put this question, Why give mercury at all, if the venereal disease can, as you say, be cured without? Here I see you prescribing for the patients in the foul wards, mercury in different forms. My answer is, Yes, I do give mercury; and my reason is, that although I believe venereal disease may be cured without, yet it is not the shortest and safest method, for secondary symptoms will occur without mercury, which will not appear if it be given judiciously.

When mercury is given with proper caution, no ill effects are produced; the caution consists in exhibiting it on those principles I before mentioned. We must bear in mind, that the beneficial effect of mercury is produced by keeping up a mild action, and not by inducing a violent action in the system. Under ordinary circumstances I find it sufficient to exhibit ten grains of blue pill in the course of twenty-four hours; or if rubbing in be preferred, to use a drachm of the ointment for two nights and omit one night. But you will readily conceive that it is impossible to lay down a general rule on this subject; in some cases you must give more and in others less. It is right to ensure that mercury has produced its peculiar action on the system, and you will expect the following effects: a quick pulse, the patient becoming somewhat thin; in some cases tremor of the muscular system, all the secretions increased in quantity, and especially that of the salivary glands. But with respect to this last circumstance, that it is only a small part of a general effect, one symptom amongst many others. The older writers supposed that the poison was *eliminated*, and that in proportion as the person spat, so was the poison carried off. It was then a common question, when a patient was affected with venereal disease, to inquire how many pints of saliva he spat during the day?

So great was this notion of the necessity of salivation, that I have seen cases in which the full effects of mercury were shown on the system, and indeed the patients suffering much therefrom, having become emaciated and weak; yet, because profuse salivation was not induced, the mercury was still further pushed.

Now in reference to the treatment of this compound disease of which I have spoken, I should say, that where the health was injured, as in the case before us, the first step is to improve the general health; whether the symptoms arise more from syphilis or from mercury, that is the treatment. The indication is to increase the tone and vigour of the system, without quickening the pulse. We find that the symptoms are aggravated by increased action in the sanguiferous system, and hence tonics, in which there is much of the astringent principle, are not suitable remedies; the diffusable stimulants of the materia medica, as also brandy, wine, and so on, are improper. There are certain remedies which appear to be peculiarly adapted to these cases; they are such as produce increase of tone without increase of action; they make the pulse stronger, but not quicker, and they increase rather than diminish the secretions. The good effect of these medicines is so obvious in many cases, that it was supposed at one time they possessed a specific effect over the venereal disease, but this notion of these anti-syphilitic properties is erroneous. Now amongst these remedies I should say, that sarsaparilla stands first; like almost every other medicine, it has been alternately overrated and neglected, but there are few surgeons in London of the present day, who do not attribute great efficacy to sarsaparilla, and in this hospital you have ample opportunities of seeing its beneficial effects. The mode of exhibition is various; one method of which I am very fond is cold infusion with lime water; it is prepared by infusing an ounce of sarsaparilla root in a pint of lime-water for twenty-four hours. The powder I sometimes employ, but rarely, as I conceive there is much inert matter contained in it; when exhibited it should be given to the extent of an ounce for a dose.

Another remedy, whose action on the system is similar to sarsaparilla, has been much used, I mean the nitric acid; it certainly is, in many cases, very beneficial. But a plan of treatment like this may be combined with the use of other medicines; it is sometimes useful to give opium at night, or even during the day; the Dover's powder is a good form in these cases. We must likewise pay attention to the diet; in many cases you will find the milk diet, being nutritious and little stimulating, will best agree; but in other cases, where there is much emaciation, you must allow animal diet, and a moderate quantity of porter. You will find benefit from a warm and dry air; also from the sea air, but not of course at this season of the year.

If after the general health has improved the patient becomes bad again, then you will do right to give Plummer's pill; or small doses of the oxymuriate of mercury. Experience warrants me in saying, that you will effect your object in completely restoring the patient by the alternate exhibition of sarsaparilla and mild doses of mercury. The disease is thus, as it were, worn out. But here, as in all cases where you have to apply a general rule to particular instances, you must be directed by common sense. By a proper alternate use of the sarsaparilla and the mercury you may, I believe, find a plan of treatment to remove that compound disease which I think I have proved to exist.

SKETCHES
OF THE
MEDICAL SCHOOLS OF SCOTLAND.

No. III.

ROYAL INFIRMARY OF EDINBURGH.

Considered as a piece of architecture, this venerable pile may be said to have outlived its admirers, by at least one generation of the worthy burgesses of Edinburgh. There can, however, be little doubt, that in the glorious era of high houses, the inhabitants of the "Auld Toon" were wont to look up to it with no small degree of patriotic pride, as a structure second only to that masterpiece of Inigo Jones, Heriot's Hospital, in the number of its corners and the altitude of its chimneys. It may be readily conceived, indeed, with what a spring-tide of national emotion a philosophic cheesemonger emerging from the dungeons of a neighbouring "Wynd" beheld its four-storied magnificence and antiquated ornaments. In the four Ionic columns of its front, ponderous entablature, and quadrangular cupola crowning the whole, the beauties of Grecian art stood revealed to his view; while in the statue of George the Second, recommended to the taste of the dealer in "double Gloster," by his Majesty's Highland costume and animated attitude, seeming as if about to plunge into the mazes of a strathspey to the inspiring tones of the pibroch, the perfections of the ancient chisel were more than realised. Fascinated by a combination of objects, at once so rare and superlative to his untravelled sight, the virtuoso of the Cowgate turned up his eye in grateful amazement to heaven for this solitary emblem of medical charity, and with the other looked down with the most christian contempt on the institutions of every other city, the "gude mon" verily believing that health could only be secured to the poor within the three sides of a parallelogram, described by the body and wings of the Royal Infirmary. To these charms of masonry which inspired the breasts of my ancestors with rapture, and the pen of the civic historian with eulogy, the stranger who now visits the building at noon might possibly mistake four coaches, from their never-failing presence between the hours of twelve and one o'clock, for modern appendages designed to represent the "Curriculum" of the establishment. A little further acquaintance, however, with the melodramatic tact of the proprietors, will soon convince him, that although these vehicles are not absolutely incorporated with the pavement for any such allegorical purpose, they serve the equally important end of conferring dignity on the pageant, and of daily impressing on the minds of pupils the opulent attainments of their instructors. Awed by this formidable union of wealth and science, you look round and discover another remnant from the wardrobe of the concerns, in the tri-cocked hat and grotesque mantle of Mr. Marshal, the porter, who with one glance of his good humoured eye will tell you by another look whether you have the honour of occupying a place in his pass-book or not. Presuming that you have paid your annual mite to the support of the "most important branch of the most eminent medical school in Europe," you cross the hall, pay your respects to the bust of George Drummond, inspecting at the same time the thousand and one advertisements that dangle on the palisade inclosing the marble of the Scottish philanthropist, advance to the stair-case, where, if you should be visited by any eleemosynary twitches of pity, a poor-box stands ready to receive your contribution, though I never yet heard it resound with the charitable jingle of a copper. Pursuing your course along steps literally worn down by the learned attrition of doctors' boots, and of which it is the recorded boast that they are sufficiently wide to admit a brace of chairmen to ascend in full gear, you come, after sundry windings, to a corridor on the second story, off which there is a little room over whose fire-place you are to inquire whether there is to be a "Sectio cadaveris hodie, hora solita," or the still more gratifying intelligence of an "operation to-day at the usual hour" of twelve o'clock. Cheered on in your progress by either or both of these announcements, resembling a diagram of cause and effect, you ascend another flight, stopped here, pushed there, and at length arrive, "per tot dis crimina rerum," at the summit of your wishes, and of the hospital, in a small gallery, at one end of which open the male, and, at the other, the female surgical wards. Which road shall you take—to the ladies, or the gentlemen? for, according to Blackwood, Scotland being a "nation of gentlemen," the occupants of these apartments must of course be included under that definition. In fact, there is neither option nor time for deliberation left, the gallantry of the North hurrying you at once with an irresistible impulse, at this point, into the presence of the "fair sex;" and disguise it as you will, it is still a sorry prospect,—a sad comment on the "flebile ludibrium,"—a melancholy grouping of the attributes of the "sock" and the "buskin;"—for seldom, indeed, were the elements of laughter and grief in a state of closer approximation.

In the promiscuous throng thrown here together, as if to display the diversity of complexion and habitude of every clime and character, may be seen the sable cheek of "Afric's son" contrasted with the rose of Britain; the finery of the "exquisite" relieved by the loathsomeness of the muffled sloven, whose shirt-neck instinctively shrinks from inspection behind his stock; "seri studiorum" of fifty, shamed by precocious empirics of the mature age of sixteen; and here and there, recognisable by his strut, the Waterloo Doctor repairing with his half-pay the deficiencies of camp education. The important business of the day's visit commences with a promenade; the young gentlemen concatenating into parties of two and three, pace up and down to the music of colloquial jests and the stifled moans of disease; a crowd collected at each fire, looking on in mute astonishment at the eccentricity of the scene. The pure Doric of Ettrick may be heard to mingle its rural softness with the semi-anglo twang of the capitol; the mellifluous "brogue" of the West to accompany the Cockney accent of the South; the lisping of colonists half French, half Dutch, half every thing, and wholly unintellgible, giving a harmonious variety to this concert of national intonations, such as was never witnessed since the invention of languages at Babel. The topics discussed of course bear an exact proportion to the modifications of sound in which they are enunciated; and if you have only a discriminating ear, it is possible you may collect from the general hum the recited fetes of the last night's revel in the "cellar," or gather the first blushing buds of an oration which is shortly to expand into full bloom at some future meeting of the Hunterian or Royal Medical Society. Nothing could be more perfectly in keeping with these time-killing amusements, than the ruinous aspect of the place where they are conducted. It would seem, indeed, as if expressly fitted up for giving a dramatic eclat to these dreary proceedings, in which the actors would appear to feel the oppression of toil without its reward, of amusement without its recreation. The floor, or pavement rather, on which these listless evolutions are performed, is a dingy mosaic of red tiles presenting a surface of everlasting dirt and deformity. A daubing of the same hue, in distemper, covers the walls about six feet in height; the ceiling, from its lowness, threatening you with suffocation. The beds (I should, perhaps, apologise for speaking in the plural number, of what in reality constitutes an almost uninterrupted stratum of blankets) are so close together, that any flea of ordinary agility might jump from one to the other with the utmost facility. The whole sides of these apartments are burrowed into a series of presses for the preservation of food and foul linen, and whatever deficiency of impurity may be the consequence of these recesses, is amply made up by a variety of boxes, greasy tables, and closets out of which the genius of erysipelas and hospital gangrene seems to stare the spectator in the face. The windows, I understand, are accused of having pulleys, but the occasional odour (my nose!) sufficiently refutes the imputation. Their contiguity, indeed, to the patient's head, would make ventilation a cruelty; and for the negative boon of removing the nameless effluvia, would fill the house with catarrhs and pleurisy. In short, an ostentatious shabbiness, a filthy economy, and a compression of misery, are the characteristics of these celestial regions of the establishment, and which contend the palm of ridicule with the passing events.

But hark! the bell sends its tinkling echoes even to these distant mazes of the great labyrinth, announcing the advent of the "Magnates" of the institution, and the commencement of business. "Confusion worse confounded," succeeds the laborious indolence, the "strenua inertia," which before had directed the movements of the multitude. A fresh accession of numbers rushes in—the cellar story is cut short—the Hunterian oration hushed—beds containing any interesting case are instantly surrounded, as if to forestall a peep at disease—and it is no longer a question, but "Bedlam and Parnassus are let loose." Amidst this commotion of legs, expansion of note books, flourishing of pens, and other symptoms of desperate application, lo! they come, the triumvirate, each heading his respective division to the charge; on one side of the ward, with buoyant swing of limb and elevation of the head, advances "move militare," Doctor Ballingal; and on the other, his shrill voice alone indicating his presence by an occasional interrogatory of "Weel, my mon, how're ye the day," rising above the crowd, follows "haud passibus æquis" the slender figure of Mr. Allan, and bringing up the rear of the procession, muttering his wayward fancies to himself, or perhaps the substance of the next clinical lecture, appears Professor Russel, in the dress of the last century. Thus marshalled, the parties proceed, reducing the "march of intellect," from a figure of speech, into a palpable reality. You would scarcely know which to admire most, the systematic discord of the scene, or the ingenuity displayed by the young philosophers in this tumultuous struggle for knowledge. It might puzzle Mr. Combe himself, indeed, to explain by what complex agency of the brain, the several acts of seeing, hearing, penmanship, and ambulation, are all simultaneously performed in this gymnasium of the body and of the mind. The eye that scans the ulcer must, at the same moment of time, embrace the paper to which its description is transferred; and the instinct that preserves your toes from contusion, pervade the skirts of your coat, or their ruin is inevitable. Already twenty beds are cleared; and twenty times has the important intelligence of "pulse a hundred, heat ninety-two, tongue furred, bowels costive, no sleep, some thirst," been announced by the clerk, and duly deposited in as many note books. All this time a conscientious silence is preserved by the surgeons, lest, perhaps, the information elicited by an examination of the patients, or remark on the nature of their complaints in the presence of the pupils, might give to the symptomatic details of the hospital journal, a clue to intelligibilty, and thereby remove the necessity of clinical taxation. Between the parties, indeed, there seems an impassible hiatus, which is never filled up by a question from the student, or an observation from the teacher. The communion of sentiment and identity of object, which give to professional pursuits an additional charm, are things unknown amongst these antipodes in feeling. The pantomime, however, proceeds—the female wards are disposed of for the day, but the theatre is on your way, and you had better step up to see what may be going forward. The door, you perceive, is thrown open, on which the governors of the establishment, with a praiseworthy anxiety for the preservation of your hat, having enjoined you to hold it in your hand during your ascent—an injunction which might be still further improved by the addition of "cave ne titubes," the entrances of the passage being equally perilous to the integrity of bones as of beaver. The dangers of the entrance being safely got over, you will find the interior admirably constructed for observation, except that the architect was a little penurious of his light. In other respects he accomplished a miracle of art, by accommodating upwards of two hundred persons in so limited a space. From the solemnity of the gentlemen below, the formality of preparation, and assemblage of spectators, you might be led to imagine that the occasion was pregnant with some extraordinary event. But, be not at all surprised if, after waiting for some time, a patient should be introduced for the removal of a wart, or the opening of a superficial abscess; these little matters being not unfrequently dignified with the name of operations, in the Royal Infirmary. The scarcity of what are termed interesting cases in the house, necessarily force these measures on the managers; but be not fastidious, the insignificancy of the device will be amply compensated for in a "neat speech," by Dr. Hunter, at the conclusion, with the sounds of whose eloquence still vibrating in your ear, you turn out to witness in the remaining proceedings of the day's visit, a "ditto" of what has been just described.

Amused by the "dramatis personæ" of the studious masquerade, as well as by its appropriate localities, you may, perhaps, forget, while the prospect still flickers like departed light before your imagination, to ask yourself in the undisguised sincerity of your heart, Is this the troubled fountain from whence the waters of life are to flow on the mortal pangs of disease? Is this the turbulent nursery, amidst whose din and confusion youthful genius is to be trained up in habits of reflection and observation? Is this the carnival of diplomas, to which the students of the world repair, as children hie to a fair to purchase a rattle, from whence British medicine is to derive the future materials of its superiority? Are these the shattered, patched-up, ochre-daubed dungeons, to which a town council of shop-keepers, and the Shylocks of a Senatus Academicus have ignominiously consigned an art, to which physic is indebted for whatever of utility in practice, or correctness in speculation, that science possesses? These are the questions which, however humiliating to national vanity they may be, an impartial examination of the representative institute of Scottish surgery must naturally excite in the mind of every observer, unbiassed by prejudice and self-interest. As yet, however, you have glanced at only half the picture—the remaining portion shall form the subject of another sketch.

Scotus.

THE ITALIAN SCHOOLS.

No. III.

THE PELLAGRA.

Nihil est tam utile, quod in transitu presit.
Seneca.

The origin of this miserable disease is still involved in considerable obscurity, and notwithstanding the researches of modern pathologists, it has as yet received no very definitive resting-place in nosological arrangement. The disease has derived its name from an affection of the skin, which is one of its earliest and most conspicuous symptoms; and Alibert, in his "Description des Maladies de la Peau," has described it as ichthyosis pellagra. It has been likened by some, and indeed been made to belong exclusively, to the dry scaly class of diseases, as lepra, pityriasis, and so on; at any rate, it seems clear that it belongs to the impetigines, and probably a generic distinction might be safely awarded to it.

The pellagra is a disease almost exclusively confined to the lower classes of the people, and especially to those who are occupied in agricultural pursuits; it is generally ushered in by oppressive languor, depression of spirits, loss of appetite, debility, and a general aversion to exertion. The hands and feet are generally the parts first attacked; then other parts of the body exposed to the sun, on which red spots or blotches appear, which gradually extend themselves with a slight elevation of the cuticle, and a shining, glossy surface, not unlike lepra in its early stage. The colour of the eruption is a somewhat more obscure and dusky red than that of erysipelas, and it is attended with a slight pricking or itching, and a sense of tension in the part. After a time small tubercles are frequently observed to arise on the inflamed surface; "the skin almost always becomes dry and scaly, forming rough patches, which are excoriated and divided by furrows and rhagades," as Dr. Holland has correctly described.*

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* Medico-Chirurgical Transactions, vol. 8.

Desquamation succeeds, leaving a shining but unhealthy surface on the parts affected, and toward the close of the summer the skin resumes its natural appearance. The complaint, in this part of its course, is seldom attended with fever. During the autumn and winter, the patient remains almost entirely free from the disease, but in the ensuing spring it returns with increased violence, and with a more severe degree of constitutional derangement; chiefly affecting the hands, neck, feet, and other exposed parts of the body; the skin becomes callous, and deep furrows show themselves, especially among the articulations of the fingers. The symptoms before enumerated increase as the heat of the summer advances, and with the greatest rapidity in those who are most exposed to the heat of the sun. There is a remission of the complaint again toward the autumn, but much less complete than in the preceding year, so that the patient continues to suffer more or less throughout the winter. In the third year every symptom is renewed in an aggravated degree; the debilty becomes extreme, and the limbs, besides their feebleness, are affected with pains, which still further impede the power of motion; the mouth becomes painful and inflamed, the gums swell and bleed, the teeth become coated with a black sordes, and fall out; the tongue is either red at the tip and edges and covered with a white crust, or is black and cracked; the voice very much altered by the dry state of the fauces, and sometimes is almost entirely lost, the patient being only able to express his wants in a very low whisper. There is a copious secretion of saliva in the mornings, and a copious mucous discharge from the eyes and nose; the skin becomes dry and scales off, and the hair falls from the head. The breath is generally fœtid, and the odour of matter perspired extremely offensive. All the senses become much impaired toward the close; there are vertigo, tinitus aurium; sometimes spasmodic affections, and not unfrequently dropsy, anasarcous and abdominal.

The effect which the pellagra produces upon the minds of those suffering under it, forms one of the most striking circumstances in the history of the disease. With all this bodily misery, the state of abject mental depression into which the unfortunate beings fall, is yet more pitiable. The despondency appears to be invincible; they seek to be alone; scarcely answer the questions put to them, and are frequently observed to shed tears, being unable to assign any cause for so doing; and if they are not carried off by debility, they generally become idiotic or maniacal. About one-third of the patients in La Senavra of Milan are idiotic *pellagrosi*, the name given to the persons affected with the disease. Strambi, who being appointed by Joseph II. the director of a hospital at Legnano near Milan for the reception of the pellagrosi, had the best opportunities of making himself acquainted with the disease, has observed that women are the victims of it more frequently than men, so much so that he asserts that seven out of eight patients are females. He calculated that at the time he wrote, 1784, about one-twentieth part of the population before described were labouring under the pellagra. Large as that proportion is, all those who have had the best opportunity of observing its ravages, agree that it has of late years much increased.

Although much has been written, both by German and Italian physicians, respecting the *causes* of this affection, nothing very satisfactory has been elicited from their numerous discussions. It must be recollected that the disease prevails among the lower classes of the people, and especially such as are engaged in the fields, the inhabitants of the town being almost exempted from its ravages. Dissections have thrown no light on its pathology. In some, the liver; in others, the spleen, has been found enlarged and indurated; the mesenteric glands and intestines have occasionly exhibited marks of disease; but these appearances are by no means constant. It appears to have an hereditary tendency. Sacco, an intelligent physician at Milan, has stated that in his journeys as director of the Vaccine Establishment of Lombardy, he has frequently seen children at the breast suffering under the disease; yet the children of some pellagrous parents have been entirely free from the disease. Considerable controversy has existed respecting its antiquity. Moscati contended that the disease has not been known in Lombardy more than fifty years, and he is not singular in that opinion. Strambi* however asserts, that he has seen pellagrosi in the hospital who gave him a distinct account of their fathers and grandfathers having had the same disorder. A pretty good proof that it must have existed at least seventy or eighty years before the time in which he wrote. Another physician, Francisco Frapolli,† who published a description of the disease in 1771, contends for its antiquity, and supposes that it may be the same disorder as is mentioned among the records of the Hospital of Milan in the year 1578, under the name of pellarella. It is a singular fact, which deserves to be mentioned, that the districts particularly affected are in the Alto-Milanese, where the country rises gradually towards the Alps; and from all accounts it was here that it made its first appearance, and that its ravages continue to be more severe. Soler,* who has treated of the pellagra, has proposed to divide it into the sicca and humida, a difference which he supposes to depend on the situation in which the disorder appears, either in dry and elevated situations, or on the flat and moist surface of the plains.

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* De Pellagra Observationes, quas in Regio Pellagrosorum Nosocomio Collegit Caietanus Strambio, Regius ejusdem Director. Mediol. 1784-1789.

† Francisci Frapolli, Mediolanensis Nosocomii Majoris Medici Animadversiones in Morbum vulgò Pellagram. Mediol. 1771.

Little information has been furnished respecting the cause of the disease by the writers quoted, and these are some of the best. We are therefore led to consider the mode of life and subsistence of the peasantry, as being principally concerned in the production of the disease. To those who consider the little relation between mere productiveness of soil, and the prosperity or comforts of the population residing on it, it will not appear extraordinary that the peasants of Lombardy, one of the most fertile portions of Europe, should be subject to various physical privations, unknown to the people of countries much less favoured by Nature. Whatever may be the causes, every traveller must be aware of the fact that the peasants of Lombardy do, for the most part, live in much wretchedness, both as regards the quantity and quality of their diet, which, for the most part, consists of rice, millet, beans, and other vegetables. Their bread is principally made from rice, and of a bad quality, ill fermented, and deficient in salt. Animal food rarely forms a part of their diet; and although living on a soil which produces wine in abundance, their extreme poverty precludes the use of it even when sickness and old age render it most needful. The immediate effect of these privations is obvious in the squalid wretchedness and emaciation of the population.

According to the diversity of opinions existing respecting the nature of the disease, numerous and contradictory modes of treatment have been adopted; but the practice most generally resorted to is to give the patient a nutritious diet immediately that he is admitted into the hospital, and unless some local disease should contraindicate, wine and tonic medicines are also administered. In the large hospital at Milan, a decoction of the lichen islandicus is in some repute; but the continual progress of the disease affords but a small proof of its efficacy. The warm bath is generally employed at the same time. Diaphoretics, and especially antimonials, are in considerable use, under the idea of correcting the state of the skin and getting rid of the morbid humours through this channel: antiscorbutic remedies are not of much avail. In the Senavra an opposite practice appears to be adopted; there depleting measures are rather in vogue; small doses of tartarised antimony, blisters to the neck, and mild laxatives with diaphoretics, are said to be the most useful. Brera, in Padua, seems to treat the patients with the most success; he gives them bark, and milk, and a good nutritious diet, with bitter infusions, and the different preparations of iron. The materia medica appears to do very little for the pellagra. Frapolli speaks of numerous cures that have been affected by the combined use of the warm bath, friction, and diaphoretics; but Strambi is nearer the truth, who frankly confesses that he never saw a case distinctly cured by the employment of such remedies. If any good is to be done for these miserable people, it must be done on a large scale; their moral, as well as their physical condition, must be radically changed. They must be freed, by the diffusion of education, from the debasing influence of an overbearing and bigotted clergy; they must be freed from their abject state of vassalage and political bondage; they must have some hope of remuneration for their unceasing toils offered by the cheering hand of commerce; they must be shown the comforts that industry can and ought to procure; they must be taught that there is something to be acquired by independence, and they will then exert themselves to throw off the yoke which they have born for ages, and will gain moral and phsicaly energy in proportion to their efforts. Till this can be done they will remain, as they are at present, the pitiable victims of spiritual and political tyranny, dragging out a miserable existance in extreme poverty, and its concomitant—disease.

ENORMOUS FOSSIL VERTEBRA.

A SHORT time ago, a labourer digging for an ingredient used in mortar, in the neighbourhood of Bridport, in Dorsetshire, found a vertebra of an enormous animal, larger than that of the whale, and supposed to belong to a land animal. This curiosity is in the possession of Mr. Roberts of Bridport, who generously rewarded the finder with ten guineas. Search has been made for other parts of the animal, but hitherto without success. The perforation for the spinal marrow is said to be nearly equal in circumference to the body of a man.

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* Osservazioni Medico-Praticte sulla Pellagra, del Luigi Soler. Venezia, 1791.

PHRENOLOGY.

The Wernerian Society of Edinburgh, and the Phrenological Societies of Edinburgh and London.

The far-famed University of Edinburgh, the self-created Athens of the north, has been for above a century more distinguished for the violence and absurdity of its scientific sects and literary parties, than perhaps any other seat of learning in Europe. Medicine, geology, moral philosophy, and physiology, have all by turns divided the scientific of the north into sectarianisms, and the most implacable hatred has been created between men, on account of some discovered difference of opinion in science, who were before on the best terms of friendship. In 1814, the Wernerian sect of geologists would scarcely bow in the street to the Huttonians, and the idle dispute, whether the earth in its first formation out of an assumed chaos, was boiled or baked, crystalized or concocted, ended in the everlasting separation of friends hitherto the most intimate, and in the formation of enmities between persons, who just before were the most amicable. Religion nowhere made such dissensions during all the vagaries of the Protestant Reformation in the dark ages of Charles the First, as science made at Edinburgh at the commencement of the present century. So much for the boasted Athens of the north, and so much for the tranquillity of the philosophic portico of the modern Zeno, and the groves of academicians who pretend to teach wisdom to the world. In 1816 a novel schism arose, which has exhibited not only the absurd violence of party feeling, but the changeable nature of opinion in that quarter of the world. Dr. Forster, as is well known, first taught the doctrine of craniology at Cambridge and at Edinburgh; at the former University in 1815, and at the latter in 1816, and he gave it the name of Phrenology, which it has ever since retained. The name startled the philosophers of the northern seat of learning, and the development of the science created at first a violent sensation of fear for the ultimate fate of the moral philosophy then taught in that country, and even for religion itself. In March 1816, the Professor and President of the Wernerian Society called on Dr. Forster, and requested him to become a member of the said Society, intimating further, a wish that he would read before it a paper on some subject of natural history. This was agreed to, and Dr. Forster, at some trouble and expense, got about twenty drawings of sculls of different animals, and prepared a paper on comparative phrenology, introducing, as it was found necessary to do, the structure and physiology of the human brain, according to the views of MM. Gall and Spurzheim. The paper was read before the Society on the Saturday following. For some time all went on very smoothly; but on the reader coming to that part of the subject which related to the human pericranium, the audience began to look askew, and sit restlessly on their seats; a murmur of disapprobation ensued, and at length the room was nearly equally divided between the advocates for, and the enemies of, the new system. After the farce was over, the learned President met the Doctor in the street, and gravely insinuated to him that he could not well proceed with his election as member, as *the paper on phrenology had offended violently some of the leading members, who thought it derogatory to, if not destructive of, the religion of Scotland.* "God help the Scotch religion," exclaimed one gentleman, "if a section of the brain can put it in jeopardy!" "Gall and Spurzheim are a brace of fou jugglers," said another; while some went the length of predicting the total loss of character to the mighty city, the emporium of knowledge, if such opinions were cherished in its *alma mater* in College-street. Dr. Barclay defended the system; Dr. Gordon, mortified that any discovery on anatomy and physiology should be made by any body out of Scotland, vociferated vehemently against it. Dr. Spurzheim visited Edinburgh towards the end of the same year, and found a divided opinion about the science, and violent parties, and gangs already organised, some for and some against, his favourite science. The upshot was a vituperative article in the Edinburgh Review, similar for logic and sound sense to the one contained in the last number of that work. The result of all this is, however, curious and worthy of commemoration. In the course of a few years, a Craniometrico-Physiologico-Historico-Phrenological Society was formed in modern Athens, and many of the members of it had been the most violent antagonists of Drs. Forster and Spurzheim only a couple of years before. A corresponding Society of Phrenologists now exists in London, and, indeed, the science is making progress all over Europe, and even in Asia, Africa, and America. In Edinburgh, where cranioscopy was considered to be almost blasphemy, craniometers are now made of steel, and carried about in professors' pockets to measure heads with; and the science of craniometry engages the profound attention of the mechanics, who are trying to rival each other in the construction of the best machines with which to measure the quantum of human intellect. *Tempora mutantur nos et mutamur in illis.* A certain professor threatened to give the anti-phrenologists the *coup de grace*, by publishing graphic delineations of all their numskulls, and engaged to prove that all the disbelievers had bad heads. In 1819, Mr. Abernethy, the "straight-forward" advocate, wrote a book to prove that phrenology did not affect his notions about the doctrine of life, as founded on Mr. Hunter's notions, and assured his readers that they might be phrenologists, and yet believe in the moral doctrine of *body*, *life*, and *mind*, as distinct principles. He fired some desperate broadsides at the materialists of St. Bartholomew's, and ended his pamphlet by a sudden transition from the praise of Mr. Hunter to an encomium of Socrates. Dr. Forster answered him in another pamphlet, and told him his views of phrenology were not orthodox, nor his physiology phrenological. Mr. Rennel, of Kensington, catching an idea from Mr. Abernethy about materialism, wrote a serious letter on the danger religion was exposed to, he himself having once been a craniologist. London, however, is not the theatre for scientific heresies and schisms of any moment. To take a fee is esteemed of more moment in town, than to be author of a new sect; and phrenology has ever since been getting a quiet footing in our metropolitan theatres of anatomy. Not but what phrenology found its opponents in London; and the various views of it taken by different persons, became very interesting subjects of amusement to the true believers in the doctrine. Sir Anthony Carlisle, who hates all foreign humbug, shook his head, and feared it favoured of *charlatanry*. Sir Joseph Banks openly proclaimed it damned nonsense, and said its professors were sceptics, who, out of the superstition which belongs to all human nature, must believe something marvellous, and having, like himself, rejected faith in every thing else, they must, forsooth, find a *creed* in craniology. A certain great eye-doctor sung the songs of Zion over the cranial parieties of the human soul. One of the punsters at the Borough thought drawing arguments for or against craniology from Christianity, was very far-fetched, and seemed unable to determine, for his part, whether the causes of the bumps on the head were *physiological* or *functional*. He thought there was too much *gall* in the professors of the science, and that, though its abstract doctrines themselves might have a preponderating weight of ponderosity, when balanced in the librated scale of human critical judgment against the sceptical doubts of doctrinal disbelievers, yet, in its practical application, it was dangerous to the reputation of many who, though they might not have large heads, had a large share of popular reputation founded on report; and, for his part, he could not endure to see manifested, intelligence and superiority writhing under the ruthless craniometrical touch of the phrenologist. The science has met with words enough to have overthrown the argumentative powers of any Irish barrister. Phrenology, however, proceeded rapidly and surely; schools and societies of it were set up, and as Dr. Spurzheim, in his new works (which, by the by, Sir Astley Cooper is reported to have pronounced to be calculated to fix immortality on its author,) has associated phrenology with Christianity, it is likely to get firmly established in the minds of the London schools. We, however, feel disposed to give its professor one piece of wholesome advice, namely, not to mix up other doctrines with phrenology, which, if it be founded on any thing more than mere observation, is good for nothing. Abernethy tried the experiment, *and his success* of fanaticising philosophy, and the value of the plan, may be deduced from the success with which it has been attended. Let Dr. Spurzheim and the phrenologists go on temperately to publish facts unperplexed by any hypotheses, and we doubt not, that after years of investigation, they will at length add something to the stock of our knowledge of the structure, functions, and pathology of the brain.

CRANIOSCOPOPHILUS.

Dec. 30, 1826.

ROYAL SOCIETY.

On St. Andrew's Day the Society held their Anniversary Meeting, at their apartments in Somerset House, for the election of officers for the ensuing year, and to award the *new Royal Medals* and the Copley Medal.

Among the Foreign deceased Members, the President mentioned, with particular notice, Scarpa, and Piazzi the discoverer of the planet Ceres. He dwelt at some length on the loss of Mr. Taylor Combe and Sir Stamford Raffles, the last of whom he eulogized as a most disinterested and liberal contributor to the natural history of this country. "Occupying high situations," said the President, "in our empire in the East, he employed his talents and his extensive resources in endeavouring to benefit and to improve the condition of the natives, to fix liberal institutions, and to establish a permanent commercial intercourse between the colonies in which he presided and the mother country. Having lost one splended collection by fire, he instantly commenced the formation of another; and having brought this to Europe, he made it not private, but public property, and placed it entirely at the disposal of the Zoological Society, of which he was elected President by acclamation.

After stating the foundation of the Royal Medals which had been announced to the Society at their last anniversary by the Secretary of State for the Home Department, being intended to promote the objects and progress of science by awakening honourable competition among the philosophers of all countries; he proceeded to state that the Council had awarded the *first prize* to Mr. John Dalton of Manchester, for the development of the chemical *theory of definite proportions*, usually called the *atomic theory*, and for his various other labours in chemical and physical science. He mentioned the names of Dr. Bryan Higgins, Mr. W. Higgins, and Richter, as having contributed something towards the foundation of this part of science; but as far as can be ascertained, Mr. Dalton was not acquainted with any of their publications; and whoever considers the original tone prevailing in all his views, will hardly accuse him of plagiarism. Let the merit of discovery be bestowed wherever it is due, and Mr. Dalton will still be pre-eminent in the history of the theory of definite proportions. He first laid down clearly and numerically the doctrine of multiples, and endeavoured to express by numbers the weights of the bodies believed to be elementary. His views at first met with but little attention; but they were discussed and supported by Drs. Thomson and Wollaston, and the scale of chemical equivalents of the latter gentleman separates the practical part of the doctrine from the atomic or hypothetical part, and is worthy of the celebrated author. Gay-Lussac, Berzelius, Prout, and other chemists, have added to the evidence in favour of the essential part of Mr. Dalton's doctrine; and for the last ten years, it has acquired almost every month additional weight and solidity. The President begged to be understood, that it was the fundamental principle that he was contending for, and not Mr. Dalton's particular statement of the nature of bodies, and the numbers representing them.

Mr. Dalton's permanent reputation will rest upon his having discovered a principle universally applicable to the facts of chemistry in fixing the proportions in which bodies combine, and in laying the foundation for future labours respecting the interesting part of the science of corpuscular motion. His merits, in this respect, resemble those of Kepler in astronomy. The causes of chemical change are as yet unknown, and the laws by which they are governed; but in their electrical and magnetic phenomena, there is a gleam of light pointing to a new dawn in the science. The Society could not have bestowed the Royal Medal on a more deserving man than Mr. Dalton, who has been labouring for more than a quarter of a century in the obscurity of the country with the most disinterested views, neither asking for approbation, nor offering himself as an object of applause.

The other Royal Medal was awarded to James Ivory, M.A., for his paper on the laws regulating the forms of the planets on astronomical refractions, and on other mathematical illustrations on important parts of astronomy.

GEOLOGICAL SOCIETY.

At a recent meeting of the Society, a paper was read, entitled "Observations on the Bones of Hyenas and other animals found in the cavern of Lunel, near Montpellier, and in the adjacent strata of marine formation."

In a journey through France, the author visited the cave of Lunel, near Montpellier, to which his attention had been drawn by the description of M. Serres, for the purpose of instituting a comparison between it and the caves in England, previously described by himself. The result has established nearly a *perfect identity*, both in their animal and mineral contents.

The cave of Lunel is situated in compact *calcaire grossiere*, with subordinate beds of globular calcareous concretions; the whole of the rock having something of an oolitic structure. In working a freestone quarry of calcaire, the side of the present cavern was accidentally laid open, and considerable excavations have since been made in it, at the expense of the French government, for the purpose of extracting its animal remains lying buried in mud and gravel, and of searching for the aperture through which all their extraneous substances were introduced. These operations have exposed a rectilinear vault of nearly 100 yards in length, and of from 10 to 12 feet in width and height. The floor is covered with a thick bed of diluvial mud and pebbles, occasionally reaching almost to the roof, and composed at one extremity chiefly of mud, whilst at the other end pebbles predominate.

Some vertical fissures in another quarry a few miles distant, are filled with similar materials to those within the cavern, containing a few bones, sometimes cemented by calcareous infiltrations to a breccia, like that of Gibraltar, Cette, and Nice. These materials are similar in substance to a superficial bed of diluvium, that covers the surface of these quarries, and are identical with the general mass of diluvial detritus of the neighbourhood. On examining the bones collected in the cavern by M. de Serres and his companion M. Coistol, Dr. Buckland found many of them to bear the marks of gnawing by the teeth of ossivorous animals; he also discovered in the cave an extraordinary abundance of balls of *album græcum* in the highest state of preservation. Both these circumstances, so important to establish the fact of the cave of Lunel having been inhabited, like that of Kirkdale, as a den of hyenas, had been overlooked by the gentleman before mentioned. The more scanty occurrence of stalactile, and the greater supply of *album græcum* in this cavern than in those of England, are referred to one and the same cause, the introduction of less rain water by infiltration into it, than into those of Kirkdale; in the latter place a large proportion of the fecal balls of the hyena appear to have been trod upon, and crushed at the bottom of a wet and narrow cave, whilst at Lunel they have been preserved, in consequence of the greater size and dryness of the chamber in which they are deposited.

M. Serres has published a list of the animal remains contained in the cavern, which differ but little from those of Kirkdale: the most remarkable additions are that of the beaver and the badger, together with the smaller striped or Abyssinian hyena. With respect to the bones of camels said to have been discovered in this cavern, Dr. Buckland found, on comparing rigidly the only bone which was supposed to be of this animal, with the proportions given in Cuvier, that it did not belong to the camel. In some few parts of the diluvial mud, the bones of rabbits and rats were found; these, however, were found by Dr. Buckland to be of recent origin, not adhering to the tongue when dry, like the antediluvian bones.

Land shells, similar to those which hybernate in the soil or fissures of the neighbouring rocks, were also found in the mud that filled the cave.

The Doctor proceeds to consider the epoch of the deposition of the remains of quadrupeds that have been found in some extensive quarries of stone and sand in the Faubourg St. Dominique, at Montpellier, imbedded in the very recent marine formation which has been described by M. Serres, in the 4th Vol. of the Linnæan Transactions of Pacè. In the central beds of this deposit, the remains of the elephant, rhinoceros, hippopotamus, mastodon, ox, and stag, are found intermingled with those of the cetacea, dagong, or lumantin; they are more or less rotted, and are occasionally covered with marine shells. Beds of oysters also, (the ostrea crassissima of Lamarck,) and bronacles occur in horizontal and nearly parallel strata amid the marine sand, and show this deposition to have taken place gradually, and at successive, though perhaps short intervals, rather than to have resulted from a sudden marine irruption. The period of this deposition is supposed to have been that which immediately preceded, and was terminated by the last grand aqueous revolution which formed the deluge.

LONDON MEDICAL SOCIETY.

The Society met for the first time after the Christmas vacation, on Monday last. The attendance of the members was small, and no business of importance was transacted. Mr. Lloyd in the Chair.

To the Editor of The Lancet.

Sir,—Having read in a Number of yours of the 2nd inst., a letter of a gentleman styling himself "Investigator," I shall state a few facts in answer to the latter part of such letter, relative to the originality of the discovery, &c. of the medicinal virtues of Spirits of Turpentine in Puerperal Fever.

A short time previous to the year 1813, (the time stated that Dr. Brenan published his first work on Turpentine,) the lady alluded to became acquainted with Dr. B. (he being then a client of her husband's). At that time the puerperal fever was prevalent in Dublin, more particularly in the Lying-in Hospital, where he (Dr. B.) was then studying midwifery. He mentioned to this lady the deplorable state of the women in that hospital (being apprised of her knowledge of medicine). She *directed* him to administer to them spirits of turpentine; it was to be given in secret, as she intended to lay the discovery before Parliament, and leave to their consideration the value of (what she considered) a national benefit; but this object was rendered fallacious by the confession of Dr. B., who, (in his own words) blabbed it to the head nurse-tender. She did not know, from that time until the year 1816, that Dr. Brenan laid claim to the discovery. A review of that year (1816), entitled, "The Dublin Examiner," calls on Dr. B. to give a more scientific mode of induction than the one he produced before the public, as they did not see the analogy between a horse and a human subject with regard to disease; and for him to remember, that this was not the age of inspiration. This lady, without medical advisers, (her character in Dublin would soon put to silence such an insinuation as to her being influenced by any party to propagate a falsehood; and, indeed, if she was so base as to lend her name for such a purpose, she would have been the last the College of Physicians would have resorted to, as her skill in medicine had procured her *numerous* enemies in that body), wrote a treatise (which she dedicated to our lamented Princess Charlotte) to prove she was the original discoverer of the medicinal virtues of turpentine in puerperal fever, specifying the quantities to be used in that and other diseases, and how she made the discovery, and also her communication to Dr. B., in humanity to the poor women at the hospital. The Dublin Examiner reviewed it, and made some *slight* objections to her mode of induction and originality in the discovery, which doubt she removed by her letter in reply to the Examiner on the subject, a copy of which I take from the Examiner of December 1816:—

" *To the Editor of The Dublin Examiner.*

" Sir,—I fear my delay in answering your sixth Number may have increased your doubts of my statement on the discovery of the medical powers of turpentine, but having heard that it was Dr. Brenan's intention to publish a pamphlet disavowing his having been *instructed* in the use of this medicine by me, I waited until I thought he had sufficient time to do so, but which he has thought proper as yet to decline. Under the impression that truth will meet with every encouragment in your publication, I shall endeavour to clear those doubts which exist in your mind; and, first, I have to express my obligations to the gentleman (whoever he is) who hath excited those doubts, as he has furnished a collateral argument for the truth of my own assertion. He states his opinion, that the discovery originated with a Mr. Espy, a medical gentleman of Edinburgh, whose daughter latterly communicated it to the public through the medium of Dr. B., under certain conditions, &c.; and your publication also intimates your opinion, that the lady referred to was a Mrs. Keane, wife of an eminent attorney. In two points the sentiments of the gentleman alluded to are perfectly coincident with positions I advanced, but differ in a third. They agree in disputing Dr. B.'s claim to originality, and referring to me as the author to him of the discovery, for I am the Mrs. Keane alluded to, daughter of the former gentleman and wife to the latter. But now to proceed to the point of difference, that the discovery alluded to originated with my father. This assertion, if proved, would impeach my veracity; on this head, therefore, I would publicly appeal, in the first place to the general character of my father as a man of philanthropy, whether it can be conceived at all likely that, consistently with his humanity, he would have repressed the communication of such a discovery? and I make this appeal to Dr. Robert Percival, Dr. Hill, Dr. Hopkins, and surgeon Richards; and secondly, I again appeal to Dr. Percival, whether he thinks it probable that my father, in his chemical researches with him or the late Dr. Joseph Black of Edinburgh, would have concealed from either a discovery in medicine of such a nature? From the long acquaintance the above-mentioned gentlemen had with my father they are able to decide the probability of such a case, and had the insinuation of the gentleman alluded to in this respect been true, I should have had more in setting forth my father's discovery than my own; and there is one thing further that I must remark, that my father died of an inflammation in his bowels, which proves he either did not know the power of this drug, or if so, that it was used without effect, which must have rendered me fearful of affirming its infallible efficacy in such a case.

" As to my process of induction, which I am sorry should appear to you so very defective, it proceeded perhaps from the simplicity of my statement, as I did not conceive that truth wanted any embellishment, nor can I see (in humble deference to your opinion) that wide difference between the nature of inflammation from a burn and internal inflammation, as inflammation arising from whatever cause it may is surely inflammation still, and I endeavoured to prove nothing further than the efficacy of turpentine in all inflammatory diseases. If having used the turpentine with effect in the case of inflammatory tooth-ache, and that I then had applied it to relieve any other animals except those of the carnivorous class, I would admit that the transition from the disorder with which the *cats* were affected, to that under which my son was labouring, would not have been a just inference, as there are many drugs given in similar disorders of cows and horses which, if administered to the human species or the former class of animals, would prove mortal. The disease of the cats, I stated, was inflammation in the bowels, and that of my son to be fever, which is termed general inflammation; and impressed with that belief I was induced to give him the turpentine, being unable, at the time, to procure medical aid, as I before stated. But if, after all, my process of induction should to any seem defective, yet let it be remembered that it was *successful*, and that the object of the publication of my pamphlet was not to feed my pride with the idea of being considered powerful in philosophical inductions, but merely to prove my claim to the discovery of a certain valuable specific, so that if the author should be thought worthy of pecuniary or other compensation, my title to such consideration or regard might stand fully established. But now that (I hope) it is established, and also that it is well known that the salutary effects of this medicine have been proved in the sick chamber of the great, when disease baffled every other means; yet I believe I may rest satisfied with the reward of every day hearing or witnessing the happy effects produced by turpentine on my fellow creatures, with the additional consolation that the relief derived from the drug is within the reach of the poor. And now, Sir, let me beg that you will have the goodness to let me know, is there any other point you may yet wish to question? and I shall endeavour to solve it.

"ANNA KEANE."

The College of Physicians never brought in force such a by-law against Dr. Brenan. The reasons why the members of the medical and surgical profession in Dublin did not meet Dr. B. in consultation, will be partly explained by referring "Investigator" to Dr. B.'s Melisian Magazine, published in Dublin. Finally, they considered the fame of Dr. B. in the wrestling world, and his scientific abilities in pugilism, *quite incongruous* with their profession.

I am, Sir, your most obedient,

SINCERUS.

With great deference and respect to Dr. Copland's opinion and practice, I must certainly beg leave to differ with him, having in this country seen the spirits of turpentine, in the cases above mentioned, administered with unerring success; it is the abuse of this medicine that has brought it into disrepute.

London, Dec. 12th, 1826.

VACUUM DOCTRINE.

To the Editor of THE LANCET.

SIR,—Being a friend, as you know, to all the branches of the Vacuum family, I would take the liberty of recommending the head of that very respectable house, to be a little more sparing of Latin quotations, in propounding his empty doctrines, and, at the same time, to use language better suited to the capacity of country gentlemen and others of plain common sense like myself.

The good, but testy old Lady, *Aunty Vacuum*, who wrote to you last week, when she asserts, and with some reason, that "nothing can be found on the effects of pressure in that part, nor indeed in any other of the book (*Experimentat Researches*) referred to," affords a striking proof of the propriety of my advice. She manifestly has passed over unnoticed the passage from Redi, inserted in the text at page 77, referred to in my last. Thus, "Ex consilio Galeni, fiat *stricta ligatura*, non procul a vulnere, in parte superiori," &c. Neither in this learned quotation, nor at pp. 148 and 157, where the ligature of Celsus is mentioned, is there a word about *pressure*; though I am told that, "stricta ligatura," &c. means a cord tightly bound between the wound and the heart.

Another part of Aunt Vacuum's letter, would almost tempt one to imagine that she wrote it in the days of Galileo, when our family first rebelled against the Pope, and placed itself under the protection of the laws of physics; yet she seems to have forgotten that memorable event altogether, when she says, "And there would be no rising of the part within the glass, which is entirely owing to the injection of the part with arterial blood, unresisted by atmospheric pressure."

If the good old Lady will apply an exhausted cupping-glass to the skin-side of a belly-piece of fresh pork, she will see whether "the rising of the part within the glass be *entirely* owing" to arterial injection. This homely illustration, Sir, I hope you will prefer to Dr. Barry's "Gallic nothingness," which you have already so properly noticed.

The records and receipt-books of our family, particularly after our connexion with the Toricellis and Pascals of Florence, would furnish some very useful hints on the subject of cupping-plass. Pray tell my Aunt to look into them.

In short, Sir, my worthy old relative is justly annoyed, that Dr. Barry and his relative vacuum should have slipped through her fingers by one of his French tricks, (a "ruse de guerre,") when she concluded that she had caught him tripping. I must say, however, that this Gentleman did compliment Mr. Ellerby on the success of his experiments with the ferrule, but I did not hear Dr. Barry admit any identity between the *modus operandi* of this instrument, and that of the exhausted cupping-glass. Indeed, if he had admitted such identity, he would soon have the whole family about his ears; nay, every sentence of his own book would bear testimony against him, as you see by my Aunt's letter to you.

I remain, Sir,

Your very humble servant,

PHILOVACUUM.

Jan. 8, 1827.

THE LANCET.

London, Saturday, Jan. 13, 1827.

In consequence of a vast number of applications from Country Practitioners, we have been induced to print the Surgeons' Petition, and the reader will find it in the first and two subsequent pages of this day's Lancet. It is not necessary that Petitions from the provinces should be of equal length with this; *very short* ones will answer much better. It is merely required that they *support the prayer* of the London Petition, and care ought to be taken that they be all presented to the House on *the same night*, immediately preceding the motion for a Committee of Inquiry. Thus the whole matter will be brought into one view, and the House will be enabled to form a correct estimate of the abuses in the College, and of the feelings of the Members on the subject of their removal. Country Surgeons should not omit to entrust their Petitions to Members of Parliament residing in their neighbourhood, and with whom they have a personal acquaintance; they should talk with them on the subject of the College abuses—should inform them that the College, as it is now constituted, is not only a disgrace to its own Members, but that it is also a national evil. The letters we have received from different parts of the kingdom convince us that the country members will not be backward in laying their grievances before the House. Meetings have already been called in many of the large towns, and one County Meeting has been announced—the surgeons of the *county Hospital* at Winchester having convened the surgeons of Hampshire. The surgeons of Winchester and its neighbourhood are some of the most respectable and talented in England; they are known to be such; hence their example is likely to be immediately followed in the contiguous counties. In fact, no surgeon of eminence or ability can conscientiously refuse his aid in the attempt to re-model the present constitution of the College, there being no abuses more flagrant or notorious, than those existing in the trading corporation of Lincoln's Inn Fields. The profession has not only been insulted and deprived of their natural rights, by the positive acts and decrees of the self-elected irresponsible Council, but have been equally injured and degraded by the criminal supineness with which that Council allowed the Old Hags of Rhubarb Hall to wrest from the Members in the year 1815, nine-tenths of their privileges. The passing of the Apothecaries Act without opposition from the College, is a damning proof of its indifference to the interests of the profession,—the welfare and respectability of its Members;—or undeniable evidence of their utter incapacity to preside over the destinies of their fellow men. It will scarcely be credited by those who are not acquainted with the anomalous condition of medical legislation, that *chemists* and *druggists* can dispense *their own* prescriptions; can dispense physician's prescriptions, and can recover at law the reasonable charges for the supplied medicines, whilst a Member of the College not only has *no such right*, but is, under the operation of the Apothecaries Act, liable to a penalty of *twenty pounds*, if he dispense a physician's prescription, *unless he be a Licentiate* of the Apothecaries' Company.

Let each Member of the College reflect on this state of things;—many, we apprehend, will be inclined to call in question the accuracy of our *assertion*, we will however give them proof of its truth;—proof that they cannot reject;—we have already, indeed, placed it on the pages of this Journal; but it cannot be seen too frequently, until a reform in the constitution of our College be accomplished. Not only do quacks advertise themselves as members of the College in the most filthy advertisements; not only do *Aberdeen* Doctors sneer at the *medical* attainments of English Surgeons, and frequently assume the functions of "further advice" men, and often whisper either to the patient or his friends, "that Mr. So-and-so is very well, but then he is *only* a *surgeon*, you know—a *general practitioner*." Not only do these *Doctors* do this, and often worse than this, but as a climax, *chemists and druggists* can *lawfully* dispense the prescriptions of physicians, *without* being (bear this in mind) *Licentiates* of the Apothecaries' Company, whilst every Member of the College who was not in practice as an apothecary previously to the 1st of August, 1815, subjects himself to a penalty of twenty pounds, if he do the same thing,* unless he has submitted to the degradation of becoming a *Licentiate* of the Apothecaries' Company. Although this seems too extraordinary for belief, and although the rights of the Members of the College could not, one would suppose have been more grossly violated, than in subjecting them to penalties for dispensing physicians' prescriptions from which chemists are free, yet we shall now show the reader that a Member of the College cannot legally recover pecuniary compensation *for medicines prescribed by himself*. We inserted the following report of a trial at page 346 of our Fifth Volume; but we have now some thousands of purchasers who, at that period, had not even heard of this work; we will, for their information, once more publish it; but a hundred readings of an affair of this kind would not be too numerous. If, after a perusal of this report, any Member of the College can imagine that the Council have discharged their duty to the profession, or that the law which regulates the practice of Surgery and Medicine does not require to be altered, he must be as senseless as the table on which we are now writing:—

COURT OF COMMON PLEAS,

Thursday, Dec. 2.

(*Before Lord Chief Justice* Best *and a Common Jury.*)

STEED *v.* HENLEY.

Mr. *Adolphus*, jun., opened the pleadings. This was a action brought by the plaintiff to recover 11*l.* 10*s.* 6*d.* from the defendant, for work and labour done. The defendant pleaded the general issue.

Mr. Sergeant *Pell* stated the case to the Jury. From his statement it appeared, that the plaintiff is a surgeon, residing in Caroline-street, Bedford-square, and that the defendant is a lady of a certain age, living with her mother in Charlton-street, Somers-town. Between the months of November, 1823, and June, 1824, the defendant was in ill health, and applied to the plaintiff for his medical assistance. In consequence, he furnished her with sundry draughts and medicines, for which he was entitled, according to the usual charges of his profession, to demand 11*l.* 10*s.* 6*d.* of the defendant. Why she resisted this demand he could not tell.

The *Lord Chief Justice.*—Perhaps she has not recovered, and therefore she thinks that the plaintiff ought not to recover. (*A laugh.*)

Mr. Serjeant *Pell* replied, that she had recovered, and therefore that his client was entitled to recover also. He could not be exected to prove the delivery of every precise draught and pill-box; but he would prove that physic had been furnished to her in large quantities; that she had admitted the delivery of it, when a bill of it was presented to her: that she had acknowledged herself to be indebted to the plaintiff in the amount of that bill, and that on various occasions she had promised to pay it. It was in consequence of her refusal to perform these promises, that the present action was brought to enforce them.

The delivery of the various medicines was proved by the plaintiff's servant-boy, as was also a promise by the defendant to pay the amount claimed for them.

Mr. Serjeant *Pell* said this was his case.

Mr. Serjeant *Wilde* reminded his learned friend, that the plaintiff's demand was for medicines furnished: he must therefore either prove that the plaintiff was licensed to practise as an apothecary by the Apothecaries' Company, or else that he had practised as such previously to the 5th of August, 1815.

Mr. Serjeant *Pell* said, that he was prepared with such proof.

A Mr. Gould was then placed in the box, but he merely proved that the plaintiff, in the year 1814, had prescribed once or twice for him and his family; but he took no fee for his prescription, and at that time did not keep any shop.

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* Apothecaries' Act, Lancet, Vol. IX, p. 10.

A diploma from the Surgeons' College, authorising the plaintiff to act as surgeon, was then put in. *It was dated, August* 6, 1813.

A Mr. Cummins was then called on his subpœna, but did not appear.

This being the case for the plaintiff, Mr. Serjeant *Wilde* submitted, that the plaintiff must be nonsuited. It was true that the plaintiff was a regularly admitted surgeon: but this action was brought by him to recover medicines furnished to the defendant as an apothecary, and not for any thing done by him as a surgeon. Now the statute 55 Geo. III. cap. 194, section 21, enacted, that no person should recover for any medicines furnished by him, unless he proved that he was practising as an apothecary on or before the 5th of August, 1815, or produced a certificate of his admission into their body from the Master and Warden of the Apothecaries' Company. Now, there was no evidence to show that the plaintiff had practised as an apothecary previously to the day stated in the Act of Parliament; and a surgeon's diploma could not, and did not, authorise him to act as an apothecary.

Mr. Sergeant *Pell* submitted, that there was evidence to go to the Jury, that the plaintiff had practised as an apothecary on or before the day mentioned in the Act of Parliament.

The Lord Chief Justice *Best* was of opinion, that there was no evidence as to the plaintiff's practice as an apothecary before 1815. The Act of Parliament to which reference had been made, was a most excellent one, and was the best security that the public had against ignorant persons acting as apothecaries, without being duly qualified. A person in passing through life could not fail to know that surgeons did practise as apothecaries; but after that Act, they had no authority to do so. To practise as apothecaries, they must be examined by five persons, named in the Act, and must obtain a certificate from them stating their approval. Now, the plaintiff had not undergone this examination; he therefore could not produce the certificate required; and as he had not, in his opinion, proved his practice as an apothecary before 1815, it appeared to his Lordship that he must be called.

Mr. Sergeant *Pell* submitted that his client, though he could not recover for the physic in this action, could recover for the phials containing it, which had been sent to the defendant.

The *Lord Chief Justice* thought that he could not. If a party chose to act as an apothecary, contrary to law, and to deliver phials in consequence of such choice, he was of opinion that he could not recover for them. If the law directed that a person should not do a certain thing, it would not allow him to recover for any thing which he might have done in his endeavours to perform that which the law prohibited. The plaintiff was acting in defiance of the law in practising as an apothecary without a certificate; he could not, therefore, have the melancholy satisfaction of even recovering for the bottles which he had furnished to the defendant.

The plaintiff was nonsuited. In ordering him to be called, the *Lord Chief Justice* observed, that he ought to say that the present was a hard case, as the plaintiff appeared to be a person of skill, having been regularly admitted to the Royal College of Surgeons.

We have not yet done with this trial.

It affords us much pleasure to state that our proposition on the subject of popular demonstrations has already been put in practice at the SOUTHWARK MECHANICS' INSTITUTION; a course of familiar Lectures on Anatomy having commenced on Monday evening last by Mr. G. Simpson. As a first effort the attempt was respectable; but the Lecturer entered upon his subject too abruptly, employed too many technical phrases, and without having prepared the minds of his auditory, by an introductory discourse, for the reception of the novel and peculiar intelligence he was about to communicate. In these Lectures popular prejudices regarding dissections should be specifically referred to, and as an *antidote* the utility of the practice should be elaborately enforced.

There were several ladies present, and the demonstration of the bones appeared to give high satisfaction. The managers of this Institution from being the first to carry the system into practice, are entitled to the best thanks of the profession and the public.

Dr. Birkbeck, the eloquent President of the London Mechanics's Institution, is about to deliver a series of popular demonstrations to the Members of that establishment. The work has now fairly commenced, and if it be continued with zeal, industry, and talent, the happiest results will speedily follow. We repeat, that if you show Mechanics the complicated structure of the human body, they will, from the nature of their occupations, become the most ardent encouragers of human dissections.

Stereoplea, or the Artificial Defence of the Horse's Hoof considered. By Bracy Clark, F.L.S. Corresponding Member of the Academy of Sciences of Paris, and of the Natural History Society of Berlin. 4to. pp. 38. London, 1817.

Perhaps nothing has added more to the vocabulary of our language, or given rise to a greater number of sprightly images, than the generous steed. In the triumph and the funeral, the battle, the chase, and the humble pursuits of agriculture and civil life, the horse has always been an object of paramount interest. Fearless, proud, or patient, as circumstances require, it adapts itself to the passions, the vanities, or the interests of mankind; carrying the warrior headlong on his foe,—swelling the pomp and circumstance of the gorgeous pageant,—or with the unambitious husbandman, subverting the stubborn soil, and rendering it rich with corn. Next to man, the noble and intelligent horse has ever held the highest rank in the creation, and human surgery could not emerge from the barbarisms of the barbers of old, without being followed by a correspondent improvement of the veterinary art. When, as in the dark ages, the horse was tortured by ignorant smiths, men were left to perish of their wounds, or death was hastened by surgical executioners. At this period, the practice of nailing *unyielding* shoes of iron on the feet of the horse, a practice wholly unknown to the Greeks and Romans, first came into vogue, and has continued to exert its baneful influence unto the present day. It is this practice which Mr. Bracy Clark has laboured so long and so well, we wish we could say successfully, to subvert. But if success have not yet crowned his efforts, the fault has not been his, and the public only requires to hear the voice of reason to do justice to his merits. When Mr. Clark's works appeared, there was no periodical press to foster genius, or the veterinary art; no metropolitan stream of knowledge to irrigate the provinces of Britain. The medical press, like nations at the commencement of the world, sought rather to defend what there was, than to extend the boundaries of knowledge. Fines imperii tueri magis, quam proferre mos erat; inter suam cuique patriam regna finiebantur, and there was no diffusion of veterinary knowledge, because there was no periodical press, either directly or indirectly, devoted to the subject.

We may, without vanity, take credit to ourselves for having introduced several useful plans to the public, which, though long discovered, were very imperfectly known or practised, as in the instance of the stomach pump, and several others; and we do not doubt, that when Mr. Bracy Clark's views of the structure of the horse's foot, and of shoes suited to that structure shall be fully unfolded, the public will at once see its reasonableness, and patronise it accordingly. Mr. Bracy Clark had for several years given the horse's foot his almost unremitted attention, and his labours were not unrequited by discovery. After many disappointments in turning horses to grass to recover their feet, he began to apprehend, and subsequently discovered, that the too solid resistance of the shoe and nails to an organ eminently elastic, was the fertile cause of mischief. To "make assurance doubly sure," a very tedious experiment was performed, that of taking plaster casts of the same foot for several years, and comparing them; when direct evidence of a constant annual diminution and hardening of the foot from the rigid embrace of the iron shoe, was obtained. It is strange that the true nature of the horse's foot should so long have escaped the notice of anatomists, or that some idea of its structure should not have been drawn from analogy. Far from being rigid, unyielding, and fixed, it is admirably endowed with the mechanic principles of elasticity, and differs less widely from the divided feet of the ox, than a cursory observation of its structure might lead us to suppose. What must be the consequence, then, of nailing on a part constructed for motion, an unyielding shoe, but to torture the animal and destroy the hoof. The women of China are not more injured by tight shoes, than the noble quadrupeds of our country; and although something may be allowed to the former on the score of their national beau ideal of feet, we have yet to learn, that to clip a noble animal of its fair proportions, and to diminish its usefulness, to break its spirit, and abridge its life, by fixing that which was destined to expand, has even that ridiculous set off against its absurdity. On examining the hoof more attentively as an elastic organ, Mr. Clarke found the whole structure especially subservient to "the law of an indefinite yielding to the weight or exertion of the animal;" a most essential principle, which had been wholly overlooked by the adepts of the shoeing art. The actual construction of the hoof was discovered in the following manner:

> "A young fresh hoof," he says, "had lain on my desk some days, and, tired almost of seeing it, I determined, without any particular object, to make an horizontal section of it, and throw it away; in inspecting it, after sawing it asunder, I observed the loose edges of the frog-band and bulbs, and, tracing them, found *them to make one entire unbroken circle round the hoof*, to my great surprise, as the hoof's structure then admitted of an easy explanation; the bars were next seen to be portions only of the wall inflected inwards towards the centre of the foot, so that the hoof consisted simply of two circles, one of elastic horn, and one of firm horn, instead of several parts, as was before imagined; the sole being merely a supplementary part, uniting and filling up these parts, and closing the lower opening of the hoof."*

Contraction, and the diseases which are daily taking place in the foot, were now readily explained. The more elastic the foot, as in blood horses, the more mischievous the common shoe. The author soon discovered the cylindrical form of the hoof, which was generally supposed to be conical, and that horses long shod were not benefited when turned to grass for contracted feet, because the coffin bone was partially absorbed during the collapse of the hoof, entailed by the motionless shoe. The great changes which shoeing produces on the coffin bone, and the curious structure of the internal frog, of substrated layers of tendon, with intervening elastic ligament, which had been described "*as bags of yellow oil*," were next observed. Other useful labours had preceded these, as the history of the *bots of horses*, and their highly curious manner of life and propagation; an essay on the *gripes of horses*, its cause, and a successful mode of cure; and, not to mention many others, "*a new elastic horse-shoe*," which, allowing the foot its natural motion, wholly prevented contraction. We mention these things thus hastily, because Mr. Clarke has deserved well of his profession and the public, and because his merits have neither been fairly stated nor appreciated, as we shall have occasion to show, by a more ample detail of what he has done; and we do not suppose so interesting an inquiry will tire our readers, although we should have to revert to it again and again.

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* A Short History of the Horse, and Progress of Horse Knowledge. By Bracy Clark, F.L.S. 4to. pp. 56. London, 1824. Underwoods.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CASE OF FUNGOUS EXOSTOSIS OF THE FEMUR —MR. KEY'S CLINICAL REMARKS ON THE CASE.

Jane Goodwin, ætat. 16, of dark complexion and spare habit, was admitted into the Hospital under the care of Mr. Key, on the 23d of October, on account of a tumour at the lower part of the right thigh.

She stated that on one occasion, (she did not precisely remember the time, but said, some months ago,) she struck her knee violently against the edge of a door, which occasioned so much pain at the time as almost to induce fainting. For two months or more after the occurrence of this accident, she felt occasional pains shooting up and down the leg, but she was able to go about without inconvenience, and enjoyed her usual good health. At the expiration of the time mentioned, however, she found that on laying any weight across the thigh, as in nursing an infant, or in using much exertion, as going up stairs, great pain was produced in the limb. At this time, also, she discovered a small hard tumour at the lower part of the thigh, internally.

This tumour very gradually increased in size, until about six weeks prior to the patient's admission, when it began to extend more rapidly, and it now became very painful; a great number of leeches, and also blisters, were applied to the part, but without any benefit.

The patient, as before stated, was admitted on the 23d of October, and from that period until the 22d of December, the swelling went on progressively increasing. The general health too, which was tolerably good at the time of admission, now began to suffer much. As such was the case, and as the tumour had resisted various local remedial means directed by Mr. Key: viz. repeated blisters, the application of iodine ointment, and so on, it was thought proper to consult Sir Astley Cooper previous to adopting those decided measures which now appeared to have become necessary in order to save the patient's life.

The appearances of the part when examined by Sir Astley Cooper, on the 22d of December, were as follow:—There was a swelling occupying the lower two thirds of the thigh, and it gave the impression of emanating from the whole of the femur—that is to say from the bone all around, inasmuch as the swelling occupied the entire circumference of the limb, and was immoveable. The tumour was irregular on its surface, being at some parts very hard, whilst at others it was softer, elastic, and communicating to the finger an indistinct sense of fluctuation; it was not, however, tuberculated on its surface. The integuments were not discoloured, and there were no large veins running over the tumour; a circumstance generally observed in swellings of such magnitude. The diseased limb when measured, was found to be sixteen inches in circumference at a short distance above the knee, the opposite limb at the same point measuring twelve inches; the popliteal artery was pushed from its natural situation, and was perceptibly beating.

Sir Astley Cooper having made an attentive examination of the tumour, and carefully inquired into the history, stated his opinion to be—that the disease was of a malignant kind,—a fungous exostosis, and that the only chance which could be afforded the patient, was by amputating the limb.

But even then, Sir Astley observed, success would be doubtful, as it often happens that the stump becomes affected with a similar kind of disease to that of the limb. There was also, he said, great danger to be apprehended from the loss of blood which would take place during the performance of amputation; and Sir Astley related a case that occurred at the Hospital a few years since, in which the patient nearly died whilst on the operating table, from loss of blood.

The patient having been informed of Sir Astley Cooper's opinion, consented to have the limb removed, and on the following day, the 23d, Mr. Key performed the operation.

Having given this brief relation of the history of the case, and appearances of the part previous to the operation, together with Sir Astley Cooper's opinion, as copied from our report book, we shall append Mr. Key's clinical remarks, which contain a very interesting and accurate account of the appearances of the limb on dissection.

The clinical lecture was delivered in the operating theatre, on Tuesday, December 26, and Mr. Key commenced by professing his willingness at all times to make examinations of morbid parts, and to submit them to the inspection of the pupils. The case on which he then proposed to offer a few clinical remarks, he said, was one of true fungous periosteal exostosis, and having shortly given its history, Mr. Key proceeded as follows:—I confess that when this patient was first admitted into the Hospital, I felt some little difficulty in forming a diagnosis on her case. It was evidently one of two things,—either a common case of necrosis, or a case of medullary sarcoma; and I acknowledge that on first examination I was of the former opinion, but I should mention to you, however, that the patient's symptoms were misrepresented to me. The mother said that the poor girl suffered excessive pain, that she had a great deal of fever, want of rest, and so on; these circumstances led me to suppose that matter was forming, and that the case would end in necrosis. But I found after the patient's admission, that her sufferings were comparatively trifling—that she had not in fact any thing like suppurative fever going on. Well, then, I said, that is not a case of necrosis; but it is a bony tumour. There is certainly a distinction between necrosis and bony tumour in the fever which accompanies the former: now this fever is dependent upon, or rather is produced by, the inflammation in the periosteum, and suppuration; which are circumstances that always take place in necrosis. At the same time, when I considered this young woman's disease to be necrosis, it appeared to me that it had been a long while suppurating. But sometimes the disease does proceed very slowly, and I thought this might be an exception to a general rule. However, when I found that there had been scarcely any inflammation, hardly any pain, that the tumour had gradually increased, and that the slight pain experienced was rather to be referred to distention than suppuration, then I said, why here we have all the symptoms of fungoid disease.

The morbid parts which I have now before me, and which I will hand round for your inspection, not only show remarkably well the different structures usually seen in fungoid tumours, but I think that they also show how the disease arose.

We found, on amputation, that all the soft parts in the vicinity of the tumour, partook of a fungoid character. The surrounding muscles had a sort of gelatinous deposit in them. It would seem as if the muscular fibres were degenerating into a soft fungoid mass, whilst the connecting cellular membrane has assumed this gelatinous appearance. The tumour is invested with two distinct coverings, a dense and reddish white cellular investment, and under this we find the periosteum. You may observe that the fibres of this latter covering are particularly well developed, and you perceive on close examination, that it is perforated by numerous vessels passing into the substance of the tumour. Now I think that this case affords a complete illustration of Sir Astley Cooper's opinion, that this kind of tumour is formed between the periosteum and bone. With respect to the bone itself, the shell is very little, if at all altered, a few of its fibres are separated at some points, and it is more vascular than natural. It seems that an action has been going on in the centre of the shell, and that the bone itself has been an active, and not merely a passive, agent in the disease, and from the shell of the bone the fungoid tumour grows. With regard to the medullary substance of the bone, it is not changed; but from the shell of the bone internally there is a fungoid substance passing into the cancellated structure.

The tumour consists of three distinct portions or layers: first, a hard body of bone; secondly, an imperfect cartilaginous nidus, into which the bone is deposited; and lastly, we have the true structure of medullary sarcoma. In this medullary matter are cells which were filled with serum, and they appear to be lined with a membrane that is capable of secreting serum; in the more advanced stages of fungoid disease, blood is effused into these cells.

If you will attentively observe the base of the tumour, you will find that it is made up of small spiculæ of bone issuing from the shell at right angles, and passing to the circumference of the tumour, into the cartilaginous nidus, which I have said constituted the second portion of the tumour.

Now, here comes a very important question. Whence did the bone arise? In the natural production of bone, I think we are led to attribute too much to the agency of the periosteum, and by far too little to the bone. We are told that the periosteum secretes bone. Now I look upon it that to say periosteum secretes bone, is about as absurd as to say the pia-mater secretes brain. The fact is, that each of them merely forms a nidus for vessels passing to their respective parts. It is probable that the periosteum may have one office, and the bone another; for what do we find on examining a stump on the third or fourth day after amputation? Why, there is a thin gelatinous deposit between the periosteum and bone; this may be the nidus; but the new bone is formed from the shell itself, and from the medullary structure of the old bone. We have the periosteum, in the case before us, covering the tumour; but have we bone immediately under it? No; but a soft cartilaginous mass. But where does the bone, constituting the base of the tumour, proceed from? Why, decidedly, *demonstrably*, from the shell of the old bone.

We may suppose, that in this case the blow which the patient received occasioned the periosteum to inflame; that it became detached from the shell of the bone, and that it secreted a nidus, into which the vessels of the shell deposited bone. Now, in the treatment of these cases, as recommended by Sir Astley Cooper, namely, stripping off the periosteum, you deprive the tumour of its support to a certain extent, and it partially sloughs, but there is no effect produced on the deep-seated and bony portion of the tumour. I do not know that there is any very important pathological deduction to be drawn from these morbid parts. But I think they are exceedingly interesting, as showing to us what share each part has in the formation of bone.

Now I will say a few words in conclusion, on the amputation in this case:—You must have observed that it was a formidable operation, and this for several reasons. These tumours have very large arteries and veins, they are highly vascular, and having to afford this additional supply of blood, all the vessels of the limb become considerably enlarged. We had to fear venous hæmorrhage from two sources: first, a recurrent hæmorrhage, and secondly the hæmorrhage from the large venous trunks. You have often, I do not doubt, observed, that when the first incision was made in amputation, a profuse gush of blood ensued. Now, in order to obviate this, which in my patient's condition would have been highly injurious, if not destructive, I carried a bandage firmly round the limb, just below the part at which I amputated. With respect to the hæmorrhage dreaded from the large venous trunks, (and which occurs because their valves have no longer the power of acting,) I thought it right to apply a ligature to the extremity of the femoral and other large veins. The place at which the limb was removed—which was at about the upper third of the thigh,—rendered the operation in some respects more serious than amputation at the hip-joint. The termination of this case is of course a matter of uncertainty at present, but there is one favourable point which I should not omit to mention; it is—that the bone appeared to be completely sound at the part where the limb was removed.

January 1. The patient is in every respect going on well.

ST. THOMAS'S HOSPITAL.

CASE OF DIFFUSE INFLAMMATION AND SUPPURATION IN THE CELLULAR MEMBRANE OF THE UPPER ARM.

The following case affords an example of a peculiar diffuse inflammation of the cellular tissue of a limb spreading throughout its whole extent, and terminating in imperfect suppuration, with the discharge of sloughs—dead portions of cellular membrane. It appears to be a specific kind of inflammation, occurring only in persons whose constitutions have been broken up by intemperance, and it generally supervenes on a blow (or contusion otherwise received) on the limb; it bears, in fact, a close resemblance to what has been described as *œdematous erysipelas.*

Case.—T. Andrews, ætat. 27, a sailor, of dark complexion and sallow unhealthy appearance, was admitted into Isaac's Ward on the 12th of December, under the care of Mr. Travers, on account of diffuse inflammation of the right upper arm. The patient acknowledged himself to be at all times a man of very intemperate habits; and having just returned from a voyage to the West Indies, he had been drunk for several days in succession; and two days before admission, when in a state of intoxication, he fell with great violence on the pavement, striking his right elbow and shoulder. On the following day he experienced very great pain, which had still further increased at the time he applied for admission into the Hospital.

On examination, there was found to be a dusky redness of the skin, extending from the shoulder to about two-thirds down the fore-arm, also spreading over the breast, and backward over a part of the scapula. The discoloration was unequal, the skin being at some parts more red than at others; there was preternatural heat, and immense swelling of the limb; at some parts it had a tense unyielding feel, whilst at other parts there was slight œdema on pressure. The pain felt was very great, and it was aggravated on motion. There was considerable febrile excitement; the pulse upwards of 110, and small; the skin hot, and tongue furred; he complained of thirst, and want of rest, and had occasional rigors; the bowels were moderately lax.

Ordered by the dresser of the week to have twenty leeches applied to the arm, and to have his bowels freely opened by house medicine. Goulard's lotion to the limb, by means of linen cloths.

13. The patient seen by Mr. Travers to-day; the local and constitutional symptoms are of the same character as described in yesterday's report; there is, perhaps, somewhat less swelling of the limb; the bowels are freely open. Ordered thirty leeches to the limb; a large poultice to be afterwards applied.

Calomel, one grain;
Tartar emetic, quarter of a grain, to be taken every four hours.

14. The patient passed a restless night; he complains very much of a sense of weakness; the tongue is covered with a white fur; the skin is hot and dry; the pulse is 100, small, and easily compressed. He still suffers great pain in the arm, which he describes as of a pricking kind; there is, however, much less swelling of the limb, and less extensive redness. The poultice

was removed from the limb, and the dilute lotion of superacetate of lead applied in the evening.

Ordered to repeat the application of 30 leeches, and to continue the pill every six hours, with a drachm of the sulphate of magnesia, taken in a wine glassful of peppermint water.

15. The principal swelling and tension of the limb is now over the deltoid; in fact, this muscle would almost appear to mark out the extent of disease; the general redness and swelling of the limb have much subsided. The constitutional symptoms too are less severe; the tongue is somewhat cleaner, and the countenance improved; the pulse continues small, and somewhat quick. The bowels are very freely acted upon. Ordered to apply linseed meal poultices to the shoulder and upper arm; to discontinue the pills and mixture, and to take

Sulphate of magnesia, 1 *drachm*;
Infusion of roses, 1 *oz.*, four times a-day.

18. A free incision was made yesterday on the outer side of the arm, through the integuments covering the deltoid; a small quantity of pus only escaped; but the patient expresses himself much relieved. The edges of the wound are widely separated, and there is a large portion of dead sloughy cellular membrane apparent. On making pressure around the wound, an imperfect kind of pus passes out. At the anterior fold of the axilla, there is a small circular slough in the integuments, of about the size of a sixpence; the cuticle has separated over this part, and it appears ready to yield from the pressure of matter within. Mr. Travers made a free incision through the slough, and to some extent around it; a quantity of ill-conditioned pus, and shreds of dead cellular membrane, was evacuated. There was profuse bleeding after the incision, in consequence of one of the dilated arteries of the cellular membrane having been wounded, and Mr. Travers thought proper to apply a ligature. There is less general swelling of the arm, and the constitutional excitement has in a great measure subsided. The poultices to be continued.

20. Both openings discharging freely; there is a large quantity of yellowish slough occupying the anterior opening. The tongue is now clean; the pulse moderate, and the appetite returned. Ordered a mutton chop daily; the dilute nitric acid lotion to be applied to the wounds by means of lint and poultices as before.

Sulphate of quinine, 4 *grains*;
Infusion of roses, 4 *ounces*. Mix.

Half of this mixture to be taken twice a-day.

28. The parts have continued to discharge copiously since the last report. Strips of soap cerate, spread on linen, are now applied round the limb, and the poultices are discontinued. Continues the quinine mixture, and is now allowed six ounces of wine daily. The patient's health and strength have gradually improved.

January 2. The wounds are healing fast, and the patient is in every respect doing well.

BARTHOLOMEW'S HOSPITAL.

AN INTERESTING CASE OF MORTIFICATION OF THE GREAT TOE—AMPUTATION OF THE LIMB, BELOW THE KNEE—FATAL TERMINATION.

John Reid, a middle aged man, 52 years of age, was admitted into this Hospital, Nov. 2, with the above mentioned disease. He had been a sailor, and consequently much exposed to vicissitudes of temperature. He says that he received a severe bruise on the great toe of the left leg, from a horse; ecchymosis supervened, the toe became tumid, hot and throbbing; but no attention was paid to it, and he followed, as well as he was able, his accustomed pursuits.

It was on the 7th of October when he met with the accident, and in a fortnight from that time his constitution began to suffer. Meanwhile the skin about the toe became livid, the whole foot swollen, and more and more painful. A week previous to his admission, he discovered that the part was totally insensible. At that time he was at Bristol, and not having a settled home, he determined on walking to London, which he did, and arrived a day or two before he came to the Hospital. It is proper to mention, that some years since the toe of the right foot was in a very similar state, and that it was a long time healing.

On removing the dead cuticle surrounding the toe, the integuments presented a livid black appearance; the toe itself was cold and insensible. The skin beyond this part was of a dusky ash-coloured white, and vesicles containing fluid were here and there seen. The whole of the mortified parts were moist. No distinct line of demarcation was discernable, the discolouration was insensibly lost in the parts around. The foot and leg were much swollen, even as high as the knee.

His nights had hitherto been sleepless; head-ache hardly ever left him; and the pain in the foot was unremitting. The tongue was moist, but coated, and the pulse small and weak. An effervescing poultice was ordered to be applied to the foot. A dose of house medicine to be taken immediately, and after its operation 2 grains of the sulphate of quinine every 6 hours. Six ounces of wine daily. Milk diet.

Nov. 3. Has passed a better night than he has for a long period before. Free from pain in his head: tongue clean; bowels open. The foot is much less painful, but the thigh is swelled and the inguinal glands are enlarged. No defined boundary between the dead and living parts. Towards night the pulse became full, hard and quick, beating 120 in a minute; the skin was hot, and he complained of thirst. The wine and quinine were discontinued.

4. Not so well as yesterday. The gangrenous inflammation of the foot rather extending. Pulse 110, not so full as yesternight. Tongue clean, bowels regular. Let him continue the wine, and take 5 grains of the soap pill, with opium, at bed time.

5. Has passed a restless night, which he attributes to the pain in the foot. Pulse 120, and more compressible. Continue as before.

7. The inflammation appears diminished, and less vivid. A line of demarcation appears to be forming on the upper part of the foot, between the inflamed and mortified parts. The mortification has now extended as far as the root of the second phalanx of the great toe; the fœtor is very great. The swelling of the leg and thigh is lessened. Pulse 90. Bowels constipated. Continue the mixture, and let the wine be increased to 10 ounces daily. 10 grains of the pills to be taken at night.

9. Has slept better during the last night; foot still painful. Bowels open. The partial line of separation has disappeared, and the mortification is again extending. The first and second phalanges of the toe are laid bare and destroyed. Continue the mixture with the addition of another grain of the sulphate of quinine.

10. Has passed a good night: the pain in the foot being much less. The appearance of the mortified parts much the same as yesterday. The fœtor from the part continuing to be very disagreeable, it was suggested to Mr. Lawrence to try the chlorate of soda, as a corrective, but a linseed-meal poultice was ordered to be continued, and the following lotion to be applied twice a day instead;

Nitric acid, 1 *drachm;*
Water, 1 *pint*. Mix.

11. The foot appears to be more swollen, and the mortification slightly spreading. Omit the lotion, with the poultice, and repeat the mixture, pills, and wine.

14. The mortification is still extending, though slowly: there is no attempt at separation. The foot and leg are much less swollen, as are also the thigh and inguinal glands. Tongue clean, bowels open. Appetite good. Pulse 90, rather weak.

Mr. Lawrence requested that Mr. Earle and Mr. Vincent would see the man, to consult on the propriety of amputation. Mr. Earle gave it as his opinion that in the present improved condition of the patient's health, the operation was justifiable, although no line of demarcation had taken place. Mr. Vincent, on the other hand, said, that during his practice he had seen three cases of a similar kind where the operation was performed, and in each of those cases the stump took on the same diseased action as the original disease, and that the patients eventually died. In them the arteries were greatly ossified, and he should infer that such was the case in the present instance.

18. The appearance of the foot and leg is much the same; the mortification is slowly advancing: the limb is less inflamed and swollen.

Mr. Lawrence coinciding in opinion with Mr. Earle, had the patient removed to the operating theatre, and amputated the leg below the knee. There was considerable bleeding from the small vessels, which required the application of several ligatures. *Two veins* were also tied. The anterior and posterior tibial arteries were slightly diseased; the integuments were brought together by adhesive straps, and a roller applied round the limb.* On the evening of the operation hæmorrhage took place from the stump; cold water was constantly applied, which had the effect of checking it. Bandage removed.

19. Has passed a restless night: the bleeding has returned, but is now much lessened. Pulse 90, and feeble. Tongue white and coated. Bowels constipated. Ordered to take a dose of calomel and jalap immediately, six ounces of wine daily, and five grains of the soap and opium pill at night.

20. Is much the same as yesterday. The stump has been very painful through the night, and he complains of jerking of the muscles of the thigh. Tongue coated. Pulse not so feeble. *The dressings of the stump were all taken off*. No adhesion has taken place. There is an offensive sanious discharge. The cuticle has separated from the cutis around the wound, and the integument underneath it has assumed a brownish colour indicating the commencement of gangrene. A slight blush of inflammation is observable around the contiguous skin. A linseed poultice to be applied to the surface of the stump, and the pills and wine to be continued.

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* This is a practice Mr. Lawrence invariably adopts, whether the operation is performed above or below the knee. The limb of course is carefully watched, and immediately any tumefaction is observable, the roller is cut away.

21. Passed an indifferent night. Gangrene of the integuments is slightly increased: the surface of the muscles is red, and granulations appear sprouting up: a copious sanious discharge still continues to flow from the wound, and the occasional jerking of the muscles continues. Pulse very weak; appetite almost lost. Tongue much coated. Let him have 10 ounces of wine daily; 10 grains of the pill at night instead of 5 grains, and 3 grains of the sulphate of quinine three times a day.

26. His countenance has undergone a visible change; the features are attenuated, and he looks anxious and dejected. His appetite is now completely gone, and the tongue at the back part is brown and dry. The mortification of the stump has increased; the surface of the muscles have no longer a healthy aspect; and a viscid dark-coloured matter covers the whole stump.

From this time he gradually sunk, and died on the 3d of December.

On Examination, the arteries were found to be here and there slightly ossified, but not much more than is usually observable at such an age. The vena saphena interna was thickened so as to appear very much like an artery; the last two or three inches of its course were filled with pus, of which the femoral vein also contained a small quantity. Neither of these veins appeared inflamed. On cutting into the capsule of the hip-joint a large quantity of purulent matter escaped. The synovial membrane which is reflected over the head of the bone was absorbed, and the cartilage was ulcerated; but no other mark of inflammation having existed, was discernable.

It is rather curious that the corresponding hip-joint presented almost similar appearances. Within the left side of the thorax was found a large quantity of sero-purulent fluid, and some tubercles were found in the under part of the lung. The right lung was likewise diseased. It is rather strange that the patient during life, never once complained of feeling any uneasiness in any of the parts in which such extensive disease had been going on.

CASE OF ANEURISM IN THE DESCENDING AORTA, WITH RUPTURE INTO THE PERICARDIUM.

A butcher, apparently about 30, was brought into Rahere ward, having suddenly expired. His wife stated that on Sunday morning he complained of violent pain in the head; that the whole of that night, and part of Monday, he had been drinking, and was scarcely sober at the time of his death on Tuesday afternoon, when he was occupied in the slaughter-house. He was club-footed; and from the diminutive size of his calves and thighs, seemed to have used crutches.

Post Mortem Examination.

The lips and cheeks were quite purple, and the veins about the head and neck particularly turgid; the membranes distended with blood, and the arachnoid opaque at the basis of the brain. The small intestines highly vascular in one or two places. On opening the pericardium, it was found to contain at least a pound of serum and crassament. An aneurism of the aorta had insinuated between the lungs, and bursted into the pericardium at its posterior part, through a small ulcerated opening, which would have admitted the point of a small goose quill. On the inner surface of the bag much lymph had been deposited around the aperture, nature having fruitlessly endeavoured to ward off the consequences from the ulceration without. The lower part of the bodies of the 5th, 6th, 7th, and upper part of the 8th dorsal vertebræ were not only laid bare, but their ligaments and part of their bony structure absorbed; absorption seemed to have made much less progress on the intervertebral substance.

The only operation performed this week, was amputation in an old case of compound fracture of the right leg, extending into the joint. The operation was performed in the Ward; and like many of Mr. Earle's operations, in a very clumsy manner. Dissecting back the integuments, he pushed his knife through them; and made a strange sort of an opening; such bungling is generally believed to be confined to the surgical tyro in the dissecting room.

ST. GEORGE'S HOSPITAL.

STRANGULATED HERNIA — OPERATION — STRANGULATION NOT RELIEVED—DEATH —DISSECTION.

Mary Burnett, aged 32, admitted with strangulated femoral hernia on the left side; she has been subject to rupture for two years, and thinks that she had not reduced it during this time. Since Wednesday last, the 4th inst., it had been more full, and she has had no motions since that day. On her admission she was afflicted with hiccup, sickness, tenderness over all the abdomen, and anxious countenance; the pulse about 108. She was bled, and put into the bath. A small tumour of the size of a walnut was felt in the usual situation of femoral hernia; this was cut down upon; and, on the sac being opened, was found to consist of a portion of omentum, much compressed, presenting the appearance a good deal resembling one of the common conglomerated glands in two small lobes. It had contracted slight adhesions every where to the inner part of the sac, and had a very narrow neck. The stricture over it, by Poupart's ligament, was not very tense; it was divided, and the mass returned into the abdomen.

Since the operation, leeches, weak solutions of Epsom salts, and, lately, a little castor oil, have been employed; as yet she has had no evacuation, nor have the symptoms abated. Her countenance is more unfavourable, expressive of more distress; the hiccup continues; the tenderness of abdomen is increased; a sense of fullness is experienced; pulse about 100; tongue deeply coated; vomited once just now, and continued in the same state till the 15th, when she died.

Sectio Cadaveris.

On opening the cavity of the abdomen, the stomach, duodenum, and jejunum, with the first part of the ileum, were marked with inflammatory appearances on the posterior coat.

It was found that she had been affected with double hernia; a portion of peritoneum had descended under the crural arch to the extent of about an inch, or an inch and a half, and a contiguous portion of peritoneum had got entangled between the fascia running up, and from the pubes inside the rectus abdominis muscle, forming a sac of about one-third that extent; into the latter a small portion of the ileum had been protruded and strangulated, forming the cause of death.

The piece of intestine adhered to the sac about three-fourths of its circumference, and was confined by the stricture formed by the fascia, and in a very high state of inflammation. Every part of the contents of the intestine was arrested by the stricture, and below it the intestines resembled a large *worm*; another portion had been strangulated in the sac, and had descended below Poupart's ligament, and which had been reduced during the operation; this portion showed the marks of compression it had undergone.

TO CORRESPONDENTS.

Can E. Z. authenticate his statement? If so we will publish it, "Come what, come may."

We do not profess to reply to the whole of the Letters we receive;—some, in fact, do not require replies, and the queries of others are so numerous, that they preclude the possibility of giving satisfactory answers: we are in this predicament with regard to the ten sheets of foolscap from the pen of *Pythias.*

We once more entreat our friends to be as brief as possible in their communications, and we beseech them to give us "much matter in little space." We are obliged to lay aside or return many valuable articles, solely from their unwieldy length. Some of the Letters on the College of Physicians, for example, would fill an ordinary octavo—such essays would not be read, if printed. By the by, we have mislaid "the Circular" of the "Faculty of Physic;" if a "Friend" will send us another, we will endeavour to give the whole, or greater part of it, insertion.

The Students of St. Bartholomew's Hospital still complain of the rascally Box-carriers. Why do they not petition the Grand Committee? Such an application would rid them of the nuisance by which they are now annoyed.

Did a Licentiate observe that we declined to insert his former letter, on account of its anonymous personalities? without which, we fear the first part of his second letter would be unintelligible.

We have received Dr. Penneck's catheter and director—they shall have an early notice.

We are exceedingly obliged to the Author of "Medical Legislation," for his two very excellent Tracts; unfortunately the second is incomplete, as it terminates at the 24th page of the appendix—can he favour us with the concluding portion?

We will comply with the requests of a Country Surgeon.

We thank our facetious friend Mordax. It is true Dr. Elliotson was in Switzerland, but the patient was admitted on *his* taking-in day, and consequently "*as under his care.*" Although the system of *translation* be heterodox, yet it is very agreeable to those who cannot otherwise comprehend.

We shall probably notice the subject mentioned by Fairplay. The "straightforward" system still takes a "serpentine course;" how is this?

A. Z. L. shall appear.

The practice alluded to by Chirurgus, in his spirited Letter, is without doubt objectionable; but we fear that any other would be more so.

THE LANCET.

No. 177.] LONDON, SATURDAY, JANUARY 20. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES

At St. Bartholomew's Hospital.

Functions of the Eye, &c.

I HAVE now to speak of the functions of the Eye, as an organ of sight; but this is a very difficult subject. I am sure I don't pretend to have knowledge enough of optics to give you a correct account of it, and I have always questioned whether the Class had knowledge enough to understand it, if it were given. Well, under these circumstances, I have made out as good a way of speaking of it as I can, by reminding the auditors of certain circumstances relative to *light*, which they may ascertain to be facts, and consider at their leisure.

First, then, it does appear, that light consists of very minute parts of matter following each other in straight lines, and moving with incredible velocity. These light particles of matter are subject to attraction and to reflection: like a ball upon a billiard table striking against an object which reflects it, it rebounds at the same angle. To ascertain that, you have only to consider this common observation: suppose there was a mirror here, and that three persons were to stand—two at the side of it, making the same angle with the mirror, and one in front of the mirror, what would be the consequence? Why, that the two people who were at the side would see each other very distinctly, but they would not see the man who stood in the front; and the man in the front would see himself, but he would not see the other two, for the rays of light going upon my person, (supposing I was one of those standing at the side of the mirror,) impinging on me, and being reflected, would rebound, and affect the person who stood at the same angle, whilst the rays of light going to the person in the middle would rebound his own image, and would be evident to himself, but he would not see the image of those who stood at the side.

Now I say, then, they are susceptible of attraction—attraction by things which contain more condensed matter. Suppose all below a line to be water, and all above that line to be air, and suppose a ray of light to be passing from the water into the air, it will be attracted when it gets to the surface of the water by the denser medium, and its course will be broken. It will be *bent*, to use the optical language, it will be bent from the perpendicular light falling on the surface of the water; the ray of light will appear broken, but we make no allowance for the refraction; we always suppose the rays of light to come, as they usually do, in straight lines to our eyes.

Well, now, here's the experiment: I put a shilling in the bottom of a basin; I stand so far distant, as that the edge of the basin conceals the shilling from my view; I half fill the basin; I let another person half fill the basin with water, and then I see the shilling. O, persons who had never tried the experiment would think the shilling must have been moved; but the man who filled the water into the basin would know it had not been moved. You know, too, that a straight stick dipped into the water appears crooked in this way. Well, the attraction by the difference of the media of water and air is well known; it is as 3 to 4; and the difference between glass and air is as 2 to 3. I am not clear that I tell you exactly, but it is computed, as you will find, that the eye may reflect in this way.

There is another cause of the alteration of the course of the rays of light. If they impinge upon a convex body, those which touch the greatest convexity of it will suffer no alteration in their course, but those which fall on the sides of it will of course be attracted by the convexity of the body; they will be nearer to it in one point than in another; they will be bent inwards, as the phrase is, and all the rays will thus be brought to a point.

Now the degree of refraction from the convexity of the body is ascertained; they say, if you complete the circle, the point of convergance, the focus will be at one semidiameter of the circle behind. This is the way they have calculated the refracting power of convex bodies. You know it is this power, for you have seen the effect of a burning glass in bringing light to a focus. Well, the rays of light come to the *cornea*, which reflects them partly on account of its convexity, and partly on account of its concavity. A great deal of light falling on the cornea impinges on the angles of it, which will be reflected again, and that is the reason of the glistening of the cornea. It is only a certain quantity of light that will go through the cornea; from that a great deal of light will go to the *iris*, and will be reflected from it again, and this is the reason why we see the iris in some persons more than in others. It is only that cone of light that goes into the *pupil*, and then falls upon the *crystalline lens*. Well, then, the rays of light will be brought to a focus; but as to saying where the focus is, I suppose that that is more than any man can do; but the rays of light are brought to a focus behind the crystalline lens, and they are separated and decussate and arrange themselves upon the *retina*, exactly in the same order in which they proceed from the different objects we see. Thus, if a ship were the object I saw, it would be represented on the retina, but inverted; the masts would be downwards and the bottom upwards.

Now the eye has all those powers, so that it is a most perfect and complete *camera obscura*, which any one may satisfy himself of, by the following experiment: Take off the back part of the *sclerotica* of an animal's eye, and part the vitreous humour with thin paper, then present the eye to certain luminous objects, three candles, for instance, in a room otherwise dark, and you will see the flames of those candles most beautifully depicted on the paper, with their tops turned downwards, glimmering and moving, just as the flames do. O, it is a complete *camera obscura*. You have seen those cameræ obscuræ where the landscape, or whatever it is, is depicted upon paper, most accurately and vividly done. The eye has those powers of so refracting and bringing to a focus the rays of light, that they, afterwards separated, will arrange themselves on the retina, in precisely the very same order in which they emanated from the different surrounding bodies. But the retina *feels*, it don't *see*. In the common camera obscura, we are obliged to use another glass to correct the inverted position of the object. The retina feels, it don't see; but as there is no correction for the inverted position of the object in the human eye, why it has entered into the heads of some persons to suppose, that we really see things *topsy turvey* in the first instance, and correct this error by experience. Now that is a very strange opinion, and a very absurd one. We always believe the rays of light to come in a straight direction from the object to the retina, on which they impinge; and suppose the rays of light from the Gentlemen now in the gallery were to impinge on my retina, and produce an impression by which I knew they were there; and suppose I saw that hat which now lies on the ground, on the top of my retina, the impression causing me to believe it was on the ground, would my eyes in all that deceive me? Do not the rays come in a straight direction? We know they do. My belief is, that the rays come in a straight direction from the object to the retina, and that is as it should be; the reason of it is, to give us our knowledge of the objects, which it unquestionably does. Well, there is one thing with regard to the eye which nobody understands: the eye is a correct camera obscura, when the object is placed at a certain distance from it; but if you were to approximate the paper to the candles, for instance, the flames would become indistinct at once. There is no adaptation in the dead eye to objects, but there is a great adaptation to them in the living eye, and how this adaptation is produced, I believe nobody understands.

I have talked of the elasticity of the cornea, and the convexity of the eye. Mr. Ramsden, who was a very clever man, an instrument maker in this town, did contrive an instrument by which he could try the sphericity of the cornea, so that when a person was looking at one object here, at another there, and at a third in another place of the same room, he could tell which object the person was looking at, by observing the sphericity of the cornea; but that is not sufficient, and therefore some people have been induced to suppose, that the crystalline must be moved occasionally, or that it had power to alter its sphericity. All this is hypothesis.

Now when I speak of each organ of sense, I always take occasion to note those circumstances, with relation to sensation in general, which that organ is most calculated to display; and with regard to the light, we must see how subtile, how very subtile indeed are our senses, when capable of having vivid sensation produced from such wonderfully minute matter—by the atoms of light. So it is with regard to *sound*: what wonderfully subtile matter must that be, and yet what vivid sensation does it produce! There cannot be a question but that there is some subtile matter vibrating through the air which is the cause of sound. It has many affinities to light. Sounds cross each other without intervening, just as the rays of light do. But I say, the subtilty of our perceptions, and yet I do not dwell much upon that point, the matter produces actions on the nerves—produces some vibration in the nerves by which the action is propagated to the brain, and thus are we able to perceive why very vivid sensations often take place from the slightest impulse, and why, at other times, the most powerful impulse fails to produce a sensation. A man may be shot through the body and not feel it. It has been said, that a man has had his leg shot off, and that he never knew it till he attempted to take a step. (*Laughter.*) Again, the slightest *odours*, or any thing of that kind, often produce most powerful sensations on the *cerebellum*.

Now that there are those actions produced on the eye is perfectly clear. It was to this subject Dr. Darwin bent his attention, when he affirmed this piece of physiological information, which I believe now is commonly received, that sensation does not depend upon impression made upon the nerves, but upon actions excited in them. There are some people who sleep with their eyes open; and a man may stand before another man in such a situation, with a lighted candle in his hand, so that the image of that person who has the light may be vividly depicted on the retina of the sleeping man; but does he see—is he sensible of it? No. Arouse the slumberer, awake him that sleepeth, bring but the natural excitement into his nerves and muscles, and he would exclaim, "God bless me, how came you here at this time o'night?"—(Laughter.)

But this is the point; it is the consideration of *ocular spectra*. But what's meant by ocular spectra? O, you know; you must have remarked, that if you look at the setting sun for some time, so as not to fatigue your eye, and turn about—turn to the East, you will see a ball of fire before you. O, you will see the spectrum of the setting sun. But say you have looked at the sun till you have tired the eye—completely tired the eye, and then turned to the East, what would you see? Not a globe of fire, but a round, black ball. You will still see the *spectrum* as far as related to *form*, but not as far as related to *colour*; and it is very curious that you may look at scarlet till you tire the eye, and then that it will appear green; and that you may look at green till it appears scarlet. It is the reverse of the colours that appears. You look at the window, and if the eye is not fatigued, and you take it away, you will see the spectra of it; but if it is fatigued, and you continue it, the light part will appear dark, and the frame-work will appear bright and light. These things you must have observed; perhaps you may not have reflected on them, but it is the reflection on them that leads Dr. Darwin to conclude that the retina perseveres in those actions which have been reflected on it, and therefore we observe the object which is no more before the eye; or the eye being fatigued by looking at it, you have another object, you have the spectrum as far as relates to form, but not so far as relates to appearance.

The eye of course is one of the organs which adapts the manifestation of the sense to the situation in which we are placed. A man may live in a dark place, and objects there may be very distinctly visible to him; whereas a man coming out of a very strong light can see nothing in the same place. This adaptation we know has been *expressed*, but I am sure I cannot say it has been *explained*. The vividity accumulates in proportion as the exciting causes accumulate, and diminish in proportion as the exciting causes diminish, but it has certainly not been explained.

Mr. Abernethy now described the *lachrymal* parts of the eye.

As to the *eyebrow*, I think you cannot fail to see that it is in the human species an organ of expression. I know that any painter would concur with me in this, for by a little arrangement in the eyebrow he can make a great alteration of expression in the face, and he cannot produce that alteration by the variation of any other single feature. No animals have this. And now you may think as you please upon this, but I have told you what I think of it, and that's all I can do.

Secretion and course of the Tears.—It seems all very beautiful that there should be this contrivance to besmear the tears equally over the whole front of the eye, and that there should be, too, the groove that we find here to convey away the surplus tears from the eye into the lachrymal bag! But the question is, What are the tears? Now any body making such an inquiry, would really surprise a person who had not reflected on the subject. What are the tears? Does not every body know what the tears are? One would think that a person who instituted such an inquiry, had never seen a *blubbering boy* with the salt water running down his cheeks. Aye, but are those tears? Those are tears to be sure, such as are shed from irritation or from sorrow, but they are not the *common* tears. They inflame the eye; they excoriate the very cheek down which they run. What are those salt water tears? O, they are the product of the lachrymal gland, which is lodged in a slight fossa in the orbitary process of the *os frontis.* It is the property of these glands—the salivary glands, to secrete occasionally, and not continually, and to secrete profusely at times. This is the source of the salt water which is shed from grief, or when anything irritates the surface of the eye; but it is a kind of salt water not calculated for lubricating the surface of the eye, that you may be assured of. What are the common tears? Unquestionably a very lubricous fluid, to facilitate the motion of the eye-lids upon the front of the eye-ball—a mucilaginous liquor—a thin mucilage secreted from the whole surface of the concavity. That it is mucilage is manifest; for where it is abundant in quantity, and perhaps having a greater abundance than common, in consequence of inflammation, does it not *gum* the eyelids together. Have you not little follicules of gum which you may dissolve in warm water? I say it is a mucilaginous secretion, excellently calculated for preserving the front of the eye, and for preserving it moist, so that it may be transparent.

But, now, if they are mucilaginous, they might gum the eyelids together; they do; and here it seems that something is wanted to prevent this gumming and adhesion, under ordinary circumstances. Now, for that purpose, there is a row of glands and ducts situated beneath the lining of the eyelid upon the *tarsus*; they are called *ciliary glands* and ducts; they go also by the name of the anatomist who described them—*Meibomianæ.* You may press them, and you will force out of the orifices fine threads of oil—suety sort of oil, and this is to prevent the gumming. When those ducts do not perform their functions well—when there is that agglutination, medical men have been in the habit of painting this part with some ointment to stimulate the orifices of those ducts, to produce the natural secretion; and, undoubtedly, it is good to anoint the edges of the tarsus, because it does prevent the agglutination I have been speaking of.

Now, then, there is another good in the *tarsi*: the stiffening of the tarsus gives an opportunity for hair that grows from the very edge of the palpebræ, to arrange itself in a right direction—the eyelash. Were the tarsus not stiffened, the hairs would cross one another; but, as it is, the hairs must take their regular direction, and they project considerably beyond the apertures of the *eyelids.* Now, what's the use of these? O, they protect the eye against the approach of any foreign body; the eye is shut against anything approaching it with a celerity that's proverbial—*the twinkling of an eye.* And the excellence of this contrivance is very well manifested to you, by a common occurrence which you must be all acquainted with: a little fly in flitting through the air, it touches the eyelid, and the eyelid is closed upon it; the eyelid, in this respect, becomes an excellent *fly-trap,* which crushes the little insect to death in a moment.

But there is one thing more: when the eyelid is closed over the eye, when the superfluous tears have got into the groove made by the two tarsi, when the orbicularis presses the eye, and gives a torrent of tears towards the *puncta-lachrymalia,* there is a question, why the tears do not come out at the *internal canthus,* why do they go no further than those *puncta* which are to convey them into the nose? There is a projection here to prevent that, which is called *caruncula lachrymalis.* It is manifest in every eye. It is a little bit of fat rising up, to fill up an apparent vacancy. It was thought to be an organ of secretion; but we have now reason to believe that it's merely mechanical—merely placed there to prevent the tears from going beyond the puncta lachrymalia. In some animals it is covered by *cuticle*; I allude to the *horse,* and therefore it cannot be a secretory organ.

Another question which has arisen has been, whether the puncta lachrymalia transmit the tears to that which leads to the lachrymal bag, in consequence of the fluid being impelled by force through them, or whether they have the power of absorbing the tears? Now that the *orbicularis palpebrarum* muscle does jointly, with other powers, impel the tears on, is what we have reason to believe. If a person has a redundancy of tears, what does he do but shut his eyes, and gently press with that muscle, to get rid of them? But yet there is reason to believe, that there is that absorbing power. *Dr. Fullerton* was convinced they had this power; and I think it reasonable to believe that they have the power of absorption.

And now I have done. I have told you of all the circumstances—of all the artifices which Nature has employed for lubricating the front of the eyeball, and keeping it continually transparent. In no other part of the body have you such a series of contrivances, the uses of which you so well understand. Every thing seems required, and every thing required is met with, and every thing met with seems to be admirably adapted to its function; so that I cannot but think that the lachrymal parts of the eye may serve as an instance of the effects of a designing cause, operating in the formation of Nature's works. However, I have done for to-day.

INTRODUCTORY LECTURE

TO A

COURSE OF SURGERY,

Delivered at the Richmond Hospital by

Mr. CARMICHAEL,

PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

GENTLEMEN,—It was my intention at the opening of this school to have given you my sentiments on the present state of medical education in this country, and the improvements of which I considered it susceptible; to explain the plan we purposed to pursue in this establishment, and to subjoin some hints on the most advantageous mode of pursuing your professional studies. But unfortunately, on the very eve of our undertaking, I was disabled from appearing before you by one of those unexpected and unwelcome visitations, which so rapidly bring the life into jeopardy, and to which the medical profession are so peculiarly and necessarily exposed.

But I have to thank you warmly and sincerely for the kind and affectionate interest you took in my recovery, and now, at the earliest day at which I feel myself adequate to the task, I come to redeem my pledge to you and to the public.

My colleague, Dr. M'Dowel, by a strange copartnership in misfortune, was at the same moment also rendered incapable of contributing his valuable assistance by a similar, but I am happy to say, a slighter, attack of fever. So that nothing could be more inauspicious than the commencement of our school. Mr. Adams, however, stood in the breach—the school was opened at the time announced, and notwithstanding the disadvantages we encountered, we feel ourselves already supported to an extent which few recent establishments can boast. We are now about to enter upon the surgical part of the course, and I shall take this opportunity of enforcing the several topics, which have for some time occupied my mind, and which I think most worthy of engaging your attention.

The several new schools of medicine which have of late made their appearance in this metropolis, tend in some degree to evince that the odium attached to Irishmen in not availing themselves of the local advantages which their country affords, cannot with justice be affixed to the surgical profession. The surgeons resident in Dublin, however small in number, it must be admitted, form a remarkable and praiseworthy exception to an imputation which I fear is too universally true with respect to their countrymen. It is only now, however, that medical men seem to open their eyes to the advantages which Dublin affords for the establishment of medical schools; advantages which are far superior to those of any other city in the empire. We abound with dispensaries, hospitals, and charitable institutions of every description, calculated to alleviate the various maladies entailed upon man; and without which a city like Dublin, with a pauper population perhaps exceeding in proportion that of any other city in the world, would soon become one vast scene of desolation. But as it is the wise dispensation of Providence to make "good arise out of evil," let our profession but avail itself of those local advantages which this metropolis affords, and we may turn the very poverty and disease with which it abounds into blessings of the highest importance, by affording to the empire an annual supply of well-informed medical practitioners, which no other part of the united kingdom could educate equally well at the same moderate expense.

The difficulty of prosecuting anatomical pursuits in the sister country, induces vast numbers to seek that information in foreign states which cannot be obtained at home; but if the advantages of Dublin as a school of anatomy and medicine were once sufficiently known and promoted, no longer should we find pupils emigrating to distant countries to acquire at a great inconvenience and expense that information which is to be obtained on the most economical terms, in the second city in the empire; and which at the same time contains within itself opportunities for the acquirement of every branch of professional knowledge.

There are twelve respectable Hospitals, among which we boast of a Lying-in Hospital, not equalled in the world for extent, magnificence, and utility. Two extensive botanical gardens, with a professor of character and learning attached to each. Two public lecturers on chemistry, the one, the learned Professor of Trinity College; the other of the Dublin Society; and also several private lecturers on chemistry. Beside the schools of medicine conjointly formed by the University of Dublin and the College of Physicians, and the School of Surgery of the College of Surgeons, there are three or four private schools, each containing professors in every branch of medicine; and I trust, ere long, many others will be added to the number; for we are not to consider that the great advantages which this city affords for the promotion of medical education, are to be restricted to that of raising practitioners for this country alone. We have the means, if we cultivate them as we ought, of educating medical men, not only to supply the wants of Ireland, but a great proportion of those destined for the Army, Navy, the Colonies, and I will say, for England itself; for even to England I am persuaded we shall be enabled to supply individuals *superior* in professional acquirements to those who in general fill the ranks of that most useful class of men, the surgeon-apothecaries; to whom, in a great measure is consigned the chief medical, surgical, and pharmaceutical practice throughout the great, wealthy, and populous provincial towns of this part of the empire. In making this assertion, I do not speak unadvisedly and without consideration. The expense of attending an Hospital in London (an attendance on provincial Hospitals is not acknowledged by the London College) is on the lowest average, probably three times greater than that demanded from a pupil for attendance upon the large institutions in this city. Edinburgh, though more economical than London, does not contain an Hospital establishment, or a population sufficient for the purpose of extensive chirurgical or even medical education. The expenses attending anatomical pursuits in London and Edinburgh, from the difficulty of obtaining subjects, is at least six or eight, and not unfrequently even ten times greater than in Dublin; often it amounts to an absolute prohibition. So that I feel warranted in my assertion, that the pupils educated in England and Scotland, from the great expense of acquiring anatomical information, are not in general sufficiently grounded in what may be considered the very foundation of medical and chirurgical knowledge; and without which, the superstructure, however ornamental, must be frail and tottering. But the advantages of Dublin, as a school, are already beginning to be known and felt in the sister kingdom. During the Peninsular war, the superior anatomical, and of course, chirurgical, knowledge of those army surgeons educated in Dublin, soon attracted the notice of the distinguished individual placed at the head of the Army Medical Establishment; and with a conscientious and honest discharge of the high trust reposed in him, he advanced those men in rank and responsibility, upon whose professional knowledge, when so much was at stake, most reliance could be placed, no matter what was their previous patronage, country, or religion. Those alone were selected who were most capable of affording the best chance of life or limb to the wounded soldier; and in consequence, numbers of our countrymen, educated in this city, and filling subordinate situations in the army, were advanced with rapidity to posts of responsibility, rank, and emolument. This naturally opened the eyes of many to the superior advantages afforded by Dublin for the acquisition of surgical and anatomical knowledge; and we have had consequently, since the war, a number of pupils from England and Scotland, annually resorting to our schools; a number, which I shall venture to predict will every year increase.

Unfortunately, our own foolish ordinanations have interfered to mar the progress of Dublin as a school of anatomy and surgery. It is natural, and a matter of course, that pupils should wish to receive their diplomas of qualification from those constituted bodies under which they have been educated, and from the hands of those professors and seniors who have observed the progress that each has made in the acquisition of medical and surgical knowledge.

This very natural and laudable desire is completely baffled by the Charter of the College of Surgeons in Ireland, which enacts that no person shall be admitted to an examination who has not served an apprenticeship to a regularly educated surgeon; and this is the *only test* of qualification demanded from the pupil by this corporation charter. *No* attendance upon lectures, *no* attendance upon hospitals, *no* dissections, are required by the framers of this wise sample of legislation; and, in fact, at this very moment, in point of law, the President and Examiners are bound to examine any man, no matter whether he has ever been inside the walls of an hospital or lecture-room,—if he has only served an apprenticeship to what is designated a regularly educated surgeon, he may demand an examination.

But the framers of the Charter forgot in their wisdom to define what are the qualifications which render a man a regularly educated surgeon. Their successors, I presume, taking it for granted that the only qualification to make a regularly educated surgeon is an apprenticeship to one, demanded from every pupil who had not been an apprentice to a Licentiate or member of the College of Surgeons in Ireland, sufficient documentary evidence that his master not only had been a regularly educated surgeon, but that he had also served *his* time to a regularly educated surgeon; and thus I have known the time of the Court of Examiners occupied, day after day, examining the genealogy of a candidate, even to his professional *great great grandfather!*

It is high time for these follies to cease; the spirit of information among the rising generation of surgeons would not brook them a moment, were it not that their own interests are concerned in perpetuating a bondage under which they themselves have suffered.

To the credit of the leading men of the profession, an attempt was made within these two years to induce the College to petition Parliament for a new Charter, the basis of which was to annul apprenticeships, and, in lieu of them, to lay down a broad system of education in the various branches of medical studies; and that documentary evidence of attendance upon lectures, dissections, and hospitals, should be the only qualifications demanded from the candidate.

Will it be credited that these projected improvements, which would *tend* to raise surgery from the state of a mechanical trade to a level with the liberal professions, were rejected by a majority almost entirely composed of the younger members of the College. While, at the same time, with scarcely an exception, these most desirable improvements were supported by the senior members. Men who were in the actual enjoyment of the advantages which the system of apprenticeship affords, while those who opposed the projected alteration in our Charter, could only have held them in prospectu, and most of these unlikely, from the want of hospitals, ever to have enjoyed them. But, Gentlemen, I trust that this degraded state of a liberal profession, requiring for its practice an expanded mind and extensive information, and allowed to be one of the most useful and honourable which falls to the lot of any body of men to exercise, cannot, whatever be the opposition excited by interested and mercenary motives, much longer continue to be debased to a level with the mere mechanical arts. I appeal to my young hearers, who, in the course of a very few years, will have a voice in the affairs of the College,—will they, from the sordid prospect of the chance of putting a few additional pounds in their pockets, perpetuate this degradation of themselves and their profession? Is there one of you, with the liberal education you have received, that does not feel humbled by the necessity of submitting to the yoke of an apprenticeship, which is altogether useless to the master to whom you are indentured, (except so far as the fee is concerned,) and to yourselves for the acquirement of professional knowledge. Would you not, if this base and unnecessary yoke were removed, walk more erect, and hold your heads more high, among those juvenile friends who are pursuing their studies in the other liberal professions?

Notwithstanding the absurd method by which the College of Surgeons in Ireland undertook to provide, through the arrangements of its Charter, which was granted them in 1784, regularly educated surgeons for the community, the profession made rapid advances afterwards, partly owing to the institution of a school of anatomy and surgery under the auspices of the College where none before existed, and partly to the necessity imposed on every person intending to practise surgery, to undergo the ordeal of a public examination. But a great deal must be attributed to that simultaneous effort which appeared at this time to take place all over Europe for the improvement of anatomy, physiology, and surgery, and to which Mr. Pott, Doctor Monro, sen., Haller, and the two Hunters, so largely contributed.

Under these circumstances, the state of surgery could not but improve in this country. But this improvement cannot with any reason be attributed to the system of apprenticeship without other qualifications; and which manifestly prevents numbers from availing themselves of the advantages which Dublin affords as a school of medicine in all its branches. For it is a fact, that at least twenty-nine out of every thirty who receive their professional education in Dublin, are obliged, in consequence of the stipulation contained in this Charter, to seek, in another country, the qualifications which entitle them to practise; a circumstance which tends to put money into the pockets of the examiners of other colleges, and to impoverish still further this impoverished land.

When we take a survey of the various public charitable institutions of this populous city, there is not one which can compete with the House of Industry, and its extensive hospital establishment, for the purposes of a medical school.

This Institution, although still called the House of Industry, has altogether changed its character from its original formation. It may now be considered a vast hospital for the admission of those who, from chronic disease and bodily infirmities, are incapable of obtaining a subsistence; and contains, exclusive of those in its hospitals, a population of 1503 persons. It has attached to it three distinct hospitals: a Fever, a Medical, and a Surgical Hospital. The hospitals combined, contain, at present, 452 patients. There is also a Dispensary attached to the Institution for the poor of the north-west district of Dublin, at which the averaged number of patients prescribed for daily, amounts to 150.

The ruptured poor of the entire kingdom are supplied with trusses at this Institution; and the averaged number supplied, amounts to forty every month. Those seeking relief in any department of this extensive establishment, require no other recommendation than the pressure of disease. The entire is supported by parliamentary grant, at about the averaged expense of 20,000*l.* per annum. As a government institution, it ought to have a school of medicine attached to it; even the despotic governments on the continent institute hospitals for the mere purpose of educating military surgeons. Surely, then, the paternal government of a free country must naturally be disposed to encourage the establishment of schools of medicine in all hospitals supported out of the public funds, in order not only that the army and navy, but the community at large, should be benefited by them to the fullest extent.

This school is, however, undertaken altogether by those individuals now associated to teach anatomy and surgery within these walls; and I regret to observe, that their exertions met with most opposition where they ought to have received the greatest encouragement. Let me not be understood as alluding to the Government, whose kindliest influence has long shone upon those institutions; but to certain clouds in our atmosphere drawn up by its rays, as if only to intercept them.

Lectures, in my opinion, to be useful, should, as far as possible, be demonstrative; if they are not so, the learner, in the quiet seclusion of his study, has a better chance to acquire the knowledge he seeks in reading and pondering over good authors. Therefore, in our Surgical Lectures, it is our intention to illustrate the subject under consideration by a reference to such cases as happen to be at the time in hospital, and to which the majority of our auditors will probably have access; and when no living example of the disease in question is present, we shall endeavour to illustrate our observations either by drawings, casts, or morbid preparations.

Extensive and momentous information in our profession is, no doubt, to be derived from books and lectures; but recollect, that you do not *see* the diseases you are to treat in either, and that you only receive an account of them through the medium of others, who, at the same time that they give you the fruits of their experience, are liable to exaggerate, or misrepresent, the symptoms they describe, so as to make them meet some preconceived notions, or favourite hypotheses, which had taken possession of the author's or lecturer's mind. For this reason, if there was no other, learn from your outset to observe in hospitals the characters and symptoms of diseases with your own senses, and do not give up the evidence of them, contrary to your judgment, to any man, no matter how high his authority or rank may be.

Hospitals not only afford an opportunity of acquiring Pathological, but Physiological, knowledge. Instance after instance occurs; and the process by which a wound or a bone unites, must make any reflecting mind anxious to learn the steps by which the living machine produces these results, and examine the wonderful complexity of the animal economy, and how admirably each organ is adapted to the performance of its peculiar functions.

The Skeleton may be considered as the frame-work of this complex machine, in which we cannot too much admire the skill displayed in the structure, relative direction, and connexion of the bones, so as to combine strength and firmness with an arrangement that permits the most complicated movements with little risk of displacement.

The astonishing powers of the Muscles which move the bones, next attract our admiration, which, although they are inserted almost every where in the most disadvantageous manner, produce the surprising effects we witness; but there is so much power to spare that it is every where sacrificed to convenience of form and celerity. Thus, the biceps muscle, as it is inserted in the human arm, acts like a man who endeavours to raise a ladder on its nearest end by applying his force to its lowest rundle.

As the motions of the body would be much impeded were the muscles every where inserted into bones, Tendons have been constructed, which connect the muscles to the bones, and which may be considered as so many passive chords of great tenacity and strength; but, notwithstanding their strength, they very often give way to the power of the muscles; thus the strongest in the body, the tendo-achillis, is frequently ruptured, and becomes an object of surgical interference. You have all heard of the celebrated French dancer, who ruptured both at the same moment in a violent exertion, and fell instantly powerless upon the stage. The four wild young horses are equally familiar to your recollection, which were affixed to the extremities of the unfortunate Damian, who was condemned to this unheard of mode of execution for an attempt to assassinate Louis XV., which, although urged during fifty minutes to their utmost exertions, could not tear asunder the limbs of this miserable being until assisted by the knives of the executioners. These striking but oft repeated instances, sufficiently evince the powers which the Creator has bestowed upon living animal matter.

Now let us turn our thoughts a moment upon the medium by which the Mind is enabled to act upon and command this powerful machinery.

The instruments by which the mind acts are the brain and nerves. The different organs of the senses—those of sight, hearing, smell, taste, and touch—connect us with the external world, and impressions made upon the peculiar nervous tissue of these organs are conveyed to the brain through the medium of the nerves. Where they excite sensation and perception, a propensity or appetite may be excited; volition follows, and the command is conveyed along the nerves to the parts required to act. The subserviency of the nervous chords to convey the dictates of the brain is proved by experiment, accident, and disease. If the nerves going to certain muscles are divided or injured, the brain loses its influence over these muscles. If the brain be compressed, as occurs in violent injuries to the head or in apoplexy, *it* loses its power of affecting the voluntary muscles; while the involuntary, as we shall presently see, are independent of the will for the most obvious reasons, and continue to perform their functions long after all voluntary movements have ceased.

The involuntary muscles, such as the muscular coats of the stomach and intestines, and all the organs subservient to digestion, circulation, respiration, and the secretions, whose actions are necessarily incessant, and therefore ought to be independant of the will, are supplied by nerves which proceed from ganglions, or peculiar expansions of the nervous substance. These nerves, from their functions, are termed the nerves of organic or vegetative life, and the honour of this discovery is usually ascribed to Bichat. There is, however, an exception to the rule that involuntary muscles are supplied exclusively by ganglionic nerves; the par vagum, a large portion of the eighth pair arising from the brain, is distributed to the stomach, a circumstance from which I should only be induced to infer, that it is like the diaphragm, which derives its nerves both from the spinal and ganglionic systems, a muscle of a mixed kind, being partly voluntary and partly involuntary in its actions. The voluntary action of the stomach is seldom seen in the human species, although many instances are detailed of individuals who possessed a power of regulating at will its contents; * but such a power exists in the tribe of ruminating animals, and all the mammalia seem to be formed after a peculiar model, but this model modified according to the particular wants of the animal. The influence of the mind over the stomach is apparent in all human beings, from the effects of mental impressions upon that organ. A man will sit down to his meal with an excellent appetite; an afflicting piece of news arrives, and his appetite immediately leaves him. The immortal Shakspeare, from whom no secret of human nature seems to have been concealed, has finely exemplified this in the conversation which occurs between Henry VIII. and Cardinal Wolsey. When the king communicates his determination to disgrace him, by putting his own intercepted dispatches into his hands, observing,

"Read o'er this;
And, after, this: and then to breakfast with
What appetite you have."

The heart, whose actions are so independent of the will, has branches of nerves also from the eighth pair, which sufficiently accounts for the immediate influence of mental impressions on the actions of the organ. Instances are even related of individuals who could, at will, influence the actions of the heart.

That the ganglionic system of nerves is the seat of organic or vegetative life, we should infer from the rapidity with which the powers of life seem to sink, when those organs on which the ganglionic nerves are distributed are assailed by external violence, inflammation, or spasm. A smart blow on the pit of the stomach (which is also the situation of the centre of the ganglionic nerves, the celiac ganglia and plexus) will often produce death, as instantly as if the person had been struck by *lightning*. It has fallen to my lot to have seen five or six cases of death from rupture of portions of the intestinal canal, and consequent effusion into the cavity; and in all of them I was impressed by two circumstances—1st. The rapidity with which the powers of life seemed to sink, long before inflammation had time to make any apparent advance; and 2ndly. The little disturbance which the cerebral functions seemed to receive by a shock which took away the life of the individual in a few hours; for I have observed those persons converse and reason with the same facility as when in the enjoyment of perfect health; and I have even heard one individual jest on some passing occurrence within a minute or two of his dissolution, a circumstance which proves how little the brain, and the system of nerves immediately arising from it, were affected by a cause capable of rapidly destroying life, and evinces the great difference between the ganglionic and cerebro-spinal system of nerves. Until lately it was supposed that the same nerves proceeding from the spinal marrow, performed the double office of sensation and motion; it has, however, been proved by Mr. Charles Bell, (a discovery which reflects upon him the highest honour,) that the posterior fasciculi of nerves proceeding from the spinal marrow, are the nerves which afford the property of sensation to the parts on which they are distributed; and that the anterior fasciculi, on the contrary, give the faculty of motion. These facts are proved by experiments, which have been repeated with similar results by Magendie und others.

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* Doctor Gosse, for instance.

The nerves of the other senses, as well as that of touch—those of sight, hearing, taste, and smell—all have separate origins from different portions of the brain. Since then, we find each portion of the nervous system has a distinct and appropriate function to perform, we are in some degree prepared for the proposition of Gall and Spurzheim, that the entire mass of the brain is not engaged in every mental operation, but that different portions of this viscus have their allotted functions. To such of you as have a wish to be acquainted with the Phrenological doctrines, I would strongly recommend you to read, at your leisure hours, the admirable work of Mr. George Combe, which has already gone through several editions. You will, after perusing this work, feel the littleness of those who scoff at a subject of which they are ignorant. An article, supposed to come from the pen of Mr. Jeffrey, appeared in the Edinburgh Review of October last, in which he attacks the system with all the weapons of an experienced controvertist. This drew forth from Mr. Combe an immediate, spirited, and most triumphant reply, in which he not only answered all his adversary's objections, but convicted him of unfair dealing as a critic, ignorance of the subject he undertook to criticise, little depth as a metaphysician, and but slight acquaintance with the opinions even of the school he supports. Phrenology, as defined by Mr. Combe, "is a system of philosophy of the human mind, adapted to explain the primitive *powers* of feeling which invite mankind to action, and the *capacities* of thinking that guide our actions till we attain the object of our desires."

Hitherto, philosophers and metaphysicians have considered the mind as uninfluenced and unconnected with the body. They have treated "the thinking principle as a disembodied spirit." The phrenologist, on the contrary, "regards man as he exists in this sublunary world; and desires to investigate the laws which regulate the connexions between the organs and the mind, but without attempting to discover the essence of either, or the manner in which they are united."

After the lapse and labour of more than two thousand years, metaphysicians are not yet agreed concerning the existence of many of the most important principles of action and intellectual powers of man. Instead of obtaining rules by which to discriminate the effects produced upon the character and conduct of individuals, by different combinations of the mental powers; we find the works of philosophers on the mind, to be only a never-ending series of disputes, whether such differences do exist in nature, or are the result of education and other adventitious circumstances. Gall and Spurzheim have ascertained from observation, *primitive faculties of the mind* so simple, as not to have been thought of by the philosophers of the old school; and they conceive that they have also from observation ascertained the parts of the brain, where each primitive faculty resides. It would lead me too far to enter deeper into a consideration of this interesting subject. Suffice it to say, that it is a study closely connected with the various applications of medical knowledge, and therefore well worthy of the attention of the scientific practitioner. Their mode of dissecting the brain is, however, I am bold enough to say, the only one that ought to be pursued, and will be that adopted in this school. The old method we will of course show you, as long as you are likely to be examined in it, although we might as well engage to dissect the muscles of an extremity by cutting them across, as to demonstrate the nervous fibres of the brain according to the old, and, I am confident I shall soon have the opportunity of saying, obsolete method.

Many imagine, that if a surgeon is acquainted with anatomy, and the treatment of fractures, dislocations, ulcers, tumours, and other affections of the surface of the body, that he is qualified to practise surgery; nothing can be more fallacious than such an opinion, for even to be able to treat as he ought external affections, he should be well informed respecting the diseases of internal organs, and capable of ascertaining how far the external affection is connected with, or symptomatic of, the internal disease. There is scarcely an eruption which occurs on the skin, which is not more or less dependant upon internal derangement, chiefly of the chylopoietic viscera, and to be enabled to treat the former with any kind of success, our remedies must chiefly be applied to remove the derangement of the latter. Suppose a question should arise respecting the propriety of amputating a cancerous breast, or removing an extremity on account of a diseased joint; no well-informed surgeon would venture on such an operation without an attentive consideration of the general state of the constitution, and of the internal organs, but of the lungs in particular. If he is so ignorant as to do so, he is unfit to practise our profession.

Compound fractures and severe injuries are constantly followed by symptomatic fever, which may be attended with pain in the head or chest, delirium, or dyspnœa; all these symptoms surely require in the attendant a knowledge of the general treatment of fever.

If a surgeon is called upon to perform the operation of tracheotomy in a case of croup, before he assents to so decided a measure, is he not to inquire into the symptoms with which the patient is at the time affected. If he finds that such symptoms exist as point out the distention of the trachea and bronchial ramifications with coagulable lymph, or frothy mucus, surely he ought not, at the dictum of another, to perform an operation which must be useless, and calculated only to bring disgrace upon himself and *his* branch of the profession. And to decide upon this and other questions connected with the propriety of tracheotomy, it must be acknowledged, requires in the surgeon information respecting all the diseases to which the throat and chest are liable.

If a surgeon is called to a case of acute ophthalmia in a patient labouring under gout or rheumatism, if he has not these diseases in his mind, he may render very ineffectual aid to his patient, under the ordinary methods of the treatment of simple ophthalmia. The inflammation of gout often attacks, in its most acute form, the conjunctiva of the eye; but on the recurrence of the inflammation to the foot from which it had receded, that of the eye as rapidly disappears. Here, then, in the first instance, the business of the surgeon is, by hot fomentations, and irritating applications, to bring back the inflammation to the feet—to exhibit colchicum, and those means most capable of removing as rapidly as possible, a dangerous inflammation from a part essential to the future comforts of the patient, even though the means employed may not benefit the general disease. Then surely the surgeon, to be enabled to treat such a case, ought to have a knowledge of the nature and treatment of rheumatism and gout.

But take the converse of the proposition—If a physician is ignorant of the sympathies and general disorder of the frame, of which even a simple stricture of the urethra is capable of exciting, is he fit to practise his part of the profession? The shiverings and the sympathetic derangement of the stomach and liver, and various indescribable ailments, termed nervous, he would be incapable of tracing to their source, and, therefore, by mistaking the cause, not only neglect the true mode of relief, but fill his patient's stomach with a farrago of drugs, which could not possibly do good, while the cause of these symptoms remain undiminished.

A gentleman called on me with enlargement of the testes, such as Mr. Ramsden terms schlerocele, which I soon recognised as depending upon the irritation of stricture of the urethra. Instruments were used which removed the stricture and swelling of the testes, and at the same time, to the astonishment and delight of the patient, a train of dyspeptic and nervous complaints were cured, from which the patient had been teased for years, and for which he had been in the hands of more than one *pure* physician.

If a physician, when called upon to see a patient labouring under colic, or obstruction of the bowels, or the symptoms of abdominal inflammation, is ignorant that these symptoms may proceed from hernia, he loses his patient and his reputation together.

Long continued derangement of the stomach and bowels produce hæmorrhoids; is the surgeon to whom the treatment of this disease is usually consigned, only to treat the effect, and not to look to the cause? If he does so, he is only half informed, and not likely either to benefit those who confide their health and life in his hands, or his own reputation. But it is unnecessary to multiply examples of this kind, which crowd themselves upon my recollection; sufficient has been said to convince the most sceptical, that the division or the healing art into physic and surgery, which took place in rude and half civilized times, can by no means afford an excuse to the man who may wish to confine his practice to the one for remaining in ignorance of the other. On the contrary, I should go so far as to say, that he who imagines himself, as it is termed, a *pure* surgeon, or a *pure* physician, and contemns as unnecessary, or perhaps degrading, the information of the sister branch, is UNWORTHY OF THE PUBLIC CONFIDENCE, *even in that department which he has adopted as the peculiar field of his practice.* Let me, however, not be misunderstood, or that I underate the advantages that society derives from a division of labour; all I contend for is this—that the fundamental information, and the course of studies, ought to be the same for both physician and surgeon, and that after a person thus qualified has undergone an examination in anatomy, physiology, chemistry, materia medica, and the principles and practice both of physic and surgery, that *then, and not until then*, SHOULD HE BE ALLOWED TO PRACTISE IN EITHER BRANCH. In large cities or communities, men will naturally fall into either one branch or the other, according as either inclination or the public voice, or chance, which, as often as selection, fixes our lots in this world, may determine.

But in smaller communities and towns, the same individual must practise the healing art in both its branches; and if he is only acquainted with one, I leave it to yourselves to imagine the embarrassing difficulties which his ignorance must entail upon him, and the injury he may inflict on that portion of the community, in which he has allocated to himself so important a station.

As it happens, we should imagine, in opposition to the decrees of the VIRI GRAVES ET DOCTI at their "grave and solemn meetings," that the external surface of the body allotted to the dominion of the surgeon, is supplied with branches of the same identical nerves, the same blood-vessels, and the same absorbents, that go to the more noble or important internal organs, which fall into the physician's net, and that they are both governed by the same laws, and that there are actually no diseases that affect the one which do not influence the other. How, in the name of common sense, does it happen, that even this imaginary line of demarcation between physic and surgery, was established by the wisdom of Colleges and Universities, so that the individual who is to practise one branch, may, *if he can*, be ignorant of the other; and that this line of demarcation is, in fact, in this very city, and at this improved period of science, if report be true, so far insisted upon, that a knowledge of surgery is even deemed a disqualification for the practice of physic; for, on no other principle can I imagine a by-law, or regulation, of the King and Queen's College of Physicians to be framed, (if it be possible such a by-law can exist,) which will not admit to the test of an examination, any individual who is a Licentiate or Member of the College of Surgeons in Ireland, until he has qualified himself (to use an Irishism) by a disqualification, i. e. by removing his name from the roll of the College of Surgeons.

Thank God, whatever follies exist in our own body, and I have freely exposed them to view, there are none commensurate with this. On the contrary, I am happy to perceive, that almost all of our junior Members and Licentiates take degrees in medicine in those Colleges from which they are not excluded. Thus realising what the interests of society demand, but which the littleness of chartered bodies have hitherto prevented, I shall say, in subversion of the very spirit of this charter. And I am persuaded that the period cannot be far distant, when the two branches of the healing art, which were dissevered in rude and ignorant times, will again be reunited, at least so far as that the fundamental education for both shall be the same.

Impressed with the absolute necessity of grounding the pupil in the principles as well of physic as surgery, the founders of this School have appointed, with themselves, a Professor of the Theory and Practice of Medicine, and also a Professor of Chemistry and Meteria Medica. The qualifications of Dr. Cummins and Mr. Donovan, to fill the important offices they have undertaken, are already well known and duly appreciated by the public.

I have, hitherto, Gentlemen, engaged your attention, in a great measure, with observations on what may be termed the political economy of schools of physic, and particularly of those of our own country. A subject which many, perhaps, will esteem foreign to the observations which ought to be addressed to pupils about to enter upon the medical profession. But, I considered that details which unfold the state of that profession which you are going to adopt, the alterations which appear to me to be required, in order to obtain that degree of perfection in the healing art of which it is susceptible, could not fail at present of exciting an interest in your minds, perhaps hereafter, of inducing those necessary improvements I have suggested.

I shall now, therefore, conclude this lecture with some brief observations applicable to the best mode of acquiring the necessary degree of information in the various and laborious studies you will have to undergo, before you are fitted for the ordeal of a public examination, or to practise your profession with a conscientious feeling, that you have not undertaken the performance of duties to which you are incompetent. Your first occupation will, then, be to acquire a knowledge of anatomy, which may be esteemed the very basis of medicine and surgery. Without a knowledge of anatomy, you will feel inadequate to treat the most common surgical case, and in the majority of instances in which a member of our profession has happened to disgrace himself, it may be traced to his ignorance of this foundation of his art.

Although books and lectures will assist, a true knowledge of anatomy is not to be acquired from either; you must patiently dissect from day to day, from month to month, and even from year to year, the various parts of the human body. You must consider their texture, and above all, as a surgeon, their relative situations; although all parts should be seen and known, some require more attention than others; for instance, the course of the large vessels and nerves along the neck and limbs, and their relative situation to the muscles, so as that the latter may serve as a guide to the surgeon when he may deem it expedient to cut down upon the former. The viscera of the pelvis, and their relative situation both in male and female: the important parts situated in the axilla, groin, bend of the arm, and behind the knee, cannot be too accurately or too often considered.

Among the parts of surgical anatomy which require the close attention of the practical surgeon, that of the joints is of the highest importance, and, strange to say, these are almost universally neglected by anatomical students, who, when they have dissected the muscles of a limb, throw away the bones and ligaments as useless.

It will not be sufficient to learn the names of the processes of bones and ligaments which connect one bone with another; the articular shape of their extremities, how they lock into each other, how they are supported by muscles as well as by ligaments in their situation, should be attentively considered; upon a due knowledge of the joints often depends a surgeon's character. Nothing can be more injurious to a practitioner, than to let a dislocation escape his inquiries, which another from his superior knowledge of anatomy has been able to detect. But, Gentlemen, you will have the advantage in this school, of the friendly assistance of Mr. Adams and Dr. M'Dowell, to direct and superintend your anatomical pursuits; and to their care I consign you. Do not waste your time at anatomical lectures by taking notes. Anatomy is more to be learned by the eye than by the understanding. I am not an advocate for notes at any lecture; while the student is marking down part of what has fallen from the Professor, another part, and perhaps the more important, escapes his attention. Besides, he misses the impression which the manner and expression of the lecturer is calculated to convey, when any matter of importance is urged on the pupil's attention. When you return to your study, then note down the physiological or practical information which may be of importance to recollect; and this method of noting lectures is better calculated than any other to preserve the attention awake, and to comprehend the views of the lecturer.

It must be admitted that physiology is but little cultivated in the medical schools of Dublin, yet it is this study which in a great measure rewards the pupil for the drudgery he undergoes in acquiring a knowledge of anatomy, and the arbitrary, and often barbarous nomenclature connected with it. In the view of remedying this defect, as far as our school is connected, we have instituted a distinct lectureship on physiology and comparative anatomy. My former pupil, Dr. M'Donnell, will attempt this arduous undertaking; for arduous I may call it, when we consider the various sciences, the extensive information, and the talent for research which it requires. A consideration of the difficulties attending a course of physiological lectures, claims, therefore, the indulgence of all parties for those omissions or deficiencies which must be expected to attend the first attempt of the kind that has been made in this city.

After the pupil has acquired a knowledge of the structure and functions of the body in a state of health, he is then naturally led to consider the alterations which it undergoes in both, when assailed by disease, and this constitutes the pathological part of the course. Much useful information may be conveyed by lectures on the practice of surgery and medicine; but it is only in hospitals that practical information is to be obtained. As in learning anatomy the pupil must himself use the knife, and see and touch the various parts of the body, in order to learn their relative situations and structure; so, in acquiring a knowledge of diseases, although books and lectures are useful, yet without seeing those diseases, and observing with your own eyes the symptoms and derangements they occasion, (an advantage which hospital practice alone extends to pupils,) you will be ignorant of your profession; and here let me advise you, in the examination of patients, to observe the phenomena of diseases as presented to your senses, and do not trust altogether to the description of authors and lecturers. The expression of countenance and general manner of a patient, even the mode in which he lies in his bed, communicates to the experienced practitioner information which no language, however accurate, could convey; but from which a practitioner is alone often enabled to prognosticate with certainty the termination of the case. This necessary information cannot be acquired by lectures, or from any other book but that of Nature itself.

Most useful knowledge may, no doubt, be imbibed from an intercourse with experienced men; but experience often deceives itself, and errors have been handed down from one age to another, which could only have happened by suffering ourselves to be hood-winked by the authority of the learned, and the dogmata of schools. The book of Nature, however, is uniform; and though difficult sometimes to comprehend, will deeply reward him who studies it with attention, with a mind free from prepossessions, and a sight unclouded by the mists of hypothetical errors.

Gentlemen, be assured we shall all feel a lively interest in the welfare of those who seem ardent in the pursuit of professional knowledge, and we shall be at all times ready to answer, to the best of our abilities, such questions as you shall ask of us, well recollecting the doubts and difficulties which embarrassed our own progress, and the advantage we should have derived from any friendly hand ready to remove some of the thorns and brambles and difficulties of all kinds which obstructed our path.

We would wish to impress upon your minds, that the profession which you are about to commence is one which demands, from the starting post, unremiting labour, to acquire the necessary knowledge which will enable you to enter upon practice with a conscientious feeling, that you are really qualified for the task.

It may be years, perhaps, before you begin to reap any return for the expense and labour bestowed upon your education. Let these years not be spent in vain regrets that the world is unacquainted with your talents and acquirements, but in adding to your stock of knowledge, not only in professional information, but those various branches of science immediately connected with your profession; chemistry, mineralogy, botany, zoology, and comparative anatomy, may most usefully occupy your time. Our profession naturally leads, more than any other, to a consideration of the wonderful works of nature, which has occasioned the remark of Johnson, that he knew no men in society so generally well informed as those of the medical profession. I say again, make good use of this period of leisure; for when professional business begins to flow in on you, you will find but little time for literary pursuits.

The commencement of practice is always to the young practitioner a state of anxiety, vexation, and disappointment. He begins the world tremblingly alive to the slightest event which may affect his professional character, and trifles, such as disappointment in the powers of a medicine; the peevish and unanswerable questions of patients and their friends, which when he advances in practice would only occasion a smile, give him now many a sleepless night. He observes, perhaps, a fellow pupil, known to have passed in idleness, revelry, and dissipation, those hours which he spent in assiduous labours by day at the dissecting table, the hospital, or the lecture room, and at night beside his solitary lamp, rapidly pass by him in the road to professional emolument and fame; and what is still more galling than even this, he finds the patient, who is perhaps indebted to his skill and assiduous attention for his life, betray an ungrateful want of confidence towards his preserver, and bestow it perhaps on some ignorant pretender, who, through patronage or wordly tact, or the tricks of charlatary, has managed to make the world believe that he is the great Esculapius of the age. Let him not lose his equanimity under all these mortifications; a few years roll on, and the man well grounded in his profession will feel himself stedfast on the pyramid of public estimation, the basis of which is formed by the universal suffrage of the poor, and the apex by that of the aristocracy of the country. The shallowness of the man of patronage is sooner or later discovered, in spite of patronising friends; these even at length slip from his support, and as his professional character has not grown out of the well-earned favour of the multitude, like that of his more deserving competitors, there are no saving hands numerous and strong enough to elevate him above the common mass of mankind, and he sinks to his natural level, never to rise again. Yes, Gentlemen, this is no fiction manufactured for your amusement. The history of professional men, in every realm, and at every period, attests the truth of the story. Let each of you recollect it when about to sacrifice your duties to your pleasures, and I shall not have lectured to you this day in vain.

[During the delivery of this Lecture, Mr. Carmichael was interrupted by loud bursts of applause, and at the conclusion the acclamations lasted several minutes.]

FOREIGN DEPARTMENT.

Controversy between M. Serres of Paris, and Professor Tiedemann of Heidelburg.

Our readers will recollect that in a late Number of The Lancet * we published some severe remarks by Professor Tiedemann, on a passage in the 1st Part of M. Serres' work † on the brain. In these remarks, three charges were brought against M. Serres:—1. That he had intentionally altered the title of the 1st Part of P. Tiedemann's work on the anatomy of the brain. 2. That M. Serres had insinuated that Professor Tiedemann had tried for the prize which was awarded to M. Serres' production; and, 3dly, That M. Serres had endeavoured to give an air of originality to his work, which he could only do by claiming merit for discoveries and observations that had been made by others. To these charges M. Serres has just published the following observations: ‡

1st. P. Tiedemann charges me with having changed the title of the 1st Part of his work. The title which he has given to it is, "*The Anatomy of the Brain, containing the history of its Development in the Fœtus, with a comparative exposition of its structure in Animals.*" The first part is entitled: "*Researches on the Structure of the Brain in the Fœtus at different periods of its formation.*" And the title given in my note, is "*Anatomy and formation of the Brain of the Human Embryo.*" These three titles, of which the two first are used by P. Tiedemann himself, express the same thing; but to appreciate them we must recal to recollection what the first part really contains. It contains the anatomy of the brain of the human embryo, and of its colour from the first to the ninth month of its formation. But what does my version of the title express? The contents of the first part of the work to the very letter. I expressed it in thé only terms which were adapted to show that P. Tiedemann had performed respecting the human embryo the same kind of task which I had undertaken on man, the mammalia, birds and reptiles. If I have not employed the word *fœtus*, it is because the French anatomists apply this term to the embryo arrived at one of the later periods. I am almost ashamed to descend into such minutiæ, but as such trivial points are opposed against me, I am obliged to submit them to the notice of the reader.

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* Vid. Lancet, Nov. 4, 1826.

† Anatomie comparée du Cerveau, Paris, 1824.

‡ Archives Generales, Nov. 1826.

2d. I have wished to insinuate, it is said, that P. Tiedemann had tried with me to obtain the prize offered by the Academy. It is this which especially appears to have excited the Professor's wrath. But I will observe that this is altogether a gratuitous assertion, devoid of all truth. Nevertheless, I knew that P. Tiedemann had entertained the idea of investigating the subject —I knew that he had sent a work to the Institute even after the prize had been adjudged—still I was silent on these points; for what object had I to gain by wounding, in an uncalled for manner, the feeling of an anatomist whose talents I respect. The work of the same author, entitled, "*Icones cerebri simiarum et quorumdam mammalium rariorum,*" here comes under our notice: "a work," says M. Tiedemann, "which I had resolved, as corresponding member of the Institute since 1812, to send to that learned body, as I had done with other productions." It appears from this, that the author repels the idea of wishing to answer the question; nevertheless, as it was the sending of the work which made me fall into the mistake, it is necessary to put the reader in a situation to judge between P. Tiedemann, who denies having in view the answering of the question, and myself, who supposed that he had that intention. The following letter, which accompanied the work, will dispel all doubts. It is addressed to the perpetual Secretary (Baron Cuvier) of the Academy of Sciences.

Heidelberg, le 22 Juillet 1821.

Monsieur et très-honorable conseiller-d'Etat,

Vous recevrez avec la présente mes *Icones cerebri simiarum et quorumdam mammalium rariorum*, qui viennent de paraître, et dont je vous ai déjà parlé il y a quelques mois.

Ayez la complaisance de présenter a l'Institut cet exemplaire. Je souhaiterais pourtant au moins pouvoir contribuer en quelque chose à répondre à la question proposée par l'Institut, mes affaires ne m'ayant pas permis de la traiter dans toute son étendue. Je serais bien heureux, si cet hommage montrait à l'Institut combien je prends à cœur de mettre tous mes soins à répondre à ses demandes.

Agréez l'assurance de ma plus parfaite considération et estime avec laquelle j'ai l'honneur d'être, etc.

Signé, TIEDEMANN.

I will abstain from commenting on this letter; it had no doubt escaped the professor's memory when he wrote the recrimination.

The third and last allegation, to which the others are only an introduction, is the question on the originality of my work. For three thousand years, the brain has occupied the attention of anatomists, and what has been the result of their investigation? Suppositions instead of facts, incoherent hypotheses, systems possessing more or less ingenuity, a degree of vagueness on the subject, the inevitable results of want of general principles; a complete blank on the connexions of the different parts of the nervous system. Such was the state of our knowledge in 1813, when the Academy selected the subject for the great prize; and when my work, and the report of Baron Cuvier appeared, the facts therein contained were quite novel. And how would M. Cuvier have made such an extended and favourable report of my work, without ever mentioning that of Tiedemann's, if there was nothing original in it. The simple statement of the facts will be quite sufficient to show the force of the professor's charge.

The first volume of my work consists of ten chapters. The subjects in eight of those have not been touched on by P. Tiedemann. There remains then, two chapters, the matter of which has been investigated by both. These are the third and fourth chapters of the first part of the first volume of my work. In the first of these chapters, I expose the formation of the brain and of the spinal marrow in the mammalia and man. P. T. has described them in man only. I then established the relations between these parts in the three upper classes, according to the general principles which I laid down. Did P. Tiedemann know these principles? Had he traced out the formation of these parts in birds and reptiles? If, then, I have arrived at conclusions similar to those of P. Tiedemann, it has been by my own researches, and not by those of others.*

Comparative Diseases of the Tailors, Carpenters, and Bakers in Hamburgh. †

In this free city are two small hospitals supported by the Freemasons. That appropriated to the male sex was intended for labourers; but, in 1805, began to be resorted to by the tailors, and, in 1811, by cabinet makers; but the latter did not use it after September 1824. The total number of tailors treated was 785; of cabinet-makers, 511; and of bakers, only 71; and the deaths were, 84 tailors, or 1 in 9; and 21 cabinet-makers, or 1 in 24; bakers, 4, or 1 in 18. Diseases which are apt to prove fatal to weak persons, were much more fatal to tailors than cabinet-makers; and of those affected with nervous fever, one-third of the tailors, and one-seventh of the cabinet-makers died. Of twelve cases of abdominal inflammation, seven tailors died, while five cabinet-makers recovered. One half of the deaths among the cabinet-makers was from phthisis; one-third of the tailors. The following table exhibits the proportions affected with the principal diseases, compared with the total number of patients exercising each trade:

Diseases.	*Tailors.*	*Cabinet-makers.*	*Bakers.*
Catarrhal fever, 1 in	6	9	6
Rheumatic fever ...	15	14	6
Nervous fever......	12	24	18
Gastric fever	12	12	18
Intermittent fever ..	10	17	18
Inflammatory fever..	98	64	—
External injuries ..	98	22	35
Ulcers	98	12	14
Ascarides (finger-wurm)	—	46	—

On two New Species of Gravel.

M. Magendie has, in one of his works, pointed out the relation which exists between the quality of the ingesta and the nature of the constituent principles of the urine. He has also shown the connexion existing between the chemical character of the urine, and the nature of the particles of sand which are passed from the urethra. The red gravel, which is invariably formed of uric acid, and is highly painful to the subjects of it, is (like gout) never found but in those who are enormous eaters of animal food. The excess of urea generated in these persons, disposes to the formation of urate of soda in the articulations, that is, to gout as well as gravel. M. Magendie has brought forward some new facts in support of his theory. One in the case of an epicure, who, being charged with a political mission to a country remarkable for the pleasures of the table, after having indulged to excess, thought to remedy any evil that might occur, by eating every morning a large plateful of sorrel. After persevering in this course for twelve months, this political epicure experienced very severe pains in his kidneys and uterers; which were followed by the expulsion of a stone from the urethra, of one half inch in length, and one-sixth of an inch in thickness. The stone was of an orange colour, and very hard. It was found to consist almost entirely of pure oxalate of lime. It is evident that the oxalic acid contained in such quantity in the sorrel, had been the originating cause of the stone.

M. Magendie has made known another species of gravel, the origin of which is not so evident. In the disease which accompanies it, the deposit in the urine is sometimes a powder of a white colour, and very fine, mixed with a large proportion of small hairs, the length of which varies from one-sixth to one-twelfth of an inch. At other times the gravelly particles are whitish, unequal, and of so little consistence, that they break between the fingers without any separation of the small fragments, which are held together by these small hairs, and remain united in a kind of cluster. These hairs can be separated by maceration. M. Magendie has given the name of the *hairy gravel* to this species of the complaint.

The constituent principles of this kind of gravel have been ascertained by M. Peletier to be phosphate of lime, with a small portion of phosphate of magnesia and uric acid. M. Magendie attributes the phosphate of lime to the consumption of animal food in immoderate quantity. With regard to the hairs, he confesses his entire ignorance how they can originate. This physician recommends, in such cases, an exclusive vegetable diet, and the employment of alkalies ; and in terminating his memoir on this subject, he remarks, " we may perceive what utility may result from a knowledge of the origin and a chemical constitution of calculi, and of how much importance it is for those affected with stone or gravel, who become the subjects of operations, to have the calculi analysed, and to trace back their formation to their origin. *Then only can they hope to be cured of a malady of which the extraction of stone from the bladder is only a dangerous palliative*, which leaves them, as daily experience demonstrates, exposed to all the chances of relapse. This secret of science ought to attract the attention of physiologists and physicians.

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* The second volume of my work has just appeared; it is but fair to state, that several points are therein discussed, which have also been treated by P. Tiedemann in his work.

† Gerson and Julius Magazin der Ausländischen Literatur, July, August, 1825.

* Speir's Quarterly Medical Review, No. I. Jan. 1827.

The editors of the work from which we have made this extract, agree entirely with M. Magendie in this last sentiment. " We have seen," they remark, " children who have been operated upon even to the third time for stone; besides, it is well ascertained that there exists what is called a calculous diathesis, proper to every kind of calculus, and which renders the operation of lithotomy more or less dangerous, according to the nature of these concretions. In fact, Dr. Marcet has shown that in operations for stone, the ratio of deaths, according to the nature of calculus, is

One patient with mural calculus in	20
One with calculi, in which uric acid predominates, in	7
One with fusible calculi, often mixed with triple phosphate, in	6
One with calculi of pure phosphate of lime, or alternating with triple phosphate, in	4
One with calculi, formed of distinct alternating layers, in................	3

The calculus of uric acid constitutes a third part of the whole number found in the urinary passages, the fusible and mural calculi together forming the remaining two-thirds. We perceive, by this statement, that the mortality is in the ratio of the nature of the calculus ; and such is the difference, that it is more than six times greater for the calculi formed of distinct alternating layers, than for those of oxalate of lime, which leads us to imagine *that in the* production of the former several morbific affections are united. These facts are well worthy of the attention of the profession ; there are many who already agree with M. Magendie on this point. We know several for whom we have made analyses of the calculi which had been extracted, who have subsequently submitted their patients to a treatment and regimen calculated to prevent the return of the disease.

M. Segalas, in a note on this subject, laid before the Académie Royale de Médecine, observes that he has found the use of an acidulated liquid, such as of beer, taken in large quantity, produce the discharge of calculi composed of phosphate of lime. From this he is inclined to believe that alkaline remedies are only useful in cases where the calculi are formed of uric acid ; where they are composed of phosphate of lime, he would have recourse to acidulated drinks.

There is a case given in the " Revue Medicale" of September, which tends to confirm still more this opinion. It is related by M. Genois, a provincial surgeon in France. The patient was fifty two years of age, and had for several months a degree of vesical tenesmus, with severe pain in the urethra, and at the extremity of the penis. He was sounded, and it was found that there were several stones in the bladder, which were conceived to be of the size of a hazel nut. Two drachms of the supercarbonate of soda were prescribed to be taken daily in a quart of water. On the eighth day of the treatment, the patient experienced very sharp pains, accompanied with retention of urine. The cause of the latter symptom was found to be a small calculus in the urethra, which was pushed back into the bladder with a sound. The use of the soda was continued, by which the painful symptoms were mitigated. At the end a month ten calculi were discharged, with very little pain, by the urethra. The calculi weighed each about four grains, were of the size of small peas, of a spherical shape and smooth surface. They were, on being analysed, found to consist of uric acid, with some animal matter. The patient has since been free from all his former symptoms.

At a recent Meeting of the Court of Examiners, the following ridiculous question was propounded by Sir Fretful Wizard: Young man, what connects the *pericranium* with the *periosteum*? The astonished student stood aghast, stammered, stuttered, and reeled backwards ; but the bilious Knight, anxious to relieve the " young man" from his embarassed situation, amused the Court by ejaculating, Why, *cellular substance*, to be sure ! ! !

THE LANCET.

London, Saturday, January 20, 1827.

When the Legislature of a country deviate either accidentally or designedly, from correct principles of legislation, it is no less their duty to purify themselves from the error into which they have fallen, than it is the duty of the people, whilst they constitutionally submit to the operations of the law, to demand from their Representatives its amelioration or repeal. That the influence of private interest has often obtained for a country laws of the greatest excellence and public importance, we will not attempt to disprove; but that the converse has been much more frequent, none will have the temerity to deny. It is asserted, by many careless observers of human actions, that the presence of such a host of professional lawyers as now sit in the House of Commons, is a sufficient guarantee that no laws contemplated for sordid purposes ever receive the sanction of that House; that the professional cunning of the lawyers would at once detect the chicanery of the knavish suitors, and that exposure and defeat would invariably ensue. Unfortunately, the occurrences of every succeeding Session of Parliament display, in the most glaring colours, the fallacy of such statements. It is not our object to question the skill of the professional senator; but when we contrast the conduct of these lawyers, as it is presented to us in our judicial courts on the one hand, and in the House of Commons on the other, the picture presents little to admire in the legal senator, whilst it exhibits most glaringly the industry, cunning, and avarice of the *hired* advocate.—When these Parliamentary gentlemen solicit the voices, "modest, sweet voices," of their constituents, they do not omit to advance all sorts of protestations of what will be their conduct for the benefit of their country; and that, whilst they will be careful to direct their particular attention to the electors of the borough of * * * * *, yet that they shall, at the same time, hold their seat as a *retaining fee* for the protection of the people at large. It appears, however, from the diversity of effects produced by the *seat-fee* of the House and the *gold-fee* of our common law courts, that these lawyers hold the two in very different estimation; the *gold-fee* excites all their energies, calls forth all their talents, sharpens their functions, fertilises their wit, and under its omnipotent influence truth is often proved a liar! Such are the wonderful effects produced by the *gold-fee*; but, unhappily, the retaining fee of the people, or in other words the *seat-fee*, is not possessed of such stimulating properties—at least not mentally considered—as the sign of its influence is too frequently confined to the seat, and finally terminates in a *caudal* extremity, the emblem of *nothing*, at once the sign of the possessor's apostacy, and the people's folly.

Does it not strike every reflecting mind as most extraordinary, that hundreds upon hundreds of public and private bills, framed so unintelligibly that no ordinary understanding can embrace their meaning, and the most prominent feature of which is the selfishness of their promoters, should annually receive, without observation or comment, the sanction of an assembly composed in great part of some of the most acute lawyers of the age; yet these same lawyers, when they are under the influence of the *gold-fee*, can, during hours together, detect and expose their absurdities; can unsparingly exhibit their defects; can denounce them as unjust and unwise; can boldly assert they are a disgrace to the nation, and were obtained for the most sordid of purposes? Do not these things appear to the reader inexplicable? It certainly does not redound much to the honour of *British advo-*

cates, as they are often stupidly termed, that they can hear, night after night, bills read that are characterised by nothing but folly, baseness and meanness; and that are sure to prove instruments of oppression and degradation to their countrymen;—it does not, we say, redound to the honour of *British advocates* to be the quiescent spectators of such narrow-minded policy and bare-faced villany.

A further consideration of the report of the trial of *Steed* v. *Henley*, published in our last Number, has extorted these comments. Whether we look in that report at the obliquity of the Judge, appointed by his King to dispense justice; at the quibbling of the counsel whilst under the influence of the *gold-fee*; at the execrable effects of the Apothecaries Act, or at the conduct of the Legislature in passing that Act, we feel ourselves overwhelmed with shame and indignation. That the Chief Justice praised the Act is not surprising, when in all probability he was a member of the House at the time it passed; but we crave his Lordship's attention one moment, and ask whether he considers it possible that the House of Commons could have contemplated DISPOSSESSING the *Members of the College of cf Surgeons* of their right to recover for medicines, *whilst that right was* CONCEDED *to the ignorant chemist and druggist*—impossible! and we contend, fearlessly contend, that the plaintiff in this action was *illegally nonsuited*. He lost his cause it seems (to quote the words of the Chief Justice,) from there being "no evidence to prove that he was in practice as an apothecary before the 1st of August, 1815."

Now to recover this debt it was not necessary that such evidence should be adduced, inasmuch as the plaintiff did not sue the defendant in the character of an apothecary, nor was the debt incurred from any thing that he had done as an apothecary. If his Lordship will turn to the Act in question, he will discover that the *practice* of an Apothecary consists in compounding and preparing medicines *prescribed* by a PHYSICIAN *legally authorised* to practise physic, the prescriptions bearing the *initials* of such physician; now the plaintiff had not dispensed the prescriptions of any physician, authorised or unauthorised, but merely forwarded to his patient medicines that he had *himself prescribed*, and at the same time attended the patient as a Member of the College of Surgeons; and we beg his Lordship to recollect, that Mr. STEED obtained his Diploma from the College on the 6th of August, 1813, whereas the Apothecaries Act did not pass the Legislature until TWO YEARS *subsequently*.

Now we defy his Lordship, or any other person, to point out a single sentence in the Apothecaries Act which tends to prove that *visiting* a patient is acting as an Apothecary; that *prescribing* for a patient is acting as an Apothecary; or that dispensing a prescription even, is acting as an Apothecary, unless that prescription bear the initials of a legally authorised physician. The Apothecaries Act contains *no such clause*; and every conviction, *without exception*, that has occurred under the operation of that Act, has been *illegal*. How then could his Lordship, consistently with his duty, nonsuit this plaintiff. To visit and prescribe for patients is, indeed, an offence under the Charter of the College of Physicians; but the decision of the House of Lords in the case of *Hose* v. *Searle* in 1691, has rendered it a nominal offence only, as the College has no longer the power to inflict penalties. As a Member of the College, Mr. STEED was *justified* in visiting and prescribing for his patient, surely without being in any apprehension of the legal weapons of the old Hags of Rhubarb Hall. The chemist and druggist, with equal security, can prepare medicines prescribed by himself; wherefore, if the law of the learned Judge be correct, it follows, that a Member of the College may possess wit enough to *prescribe*, but that he has not wit enough to *dispense his own prescriptions*; that although some judgment might be requisite to determine whether one grain or one ounce of arsenic should be administered, yet that he who could thus decide would not be competent to hold the balance and adjust the *weight*, and that this great intellectual (not manual) achievement could only be accomplished by *chemists and druggists*, whose great talents secure them harmless from the penalties of the Apothecaries Act, whilst Members of the College of Surgeons, who have wit enough to *prescribe*, but not to *weigh*, are the only victims of its monstrous policy, and oppressive degradation. His Lordship stated, at one part of the trial, that the Act "was the best security the public had against *ignorant* persons practising as Apothecaries." This, probably, is his Lordship's opinion, but it certainly is not ours; that it was the *intention* of the legislature to render it a protection, we would fain believe, although this acknowledgment of their rectitude amounts to a denial of their judgment. And are the Members of the College come to this! The Act was *intended* to guard the public against *ignorant* Apothecaries. Mr. STEED is a *Member of the College* of Surgeons, and, THEREFORE, he is *too ignorant* to practise as an Apothecary, and the law will not allow *such a man* to recover! Most worthy and irresponsible Council of Lincoln's Inn, do ye not experience some compunctious visitings of your Chartered conscience? Do you not feel some shame, some pity, for the fallen condition of your Members? On this occasion, however, we will supply an antidote to your grief in a contradiction of the learned Judge, who remarked, at the termination of the trial, "That the plaintiff's was a hard case, as he appeared to be a person of *skill*, having been regularly admitted to the Royal College of Surgeons." If the plaintiff were a person of *skill*, how then could the Act apply to HIM, as his Lordship before tells as that it was to protect the public against *ignorant* persons; moreover, the plaintiff, having become a Member of the College in August 1813, according to the Chief Justice he was *a man of* SKILL *two years* before the Apothecaries Act was in existence, yet that Act, passed in 1815 to protect the public from *ignorant* persons, is the means of nonsuiting a plaintiff, who had been, during *two years, a person of* SKILL. This is legislating for the benefit of the public, with a vengeance, and the Members of the College of Surgeons may congratulate themselves that the Act of 1815 was not an instrument to "transport them beyond the seas for the term of their natural lives." Had it been such, we dare swear it would have experienced no opposition from the College in Lincoln's Inn Fields.

The absurdities that we have here thought it our duty to expose, furnish further testimony of the anomalous condition of the laws relating to the practice of medicine. It affords us, however, the highest satisfaction to observe, that the subject of Medical Legislation is not only engaging the attention of the first talents in the profesfion, but that the repeated discussions it has recently experienced in this country have extended their influence to all the principal seats of medical learning. Advocates of the most splendid attainments are appearing in every direction, and Mr. CARMICHAEL, the PRESIDENT *of the Dublin College of Surgeons*, is not among the least, To his admirable Introductory Lecture, delivered during the past week at the Richmond Hospital, we beg to direct the particular attention of the reader. It commences at page 501 of our present Number. In reference to the arbitrary, barbarous, and injudicious division of medicine into *pure* surgery and *pure* physic, there will be discovered in it a remarkable coincidence of sentiment with the excellent Introductory Lecture of Mr. LAWRENCE, delivered at the New School in Aldersgate-street. When we consider that

Mr. Carmichael is the President of the Dublin College of Surgeons, no man will hesitate to acknowledge that his opinions and sentiments are calculated to render him an object of admiration and affectionate regard to his own countrymen, and to establish him as a liberal and enlightened Surgeon throughout the world.

The excellent comments of Mr. Carmichael on the division of Medicine and Surgery, bring to our recollection a statement which has appeared in the newspapers during the past week, respecting the *Medical* and *Surgical* treatment of the late Duke of York, and it is reported that H. R. Highness' *Physicians* are its authors, which we should be most reluctant to believe; however, if the report be well founded, we can regard the production in question in no other light than as a *gauntlet* thrown down by the President and Fellows of the London College of Physicians to the entire body of English Surgeons—most wantonly and most daringly thrown down to them—and if it be not speedily contradicted, we shall continue to regard it in this light, and treat it accordingly. Although The Lancet is the only Journal in the British dominions edited by a Surgeon, yet we have nothing to fear from a war with *Physicians* wantonly provoked;—we are armed for the *conflict*.

Stereoplea, or the Artificial Defence of the Horse's Hoof considered. By Bracy Clark, F.L.S. Corresponding Member of the Academy of Sciences of Paris, and of the Natural History Society of Berlin. 4to. pp. 38. London, 1817.

Having, in our last Number, endeavoured to give our readers some general idea of Mr. Clark's discoveries, we shall now proceed to the *general* construction, without entering into any minute anatomical description, of the horse's hoof, preparatory to a particular notice, accompanied by plates, of the improved method of shoeing.

And, first, *of the Heels.* The posterior part of the horse's foot is deeply cleft in the middle, so as to represent two terminations, which are called, without distinction, the *heels,* although the extremities of the cartilages, and their coverings, form one part; the extremities of the hoof, and the bands of elastic matter at the back of the frog, another, or middle part; and the extremity of the under surface of the hoof, where the heels of the shoe are applied, and corns arise, another and very distinct part, yet they are all included in the same general phrase. To obviate this ambiguity, Mr. Clark calls the parts covered by the shoe, the *lower* or *horny heels*; those formed at the back of the frog, the *inferior heels*; and those formed by the cartilages, the *superior,* or heels above the hoof.* He objects to a division of these parts into *horny* and *fleshy heels*; since, under the horny heel is found the fleshy heel, as under the horny, the fleshy sole. The term fleshy, too, supposes something of a muscular structure, which these parts do not possess.

"From their elastic properties," says the author, "the heels enable the back part of the foot to extend itself, on receiving the pressure and weight of the animal; yielding with a suitable degree of resistance, on this occasion, outwardly in every direction. It is somewhat singular, and worthy of remark, that those parts which form so considerable a share of the foot of the full grown horse, have scarcely an existence in the young foal; their rudiments, or germs only, are seen in this period of their life; for the hoof is then lapt about the coffin bone in a form nearly cylindrical, and is actually larger above at the coronet, than at the base, or bottom of the foot. And it is remarkable, that the front of the foot almost singly seems to perform all the offices required of the foot in this stage of his existence; with his limbs held almost straight and erect, and fetlocks very little bent, he in this manner accompanies his dam, his toes at every step digging, as it were, into the ground. As his size and weight increase, these parts, together with the frog, are brought more to the ground; and these germs, or rudiments of the foot of the foal are, by the pressure and the growth, slowly unfolded; *not, however, obtaining their full and completed form till about the fifth year, along with the other members and parts of the body. Nor do they ever obtain their entire growth if restraint of any sort has been used during this period.* Op. cit. p. 15.

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* A series of original experiments on the foot of the living horse, exhibiting the changes produced by shoeing, and the causes of the apparent mystery of this art. By Bracy Clark, 4to. 1809. Sherwood and Co.

The natural development of these parts is not absolutely essential to the "*existence*" of the foot, since without them the horse may still move, though indifferently, and with pain. They appear to afford an elastic sort of bed for the weight of the horse to repose on, and thus to prevent soreness and fatigue from too much resistance. The pads of several tribes of animals allied to the horse, appear to answer the same purpose.

"In progression, the weight of the horse is first thrown perpendicularly upon the fetlock joint, and from thence in an oblique direction it passes to the foot, taking a primary bearing on the coffin bone, which distributes it over the inside of the hoof, richly provided with a truly extraordinary apparatus of elastic processes for increasing its internal surface, and preventing the dislodgment of the bone, admitting, at the same time, of a certain degree of motion of this bone in the hoof, in a direction downwards and backwards, from the obliquely sloping front towards the heels. Next, in a secondary manner, the weight is received on a smaller bone, placed in contact with, but moveable upon, the coffin bone, viz. the shuttle bone, which, lying behind the former, across the more elastic parts of the foot, by its depression a share of the weight is communicated to the heels and quarters, producing their immediate expansion, as may be seen on pressing upon this bone in the dead subject, especially if it be met at the same time by pressure on the frog. This experiment should be made on the perfectly natural foot, that has not been made stiff and inelastic by the use of the shoe. It appears, therefore, as though the posterior elastic parts of the horse's foot are in reality designed to receive, adjust, and balance the weight by their spring in meeting it, whilst the front of the hoof, by its solid resistance against the ground, impels the mass when progression is required.

The back parts of the foot, naturally so elastic, being fixed by the application of the shoe, are rendered partially or entirely inactive, and diminishing more or less rapidly, become at length perfectly rigid and inflexible; though called the heel, these parts are only the bifurcations of the frog.

The wall of the hoof is deepest or highest anteriorly, and diminishes as it approaches the quarters, where it almost loses the conical shape, becomes nearly upright, and makes a sudden turn, or inflection, inwards, "pursuing its course towards the centre of the foot, diminishing still in depth till it is finally lost in mixing with the sole near the point of the frog, thus forming a distinct and remarkable internal wall for these underparts of the foot in the very interior of the sole, and protecting at the same time, by its bold projection, the sole and the frog from an undue degree of pressure and contusion against the ground." Before the author's discoveries, this singular continuation of the wall, which is termed the *bars of the foot*, had been described as part of the sole.

"A triangular space is thus wonderfully provided between the inflected extremities of the wall of the hoof for the insertion of the frog, forming, at the same time, a coved covering for its protection. This part appears to form the basis, or first principle, in the mechanism of the hoof, the other parts being all subordinate to this, and if so understood, it will disclose a more easy view of the nature and economy of its structure. The inside of the wall is every where lined with elastic processes, proceeding downwards perpendicularly from the coronet, and in a line parallel to the line described by the front of the hoof; these appear to be about 500 in number, and afford a multiplied and very extensive surface of attachment to the same number of processes growing from the coffin bone, or more truly from the vascular reticulated web covering its surface."

The wall, when decomposed, appears to be formed of longitudinal hollow threads, or hairs strongly matted and glued together, and receives but little accession of horn after leaving the coronet, except on meeting the sole, where, by a turn or inflection, it gives the heel a peculiar solidity and strength, thus defending the tenderer portion of the sole included in its curvature. This arrangement may be seen by making a section of the recent foot, about midway between the coronary circle and the base of the hoof.

Of the Frog.—" This triangle of elastic horn has the effect of, and may be compared to, an elastic key-stone received into an elastic arch, communicating in some cases and admitting in all, the springing movements of such kind of arch. Its base, from its width and quantity of matter, possesses the full capacity of its motion along with the heels, which is gradually lost in approaching the centre of the foot, where there is less occasion for movement." Its base connects the two processes of the hoof, passes over and envelops those parts and restrains their action ; it takes a third rate, or degree of bearing upon the ground, the wall first, and the bar next, projecting beyond it ; its base also further retires from pressure, and is protected by the projecting angle of the horny heel.

The commissures on either side of the frog afford room for its expansion. The ends of these commissures at the horny heels are arched over by a process or extension of the horn of the base of the frog. To distinguish this part from the other parts of the foot, the author calls it the " *arch of the commissure,*" which the smiths cut away " when they get embarrassed by the falling in of the hoof, and then tell you they are ' THROWING open the heels!' " The other extremity of the commissure growing shallower, is lost in the level of the sole ere it reaches the apex of the frog. Seen from without, the frog appears to be a solid body, but it is only an inverted arch of horn of inconsiderable thickness. The base of the frog occupies about a sixth part of the area of the natural foot, and hence the changes produced by shoeing, or other injuries, may be readily detected. We now come to another discovery of the author :—

" - - - - that the frog is connected, in a very unexpected manner, with the front of the foot ; the wings, or lateral processes of the base of the frog not only enclose, as already stated, the ends or doublings of the hoofs, *but the same horn is continued round* the whole line of the commencement of this part of the hoof, immediately beneath the coronary ring, forming a convex band, whose upper edge, or margin, projecting higher than the hoof itself, receives and covers over the terminating edge of the skin where this part meets the hoof, and thus protects it from injury or dislocation by external violence of any kind ; it also seems to serve the useful purpose of keeping those parts moist and pliant, preventing irritation ; for when wetted it appears readily to absorb moisture, and continues of a darker colour in consequence, whilst all the other parts of the hoof are suddenly dried ; it has the power it would seem, when no external wet is artificially applied, of collecting the perspiration of the skin, thus maintaining the proper tenacity and pliancy of these parts. Every one used to examining the hoof of the horse must have observed, when the foot is drawn out of it, a projecting eminence of soft horn, with a channel inside it, being the upper edge of this band ; this appearance we had long ago noticed, without till lately (1809) observing from whence it had its origin ; besides the uses already ascribed, of connecting together the upper circle of the hoof, supporting and adapting it to the sensitive circle, it strongly binds the frog in its situation, by connecting it with the front of the hoof and to the upper part of the slope of the horny heels."

The author calls this part the *coronary frog band.* It is small at first, but gradually completes its bulk and form with the progress of the frog, with which also it diminishes and suffers. The *cleft of the frog* seems to serve the purpose of uniting more firmly the two halves of which the foot at this part consists ; there being a tendency to separation in the horse's foot, as in the cloven-footed animals. It is merely the hollowed base of a cone of horn which passes into the sensitive frog, and which is nearly as hard and tough as the horn of the exterior frog exposed to the air. The part appears to be the seat of the " *running thrush.*"

" This remarkable cone of horn is flattened on its sides, that it may have a wider surface of connexion with the two halves between which it is situated ; and its strength, in a longitudinal direction, combining the two heels, is not thereby at all diminished.

"This important part has not hitherto been much noticed, or received, that we are acquainted with, any distinctive appellation; we have therefore ventured to call it the *frog-stay* or *bolt*. Like an inserted tooth, it more firmly holds the horny to the sensitive frog; for whilst the sensitive frog falls into the inverted arch of the horny frog, and is thus held most firmly in its place, this part entering in the opposite direction into the sensitive frog, serves reciprocally to confirm and fix these parts together, and preserve them from external injury and dislocation."

The frog stay essentially co-operates with the coronary frog band above described, in keeping the whole structure together; and is stronger in proportion, as the author thinks, in horses of the blood than in coarser breeds. Another useful part which the author calls the *cushion of the frog*, is a rotundity or swell of horn between this cleft and point of the frog nearly under the *shuttle bone*. It appears to defend the tendon passing under that bone from injury,—to support it by "pressing against it at the moment of its greatest extension, which takes place while the foot is on the ground impelling the weight of the body," and to prevent it being torn from its attachment, or breaking at the sudden turn given to it in passing beneath the coffin bone. It serves, also, to defend the joint formed by the two foot bones, and the most important soft parts of the foot. The growth of the frog, which is naturally slow, appears to be entirely arrested by the process of shoeing, although it is the current opinion of smiths, that if left to itself, it "will run all over the foot;" they therefore pare it, to keep it within due bounds. "But the frog," the author observes, "has the perfect power in itself of maintaining its own figure, beyond which it will not pass." After attaining the prescribed extent and thickness of horn, scurfs form and fall away, thus it ever preserves the same figure.

The author next makes some sensible observations on "the probable degree of pressure which Nature has designed the frog to receive," into which our limits will not permit us to follow him. Artificial pressure on this part can neither expand the heels, while confined by the iron shoe, nor, we apprehend, be of any other service. We believe Mr. Coleman has long since abandoned this visionary scheme. The pressure of the nails of the shoe, as the author well observes, is perpetual; and if it be meant to obviate contraction, so should be that of the frog. The French call the frog *la fourchette*, or the fork; the Latins *furca*; and the Greeks χελιδων, or the swallow; with the latter, however, it ever occurs in the plural, (χελιδονα.) The term *running thrush* crept in from the French *fourche*. First *running fourche*, then running *frush*, till at last the jockeys not finding this word in their vocabulary, decided that *thrush* was the proper term, and *thrush* it has accordingly been for ages.

The *sole* is an irregular plate of horn serving to close up the space described by the lower circumference of the wall, and makes the third member a part of the hoof. "It is usually of an arched form, more or less flattened; its concavity to the ground, its centre more in action and thinner, is by this means removed from the degree of external pressure, which the sides or bottom part of the arch have."

"Nature has secured herself most remarkably, in two ways, from the resistance which an arch of common properties would create, in becoming more condensed under pressure, and forcibly resisting the load brought upon it, which would have been subversive of the leading principles in the mechanism of the foot; the sole is, therefore, cleft to its centre even, or beyond it, by a large triangular opening formed at its posterior part, which destroying the resistance of the arch, serves to receive the ends of the wall of the hoof first, and is then closed and filled up by the insertion of the inverted arch of the frog; so that the ends of the hoof are thus tied in, and secured from being forced asunder by the pressure from within, being thus wedged in between the frog and the sole, and are made to serve in these places the other offices we have already noticed, while the sole being thus broken, has a diminished resistance at its centre."

The lower circumference of this arch of the sole every where abuts against the sides of the wall, which are sufficiently flexible outwards, to yield to the weight when pressed against by the descent and flattening of the sole; so that the sole is thus doubly secured from that resistance which would be injurious to the functions of the foot. The common unyielding shoe fixes the wall, and resists its action; the weight falls on the sole, which can only be relieved by pressing on the fissure enclosing the frog, and this collapsing, the bars of the frog will be made to approximate. Sometimes, if the shoe be small, the sole is forcibly thrown upwards against the coffin bone, producing great uneasiness and lameness, which are usually attributed to standing in dry or heated stables. Adverting to the terms *solidungula*, *solidipes*, &c., Mr. Clark, with good reason, objects to them; for, as he says, "though the front of the hoof be solid, the posterior parts possess the greatest degree of elasticity, short of being actually cloven, that can be imagined, from the sole being opened to its centre, and filled up by a frog." The term *semifissipes*, or half cloven foot, is proposed in their stead

Of the Horny Heels.—"The inner heel is sharper in its horn, and not so wide as the outer heel, and both slope inwards, in the full grown natural foot, with a rapid declivity, avoiding by this oblique structure any flat and direct pressure from the surface of the ground. By shoeing, these heels become very much reduced and flattened, so as that a flat-heeled shoe, or one whose upper surface is level, shall almost equally touch the bar with the side of the foot, unless previously a small portion of the bar be removed, as is usually done, though in the natural foot the bar lies so considerably below or within the level of the outside of the horny heel, as to make this unnecessary.

"To prevent any pressure on these tender parts of the foot, the smiths usually bevel or slope the shoe inwards, which has been much inveighed against by various writers on these subjects, and considered as the principal cause of contracted feet, though those who thus complained and reasoned without the practice, did not know that horses, if shod differently, will not go so well; for seated shoes, level in this part, do not, as practice and experience teach us, so well suit the foot as those made with a slight inclination, or bevel, in every part of them, which preserves the horn also from cracking up in other parts of the foot better than a flat-seated shoe; and as to the contraction of the heels, it arises from other causes, that unless carried to a very great excess this bevelling will not appear to make so much difference as might be imagined, and this on account of the firmness with which the foot is held up on the surface of the shoe by the nails, aided also by the inequalities of its surface, to which the horn adapts itself; for the heels, it is obvious, cannot have any great deal of action but in concert with the quarters, especially after they have become stiff with shoeing."

Of the bearings of the Hoof on the ground.—"The surface of bearing of the natural hoof is not round the whole line of the inferior circumference of the wall of the hoof, for the horn of the inside of the toe and the outside heel take a greater share of wearing than the other parts, and, as it were, in the diagonal or crossways direction of the foot. The inside heel is also on a lower level than the outside heel, and giving therefore to the foot an inclination, or bearing, to the outside. By this obliquity of the heels, the pressure is thrown outwards against the stronger parts of the foot, tending to separate the feet; for if the inclination had been inwards, the approach of the feet would have been the consequence, and would narrow the base with certain inconvenience."

"*The wear of the hoof* does not take place in front of the foot at the extremity of the toe, as might be expected, but almost ever in an oblique direction on the outside of the front, so that the wearing away of the hoof does not proceed so rapidly as it would have done in a straight line across the point of the toe, from the foot being narrower there; and economy in this respect is of no small value to the animal in a state of nature, or if used without shoes, as is still the case in some countries. In this way also the wear is turned towards the outside of the hoof, which is its strongest and hardest part. The wear of the hoof is directed obliquely to the outside of the toe, not by any mechanism existing in the foot itself, but by the bones of the knee having their surfaces for motion directed outwards, so that when the foot is off the ground, if put in motion, it is obliged to follow this direction; cutting or interfering with the opposite leg is also materially prevented by this construction of the limb."

We have now gone over the general construction of *the hoof*, and so far accomplished our design. In our next we shall endeavour to get through the *Stereoplea*.

LONDON MEDICAL SOCIETY.

Dr. Clutterbuck, President, in the Chair.

After the minutes of the preceding Meeting had been read, Mr. Wigon corrected some inaccuracies which had been made in the minutes, respecting a few remarks he had been induced to offer on the advantages of Assalini's forceps, and this reclamation led to some further discussion on the subject, in which Dr. Williams, Mr. Field, and Mr. Proctor took the principal parts.

Mr. Spry, having made a few observations on the interesting nature of Physiological Inquiries, said, That if in the course of the observations he should have to offer on the theory built up by Dr. Barry, he might express opinions hostile to the conclusions which Dr. Barry had drawn, he relied for their support on the same arguments on which Dr. Barry had rested his, namely, on observation and direct experiment; and if he might be led to question the *originality* as well as the *accuracy* of Dr. Barry's deductions, he begged leave to say that in doing so, he attributed no improper motive to Dr. Barry, for whom no man entertained greater respect than himself.

As the validity of Dr. Barry's opinions respecting absorption rested entirely on the accuracy of his views respecting the circulation, he should at present confine himself to a consideration of the latter function, and endeavour to establish the following propositions:—

1st. That the doctrine of a thoracic vacuum influencing the return of the venous blood, be that influence what it might, did not originate with Dr. Barry.

2dly. That the influence of that vacuum (or, in other words, of the atmospheric pressure acting on it) on the venous circulation, must be very inconsiderable, as the blood could be returned to the heart without its assistance.

Without noticing chronologically the various opinions respecting the powers concerned in the circulation from Harvey downwards, or enumerating the different kinds of the *vis a tergo*, and the *vis a latere*, he might mention that in 1774, Dr. Wilson, formerly a physician at Newcastle-upon-Tyne, published a very curious and ingenious pamphlet on the causes of the motion of the blood, especially in the veins, He supposed that the heart possessed the property of dilating inherent in itself, and that in consequence of that dilatation, a cavity or *vacuum* was formed, by which the blood was pumped from the veins into the heart. Without entering into the arguments at that time urged to prove that the natural or quiescent state of the heart was that of contraction, although it had since been shown that it was that of relaxation, like all other muscles; he might mention, that Mr. John Hunter was of opinion that the blood was assisted in its passage to the auricles by a kind of vacuum being produced by the contraction of the ventricles. Blumenbach, in his third edition of the "Institutions of Physiology," had expressed his opinion, whether correctly or otherwise did not affect the present purpose, that this vacuum greatly contributed to support the circulation. The nature of this vacuum, and the manner in which it is produced, was yet more clearly pointed out by *Dr. Carson* of Liverpool, in 1815, in his "Inquiry into the causes of the Motion of the Blood," which was a sort of improved edition of his inaugural dissertation, published at Edinburgh in 1799. Without subscribing to all that Dr. Carson had said, he thought it would be confessed that the account he had given of the mechanism of respiration, and of its influence on the circulation, was the best yet produced. In that work were brought forth some very good reasons in support of a theory, which was briefly this: that as there is no substance between the external surface of the lungs, and the walls of the thoracic cavity, they may be said to be suspended in vacuo; that they are kept adapted to the varying dimensions of the chest, by the weight of the atmosphere pressing upon their internal surface; that by the strength of the collapsing effort of the lung, the parietes of the chest are pressed towards the spaces from which the lungs have a tendency to retire, with a force commensurate with the share of atmospheric weight, which the elastic power of the lungs is capable of supporting. That as the pericardium forms a part of the boundary of the cavity of the chest, that as it surrounds the heart, and is every where in contact with it, it will have to resist a certain amount of atmospheric pressure laid upon its internal or concave surface, in consequence of the connexion between the heart and the external surfaces of the body. That before it can be brought to support any part of the balance of unequal pressure, it must be dilated by its contents, (the heart and large vessels,) to its utmost extent, and then its firm inelastic structure preventing it from yielding further, the pressure must be resisted by the walls of the heart. That as a full dilatation of the greater part of the chambers of the heart would be required to distend that organ to the extent spoken of, the successive dilatation of the different chambers of the heart, after their contraction, is fully secured by an adequate power, namely, by atmospheric pressure acting on the surface of the body, driving the blood in the veins into the chambers of the heart. " So that," said Dr. C., " the evident and incontrovertible consequence of the *abstraction* of a certain portion of the general weight of the *atmosphere* from the convex surface of the pericardium, by the resiliancy of the lungs, and of course from the convex surface of the auricles, either directly, or intermediately by the contraction of the ventricles is, that the blood at the time in the large venous trunks in contact with the heart, must be less resisted on the side of the heart than at any other point; and that in obedience to the laws by which fluids are governed, it must flow towards the centre of pressure, into the auricles." In summing up his opinions he had expressed himself thus: " In short, the *motion of the blood* in the *veins* is produced by the *force* of the *heart and arteries* urging it behind; by the *abstraction* of a *share of the atmospheric pressure* from it in front; and by gravity."

Dr. Elliotson, in a commentary which he makes on Dr. Carson's theory, in a note appended to Blumenbach's physiology, says: " For the *venous blood being subject to the full atmospheric pressure* without the chest, will necessarily be *driven into the chest to prevent a vacuum.* So that what effect the heart loses by atmospheric pressure *without*, the chest is exactly compensated *within*; and thus, on the whole, the *heart neither gains nor loses* by all the various directions of atmospheric pressure." This conclusion came probably very near to the truth.

Although the influence of the atmospheric pressure on the return of the venous blood, in consequence of the thoracic vacuum, had been thus distinctly mentioned, and a power ascribed to it equal to the resistance of the atmosphere on the current of blood in the arteries, Dr. Barry had not once named any of these authorities in his " Recherches Experimentales," which he published in Paris, and only indistinctly alluded to Dr. Carson's theory in his reprint of that work in London, dismissing it with the remark, that it " made but little impression," because he did " not find it alluded to in the lectures or the writings of the French physiologists." Whereas, nothing was more notorious than the former ignorance of the French of foreign writers, and it was only within a few years that they had begun to escape from that accusation with which they were so long and so justly charged. If Dr. Barry, after his return to this country, had only carefully looked into the work of Dr. Carson, he would have found that it contained the essence of that theory which he had now introduced as his own; and the very terms which he had used, employed in its description; at any rate, if he had done so, it is to be presumed that he would not have written such a paragraph as was to be found in the 9th page of his preface, which ran thus: " *A vague unauthenticated* notion that the return of the black blood to the heart is in some *undefined* way influenced by *suction*, may be traced back as far as the time of Harvey. But the mechanism was never pointed out by which nature applies the *mighty agency of atmospheric pressure* to the veins, and connects as cause and effect the expansion of the chest with the afflux of the centripetal fluids to the heart."

Magendie, in the second edition of his Physiology, published in 1825, had related with great perspicuity several experiments which *he* made, fully establishing the concordance of the increased movement in the venous trunks with inspiration, but he regarded inspiration as it deserves, only as an inferior *accessory* power. "The mechanism of this aspiration, (said he,) is similar to that which draws the air into the lungs; it is, so to speak, an *inspiration* of venous blood." Yet, in Dr. Barry's " Experimental Researches," published in London towards the close of 1826, Magendie's name, in connexion with these experiments, is not mentioned, except in the report of the Institute, where the name of a Dr. Zugenbuhler is also spoken of, who wrote a thesis *de motu sanguinis per venas*, in 1815, containing just the same opinions as it would appear are to be found in Dr. Carson's work. How far the theory of Dr. Barry, which ascribed the afflux of the centripetal fluids to the heart to the *mighty agency of atmospheric pressure*, was entitled to the meed of *novelty*, must be left to others to determine.

Mr. Spry said that he should endeavour to establish his second proposition, by a reference to some familiar facts, and to experiments made by himself and others.

He supposed that few persons were now unacquainted with Dr. Barry's opinions respecting the circulation, but it would do no harm to repeat them in a brief manner. Dr. Barry wished it to be believed that, in consequence of the *vacuum* formed somewhere in the thoracic cavities during *inspiration*, the *blood returns* to the heart *only* during the expansion of the thorax, and that enough blood is driven into the chest during *one inspiration*, to *supply* the left *ventricle* with the necessary quantity of blood for the entire *respiration.* That as a matter of necessity there must be a *reservoir* into which the venous blood must flow, and that that *reservoir* is formed in the *cardiac extremities of the great veins.* That these veins are in a state of *progressive distention* from the beginning to the end of inspiration; and that, therefore, as a matter of course, there is no *alternation* of contraction between the parts of the auricles within the pericardium, called sinus venosus, and the ventricles corresponding to the pulse. This was the outline of the theory.

Any man in health could measure the number of pulsations in the radial artery during an entire respiration, and he would find that there were five, and of course five to *one* inspiration. It had been satisfactorily shown, at any rate it was generally admitted, that two ounces of blood pass from the left ventricle into the aorta at each contraction, and as there were five such contractions in each respiration, *ten* ounces of venous blood must be sucked up or forced up into the thoracic reservoir, at each inspiration; this might be possible, but let any man make a deep inspiration and a complete expiration, and then suspend his respiration during thirty beats of the radial pulse, which might be easily done, and what were we to infer from the fact? But one of two things; either that a quantity of blood equal to *sixty* ounces must be thrown at one inspiration *into* some *reservoir* in the chest, or that the venous blood did return to the heart when *no* inspiration was made. To admit the first was an absurdity, since there is no structure in the chest capable of holding as a reservoir sixty ounces of blood; we were, therefore, compelled to admit the second inference, viz. that the blood did return to the heart when the respiration was suspended. Many excellent illustrations of the fact, that the venous blood did return to the heart not only during inspiration and during expiration, but also during a suspension of the respiration, might be found in comparative anatomy; but it would be only necessary just to glance at some of the amphibious quadrupeds. Could we suppose that, during their stay under water, the circulation was suspended? In the *cetacea*, that interesting order of the mammiferous animals, take the *monodon*, the *balæna*, or the *delphinus*, we should find a curious contrivance expressly calculated to enable the animal to continue a longer time from the surface, without being inconvenienced by the too great accumulation of blood on the auricles and great cardiac veins; there were particular vessels much enlarged for that purpose, especially the posterior cava at the liver. In the *seal* this dilatation was very remarkable; the cava forms a large sac or reservoir to receive the surplus blood whilst the animal is under water, till it can come to the surface and respire. In the diving birds the posterior cava is dilated in the same way for the same purpose.

Mr. SPRY said, that it was unnecessary to resort to comparative anatomy for the required evidence, as it could be amply supplied by direct experiment. To prove that the vis a tergo, with the lateral pressure on the veins, was sufficient to bring back the venous blood, he cited some experiments of Magendie, described in the 2d Vol. of the last edition of his Physiology, and the experiments of Mr. John Hunter, mentioned in his "Treatise on the Blood," in which he opened the right side of the thorax in a living dog, and tied a ligature around the vena cava inferior above the diaphragm; and having closed the opening with his hand, that the circulation might go on and fill the large veins, when the inferior cava became turgid he killed the animal; and, on the following day, he found coagula in all the large abdominal veins, of sizes proportionate to the sizes of the vessels. Mr. SPRY contended, that these experiments showed that the blood must have been returned to the parts in which it was found in such large quantities, by some other power than a thoracic vacuum. It might be said that it was returned by the aid of gravitation, as the position in which the animals were left after the experiments was not mentioned. To satisfy himself on that point, he had been induced to make some experiments, in which the influence of the thoracic vacuum should be effectually shut out, and gravitation itself employed against the returning columns of blood. He had made some experiments on rabbits in the following manner: he opened the right side of the thorax of two rabbits, and having compressed the vena cava inferior close to the pericardium, in one the pericardium itself was opened, and in the other not, he completely severed that vessel; he held the animals upright, the blood issued in large quantities from the lower orifice of the cava, as might have been anticipated, and, in a minute and a half, they were quite dead. He opened the abdomen to see if the blood might have been accumulated in the large abdominal veins, but they were all empty; the liver was white, and all the muscles were completely blanched.

With the able assistance of Mr. VINES, the demonstrator of anatomy at the Veterinary College, he had made other experiments on the horse and dog. The cephalic vein was laid bare by dissection in a horse about to be killed; a ligature was passed around it, and the vein was punctured longitudinally with a lancet. The animal was allowed to remain standing; the vein continued to bleed in a regular stream for about an hour, when it fell down exhausted from loss of blood. But the experiment which he considered to afford the best evidence on the subject, was that in which the right side of the chest of a half grown healthy young dog (between the terrier and bull dog) was laid open, without wounding the pericardium or diaphragm; a ligature was passed around the cava inferior close to the pericardium, and the cava immediately became turgid beneath the ligature; he then punctured the vein longitudinally with a lancet, and held the animal upright by its fore paws. The animal breathed several times forcibly but regularly; the blood flowed from the punctured cava without intermission, both during *inspiration* and during *expiration*, but it was observed distinctly to flow out in greater quantity, and with greater force during expiration. The strength of the animal gradually sunk with the loss of blood; and, on opening the abdomen after death, the large abdominal veins were found empty, the liver almost white, and the muscles colourless, as in the former experiments.

He hoped that these experiments would suffice to show that the thoracic vacuum, the existence of which, to a certain extent, he did not mean to deny, exerted little influence on the return of the venous blood, as it was very evident that the venous blood could be brought back to the heart by other powers; and that far from deserving the second place among the forces concerned in the circulation of the blood, as assigned to it by Drs. Carson and Barry, it ought to be removed to a very subordinate rank.

Mr. Wigon observed, that he had repeatedly occasion to notice, that those who sought to arrive at a knowledge of Dr. Barry's theory from his books, seldom obtained their object. There were many points mentioned in Dr. Barry's book in a very imperfect manner to that in which he was accustomed to explain himself in his lectures; although he believed that Dr. Barry himself did not now attach so much importance to the influence of the thoracic vacuum as formerly. He considered the arguments drawn by Mr. Spry on comparative anatomy, tended rather to favour the opinion of Dr. Barry, than to militate against it. He thought that the quantity of blood named as escaping from each contraction of the left ventricle was too large; he did not think it ought to be reckoned at more than two drachms.

Mr. Spry replied, that he mentioned two ounces on the authority of Haller, Blumenbach, and Richerand; but admitting that only two drachms were expelled, even that quantity would be sufficient to embarrass the thoracic reservoir, under the circumstances he had mentioned. He drew a very different inference from the arrangement of the veins in the animals he had named; for if the blood could be brought thus far, it was fair to infer that the same powers were adequate to sending it to the heart; but that, as the respiration was suspended, the circulation through the lungs became impeded, and hence the value of the venous reservoirs, namely, to allow the animals to remain a longer time under water than they other could do.

Mr. Kingdon said, that he had that day made the experiment on himself, which had been just mentioned; he held his breath after a deep expiration, and counted his pulse, and he was led to do so from the same sort of reasoning, that if the heart sent two ounces of blood into the aorta at each contraction of the ventricle, it was clear that an equivalent quantity must enter the heart, and if the blood returned to the heart only during respiration, it was difficult to conceive how, during a suspension of the respiration, the necessary quantity could be supplied. Mr. Kingdon made some clever remarks on the hepatic circulation, and on the manner in which Dr. Barry supposed the vacuum to be formed in the chest, by the lungs not following immediately the distention of the thoracic parietes.

Dr. Clutterbuck stated, that Mr. Lloyd had been occupied in making some experiments on that very subject, and as he would in all probability mention them himself to the Society at its next meeting, he should only say, that they appeared fully to establish the fact, that the lungs were capable of expanding, so as to remain in contact with the parietes of the thorax under any degree of distention. He considered, from what he had that evening heard, that the originality of the thoracic vacuum theory, and of its influence on the circulation, had been shown not to belong to Dr. Barry; but that with whomsoever it might have originated, it appeared very certain that its influence on the circulation was almost nothing, and that he considered the question so far settled, that it was unnecessary to make any further experiments on the subject, and that to do so would expose animals to unnecessary suffering, and therefore be unjustifiable.

VACUUM DOCTRINE.

To the Editor of The Lancet.

Sir,—A man is always deemed to have the worst of an argument when he resorts to prevarication or to raillery, whether innocent or malicious. The case made out against the *efficacy* of *atmospheric pressure* in causing *absorption*, remains unshaken by any thing *Philovacuum* has as yet adduced, as will be seen by comparing our two communications; and if you will allow me, I will briefly recapitulate the principal points contained in my last letter. I said, 1st, That Dr. Barry admitted that "mere pressure *was sufficient* to prevent absorption," as shown by the ferule experiment; 2d, That although Dr. Barry claimed that experiment as another *demonstration* of *his* theory, and referred for proof of its being so to the 77th page of his book, that not a single word is there said "about the effects of *pressure applied around* the poisoned wound;" 3d, That the head of the vacuum family was driven into a corner, and that he *shifted* out of it by a *trick*; 4th, That his *indispensable* condition requisite to absorption, a free application of atmospheric pressure to the absorbing surface, was *very inert* if not altogether *unnecessary*; 5th, That the application of the exhausted cupping-glass to a part *does cut off the communication* between the wound and thorax, as regards the *returning* vessels; and, *lastly*, That the exhausted cupping-glass prevented absorption *only* by the *pressure* of its edge *around* the poisoned part, in the same manner as the pressure of the ferule; adding, that *nothing to the contrary had yet been shown.* How these charges have been answered, may be seen by a reference to Philo's last production.

As I never suspected Philo to be a man of much reading, I was the more surprised that he should pretend to claim any relationship with the Toricellis and Pascals: however, as he does not appear to understand how the cupping-glass does act on the the *living* body, I would refer him to Richerand's excellent work on Physiology, Chap. IV. on Respiration; where he will find the following remarks:—"The human body resists without any effort the *atmospherical pressure*, because it is applied at all times and in every direction: but if a *part* of its surface *ceases* for a moment *to be under its influence*, (atmospheric pressure,) it swells, *the fluids are determined to it in considerable quantity*, and the integuments become excessively distended, so as to be in danger of bursting; *such are the phenomena which attend the application of the cupping-glass.*"* I said that "*the rising* of the part within the exhausted cupping-glass was entirely owing *to the injection of the part* with arterial blood, *unresisted by atmospheric pressure;*" I did not at the time of writing that, recollect Richerand's remark; but it will be seen that we are perfectly agreed on the subject.

His advice respecting Redi should be pickled with his "belly-piece of fresh pork," for the use of those country gentlemen, who, *like himself*, require the aid of a translator to make Latin quotations suited to their capacities! A mouthful of Latin, or of compliments, will neither frighten nor flatter your old correspondent, who is opposed to all "*empty doctrines*," and therefore calls himself

Antivacuum.

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* See Dr. De Lys' translation of Richerand's Elements of Physiology; 3d ed. p. 181.

HOSPITAL REPORTS.

BARTHOLOMEW'S HOSPITAL.

INDURATION OF THE PREPUCE, WITH PAPULAR ERUPTIONS OVER THE BODY AND IRITIS.

Charles Sexton, July 20, 1826, three months since, and a fortnight after coition, a small sore appeared on the inner surface of the prepuce; nothing was done at that time, and it gradually got worse. In a fortnight, eruptions broke out on the legs and trunk; three weeks previous to admission, he took mercurial pills; under their use, the sore began to heal, although the mouth was not affected. Ten days ago, he was attacked with inflammation of the left eye, the sight of which has gradually failed.

21. The prepuce is slightly thickened, and the sore on the very point of healing; and the glands in the groin are somewhat enlarged; the eruptions which seem to have been papular, and to have closely covered the whole body, more especially the limbs, are now in the state of desquamation. The left eye is affected with acute iritis; there is considerable external redness, the vessels, both of the conjunctiva and sclerotica being distended, and easily distinguishable. The cornea is clear. The iris, which is naturally blue, has assumed a much darker, dull and muddy tint; the pupillary margin and inner circle being of a rusty brown; all the general deposition into the texture of the iris has thus caused a very striking change in its appearance, there is no exusion of lymph in distinct masses. Vision is lost for all useful purposes. There is no headache, and but little pain in the eye; occasionally, and particularly in the morning, slight pain is felt in the brow. There is pain in the shin bone; pulse is not affected; the tongue and bowels are in their natural state. Cupping on the left temple to ℥xiv. gr. ij. cal. et 1-3d opii. every 8 hours; ext. bellad. to the brow every night.

22. The pills were not taken as directed, neither did he apply the belladonna; the eye was easier after the cupping; the belladonna applied this morning, enlarged the pupil, so as to show that the margin of the iris is adherent.

23. This morning there was slight redness and feeling of weakness in the right eye, which he attributed to sleeping with the window open; twelve leeches to the left eye, the other treatment continued.

25. Inflammation is considerably reduced, and sight improved; the gums are slightly swelled; continue the calomel and opium, and apply leeches to the left eye.

27. Ten leeches were again applied yesterday evening; the mouth very sore; the patient is better in every respect, and can now see to read, took calomel and opium only at night, and had eight leeches applied.

31. The eye is not so well this morning, calomel and opium every 8 hours.

Aug. 2. Being better, cal. gr. ij. opii. 1-3d gr. only at night.

5. A relapse of inflammation, with as much pain and redness as in the first instance; cupping on the left temple to ʒxvj.; cal. gr. ij. opii. 1-3d. every six hours; ext. bellad. on the brow at night.

7. Mouth very sore; inflammation much abated; treatment continued.

9. Eye quite free from inflammation; it was thought advisable to go on with calomel night and morning, because of the disposition to relapse.

11. Took the calomel and opium at night only.

15. Is quite well, and can see as perfectly as ever; discharged. To attend occasionally, that the state of the organ may be watched.

CASE OF EXTENSIVE VARIX OF THE LEFT VENA SAPHENA MAJOR, WITH CHRONIC INFLAMMATION, AND GREAT SURROUNDING ENLARGEMENT AND INDURATION.

A woman, ætat. 50, was admitted into Elizabeth Ward, October 4, 1826, under the care of Mr. Lawrence. She is of a full habit, and ruddy complexion. The affected vein became varicose 30 years ago, after a dfficult labour. She has experienced several attacks of inflammation in it, which on one or two occasions prevented her pursuing her usual occupations. These attacks were by no means so violent as the present, soon yielding to rest, and mild antiphlogistic means. For the last week, the vein and its tributary branches have been unusually large, knotted and painful. Leeches, lotions, and a graduated compress, had been employed.

At the time of admission there were two considerable tumours on the inner side of the knee, made up of numerous convolutions of the vein, connected and surrounded by a large mass of indurated cellular texture. The trunk of the vein could be felt under the skin, enlarged and indurated, for the space of five inches above the tumours, in the inside of the thigh; and for a like extent below the knee. A slight blush was partially observable on the skin covering the diseased vessel, more especially over the two tumours, which were a little painful. She could neither move the limb, nor bear on it without great pain. The pulse was small and frequent; skin hot; tongue white; bowels constipated; and appetite gone. Twenty leeches were ordered to the leg, and a purgative prescribed. As the pain, redness and swelling of the varicose tumours, with the general feverishness, led to a suspicion that matter might have formed, Mr. Lawrence made a small puncture in one of them; from whence issued merely a drop or two of blood. The leeches were repeated on the following day, with considerable relief as to the local as well as the general symptoms. On the next day there was a severe rigor, exacerbation of the fever, together with delirium at night. She became gradually worse, in spite of the strictest antiphlogistic treatment.

Besides a large bleeding, sixty leeches were applied in the neighbourhood of the inflamed veins, and aperient and saline medicines given to act freely on the bowels.

A tolerably free discharge of thin bloody matter, or rather of matter mixed with bloody fluid, issued from the puncture made in the vein. By the use of these means the disease appeared to have been impeded in its course, until the 10th, when the symptoms gradually aquired a more violent character and she became worse until the 25th, when she expired. From the 10th, the pulse had been small and rapid, the skin occasionally moist and clammy; the tongue white, and subsequently brown and dry; the stomach was particularly distended, there being great thirst, and almost continual nausea and vomiting, with the occurrence of frequent shiverings.

Post Mortem Examination.

The coats of the varicose vein were thickened and hardened, and a similar change had occurred in the surrounding cellular texture, which adhered to them firmly; the internal membrane was highly inflamed, containing pus at some parts, and in others covered by effused lymph or deposit of fibrine. Such was the state of the vein, from the inferior diseased portion to its termination in the femoral trunk. The vena profunda was inflamed, thickened, and plugged with adherent coagula; the femoral vein contained a large coagulum at the entrance of the saphena; below this point it was found completely filled with pus, its internal surface was covered with an irregular yellowish membrane, as far as the knee-joint, where it had unfortunately been divided. The vena cava to the heart, was of a dark dull or mahogany red colour; the right side of the heart, and the pulmonary artery, being of a deeper hue, whilst the left side exhibited a more florid colour. The aorta, near its origin, presented a deep scarlet colour, irremovable by washing, although it disappeared nearly by maceration. The adbomen was distended to an immense size, with flatus; the uterus contained some tubercles; the veins of the abdomen and thorax appeared natural; the head was not examined.

The following WORKS *have been received.*

1. A Physiological Enquiry respecting the Action of Moxa, and its utility in inveterate cases of Sciatica, Lumbago, Paraplegia, Epilepsy, and some other painful Paralytic and Spasmodic Diseases of the Nerves and Muscles. By WM. WALLACE, M.R.I.A. &c.; Surgeon to the Charitable Infirmary of Dublin; Lecturer on Semeiology and Clinical Surgery, &c. 8vo. pp. 148. Hodges and M'Arthur, Dublin, and Longman and Co. London, 1827.

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2. An Oration, delivered on Thursday, February 9th, 1826, before the Hunterian Society; with Supplementary Observations and Engravings. By Sir WILLIAM BLIZARD, Knight., F.R.S., F.A.S., F.R.S. Edinb.; Soc. R. Gotting. Corresp.; Hon. Prof. of the Royal College of Surgeons in London; Surgeon to His Royal Highness the Duke of Gloucester, and to the London Hospital. 4to. pp. 39. Underwoods.

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3. An Essay on the Use of Chlorurets of Oxide of Sodium and of Lime, as powerful disinfecting Agents; and of the Chloruret of Oxide of Sodium, more especially as a remedy of considerable efficacy in the treatment of Hospital Gangrene, Phagedenic, Syphilitic, and Ill-conditioned Ulcers; Mortification, and various other Diseases. Dedicated, by permission, to the Right Hon. Robert Peel. By THOMAS ALCOCK, Member of the Royal College of Surgeons in London; of the Medical and Chirurgical Society, &c. &c. 8vo. pp. 148. London, 1827. Burgess and Hill.

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4. An Essay on Medical Education. By W. BARRETT MARSHALL, an Assistant Surgeon in the Royal Navy. 12mo. pp. 114. London, 1827. Burgess and Hill, and S. Highley.

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5. Medical Botany, or Illustrations and Descriptions of the Medicinal Plants of the London, Edinburgh, and Dublin Pharmacopœias, with those lately introduced into Medical Practice. By JOHN STEPHENSON, M.D., of the University of Edinburgh, and JAMES MORSS CHURCHILL, Esq., Surgeon, Fellow of the Medico-Botanical Society of London. Royal 8vo. John Churchill, Leicester Square, London; Cafrae and Son, Edinburgh; Hodges and M'Arthur, Dublin, 1827.

The present work is No. 1 of a series of monthly parts, which are intended to illustrate by plates, coloured from nature, and letter-press descriptions, the officinal plants of the National Pharmacopœias, as well as others, which though in common use, have not yet found a place in these corporate and imbecile productions. The generic and specific characters, English, provincial, and foreign appellations, synonyms, natural history, physical, chemical, and medical properties, and uses of the various plants, and particularly of those poisonous ones which are indigenous to Great Britain and Ireland, will form, if the spirit of the present Number animate the rest, a complete and valuable system of toxicology, and materia medica. In speaking of the symptoms produced by poisonous plants on the animal economy, the authors have not forgotten to enumerate the most approved antidotes or modes of treatment devised for their removal, nor the morbid appearances which are detected after death; and have given some very interesting historical details of accidental and designed poisonings. There are a few typographical errors in the present Number, and the articles devoted to the plants are numbered instead of the pages; and although the latter may be no great defect, the former should be sedulously avoided. The plates are well executed, and we augur well of the work generally.

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6. Observations on the Treatment of Gonorrhœa, by a new preparation from the Balsam of Copaiba, with Illustrative Cases. By JAMES THORN, Member of the Royal College of Surgeons. 12mo. pp. 57. S. Highley, 1827.

The balsam of copaiba, from its nauseous taste and smell, is one of the numerous valuable medicines which have rarely suited what is called genteel practice; or agreed with the most ordinary stomachs. We are glad to find, therefore, that the sphere of its utility is likely to be much extended by the discovery of Mr. Thorn, that all its virtues reside in a resin. "By distillation of copaiba, (he says,) an essential oil was produced, of a light green colour, having a most unpleasant smell and taste; its specific gravity being 876 to 1000 water, leaving a brown resinous extract, quite soft, but becoming hard and brittle when cold; nearly tastless and inodorous, soluble in æther and pure alcohol. The proportions obtained from two ounces of the balsam were *eleven* parts essential oil, to five of extract." The *extract*, which we have seen, may be taken in doses of ten or fifteen grains, without inconvenience; but in one instance related by the author, 20 minims of the *essence* produced sickness, severe pain in the stomach, and several loose motions. The extract is a very elegant preparation, and the author has related several cases of gonorrhœa, some of them on his own authority, and some on Mr. Tyrrell's, in which it was by no means equivocally useful.

THE LANCET.

No. 178.] LONDON, SATURDAY, JANUARY 27. [1826-7.

MR. ABERNETHY'S
PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES

At St. Bartholomew's Hospital.

On the Stomach.

It may be questioned from the human stomach, whether man's stomach is *carnivorous* or *herbaceous*; for my own part I know nothing about it, except that I think a man's stomach is very like a lion's, and that a lion's stomach is certainly carnivorous. But that a man was meant to eat herbs is to be collected from his teeth, from the articulation of his jaw, and from his masseter muscles. That he is capable of living also on animal food is perfectly clear; and it is evident, taking both the alimentary canal and the stomach together, that he was meant to feed on both, for the alimentary canal is between herbaceous and carnivorous.

There was a time when persons thought that the *wrinkles* in the internal coat of the stomach, rubbing against each other, produced hunger; thence arose the vulgar phrase—"Come, take the wrinkles out of your stomach," by satisfying the appetite; but all that is just nonsense, and I may as well speak upon that now.

Hunger and *Thirst* are mere *sensations*, sensations of the stomach, and they seem really to be incompatible with one another; for a thirsty animal is not hungry, nor is a hungry animal thirsty. Hunger does not produce thirst, and an animal does not drink till it has digested the food. People will say otherwise; they will say, I have seen a cow drink the moment she began to eat. Well, so they may, for that is just the time when she should drink; the stomach is then empty, and the water that she then drinks does not remain above what the cow may have just at that instant ate, but it passes down into the stomach and fills the paunch, enters into and fills up the *cooking cavities*, as I may call them. People feel hungry when their stomach is full; this you will frequently find to be the case. A healthy young man, after eating a pound of beef steaks, and after having washed them down with a good quantity of strong drink, will be as hungry as if he had never seen the beef steaks, and ready to swallow a barrel of oysters. (Laughter.) O, there are people who eat continually, and are never satisfied but when they are eating. There was a woman in this Hospital who was eternally eating; they gave her food enough, you would have thought, to have disgusted any body, but she crammed it all down; she never ceased but when her jaws were fatigued. She found out, that when she put her feet into cold water she ceased being hungry; and therefore, when she had a mind to rest her jaws, she got a bucket of cold water, plumped her feet and legs into it, and there she sat till she thought she would up and at it again. (Laughter.) O, all this is a morbid sensation; extreme thirst is a morbid sensation, and you must cure the morbid sensation of the stomach if you want to cure thirst; but the way people generally take to cure it keeps up the thirst rather than allays it.

Now in looking at these follicles in the internal coat, some people say they are for secreting *mucus*; others say, they are for secreting the *gastric fluid*. Now every person knows that the stomach does secrete mucus and a peculiar liquor, but I do not see the sources of this; we see distinct sources in the intestines, but we do not in the stomach; at least I can't.

With respect to the *physiology* of the stomach, to the best of my knowledge and belief, Mr. Hunter was the first man who broached those opinions which are generally accredited, or have not till of very late been disputed, which is, that digestion depends upon the sufficient quantity of the liquid which the stomach secretes—of the gastric fluid, and that this liquor has the properties of rendering any nutritive matter solid, so that it should not pass through the *pylorus*, until it had undergone this peculiar solution by the gastric fluid. Well, if the white of an egg is given to a hungry dog, in a few minutes it will be as *hard* as if it had been boiled for hours. The juice of the stomach instantly curdles milk. Take the gastric fluid out of the stomach of a calf just born, and it has most curious properties; the little of that fluid that is in the stomach they dry in it, then dissolve it, and then curdle gallons of milk with it, as you all know. Then, as the fluid of the stomach has the power of dissolving that which is nutritive, the question is, why don't it dissolve itself, it is flesh? John Hunter would never boggle at an answer for that, and he says, that the life of the stomach preserves it. There is no chemical agent will act on it Worms live in the stomach, and yet there is no doubt but that a meal of dead worms would form a very nutritive repast to a dog. But does the fluid ever dissolve the stomach? Yes, it does. The proof of this is, that if a man eats a large meal, and is suddenly afterwards killed by a blow on the head, as has often occurred, you will see that the gastric fluid is acting, not on the food, but on the stomach, that it makes a hole in the stomach, and that the food gets through that hole into the belly. Various stomachs have been examined having these appearances. But Sir Astley Cooper told me of a case where a person was met with after death under these circumstances: the body was laid in what they would call *a very ungain attitude*; it laid with the thorax lower than the abdomen, and upon opening the body, the stomach was found to be dissolved at its *lesser* arch; it is usually at the *larger* arch where it is dissolved; in that case the diaphragm was dissolved, and the stomach was in the lower part of the thorax.

Some people say there is no gastric juice; why? Because we cannot get it. And why can't we get it? Because it is not secreted but at certain times; it is only secreted when it's wanted. There are many who think even now, that it's the *vital powers* of the stomach, and *not* the *liquid* that causes the digestion. Well, they may entertain that notion if they please, but all I am bound to do is, to tell you what appears to me to be the most reasonable physiology.

There are animals who feed on what appears to be the most innutritive to others—the *woody* substance of things. But what do they do? They pour upon that substance, at first, a liquor, and then they eat it: there is a liquor evidently runs from them, and dissolves that which is afterwards to become their food.

Now, I say, analogy would lead us to suppose—and I think I have told you enough of facts, to warrant us to a pretty considerable extent in believing that the stomach does prepare a liquor of this kind. Mr. Hunter thought so; and he was employed to open the body of a patient of Sir John Pringle's, in whom the stomach was dissolved. To Sir John Pringle, it was new; Mr. Hunter said, O, I have seen it frequently, this is not disease—it is the effect of the gastric fluid. Sir John Pringle, who was president of the Royal Society, urged him to write a paper upon it, and he did. Now, two or three years afterwards, a Dr. Stevens, who was preparing his *inaugural thesis* at Edinburgh, met with a man who was a *stone eater*—a man who would swallow stones, and let you hear them rattle in his stomach; and the Doctor thought this would be a good time for making experiments; therefore, he got him some food consisting of balls, ivory balls, metallic balls perforated with holes, which he gave him filled with animal substance; for it was said that irritation might be, and that trituration must be, the cause of digestion; but trituration was not the cause of it, as appeared from the balls after they were voided. Had putrefaction destroyed the whole? O, the time was too short for that. Well, he went on, and gave the balls, filled with matter, to carnivorous animals, but they also voided them undissolved. It was eight years afterwards, when this was taken up by another person, but yet no one speaks of Mr. Hunter but myself. I believe him to be the author of these opinions; certainly that has been doubted, it has been contended against, but I believe not on sufficient grounds. I may just mention further, that if you give putrid meat to a hungry dog, it will sweeten in the dog's stomach, and that the gastric fluid of a dog's stomach has been applied to sores.

Now this is all I have to say about digestion; but here I come to a very curious point, indeed; which is, that all Mr. Hunter's notion of digestion has been, I may say, proved by experiments on the stomach; and which is, that nervous energy is required for secretion; that secretion depends upon a particular action, and that the nerves being incapable of exciting and governing that action of secretion, it will not take place. *Dr. Haighton* divides the eighth pair of nerves in a dog, and curiously enough the dog takes its food at regular periods when it's given to him, but he shows manifest signs of sickness and disquiet; something is voided from his bowels, as aforetime, but the dog wastes away, and becomes nearly a skeleton. In the course of a certain number of weeks, the nerves become united, and the dog digests his food, looks well, and again recovers his flesh. Dr. Harwood, of Cambridge, feeds two dogs of the same age, brothers or sisters, in an equal state of health, with flesh meat; they are pointers; and after he has done so, he decoys one of them into the fields and hunts it—induces it to hunt, to exercise it: after hunting it for four hours, he brings it home and kills both the dogs. The one that was hunted has all the flesh in his stomach, softened a little, but not digested; the other, which had been suffered to do what Nature dictated,—that is, to lie down by the fire and go to sleep, has all his food digested, and is found in the high road into the blood vessels; the lacteals are all full of the chyle which they have absorbed.

Now these things deserve the particular attention of medical men; because, what is the chief object of medicine, in a great number of cases, but to give strength to patients? For my own part, I can see no permanent source of strength but in digestion. You may give *bark*; aye, and if the stomach will digest it, it will give strength, but I know not how it will give strength otherwise. We ought to give caution to patients, not to take too much exercise after eating; to keep themselves quiet, and not to allow their minds to be disturbed, for you know the eighth pair of nerves comes from the brain to the stomach, and if the mind be agitated and disturbed, will the stomach digest food, or will it even receive it? No; O, there is a great sympathy between the mind and the stomach: if a man has received some intelligence which really distressed or annoyed him—thoroughly distressed him; if a merchant heard of the loss of a great adventure at sea; if a surgeon heard that a patient of his had died in whose fate he had taken great interest, who he thought would have recovered, and by whose recovery he would have had credit secured to himself; or, if a lover heard that his mistress had cheated him (laughter) just at the time he was sitting down to dinner, would he eat his dinner do you think? O, no; or if he heard of the tidings just after he had dined, would what he had taken digest? O, no. Well, to secrete, there must be vital actions regulated by the nervous system; and, in every part of the physical body, you will see that fact proved. Now I go on: the food is digested, but what does it become? Not chyle in the stomach, but a kind of pulpy adhesive sort of matter—sticky sort of matter, of no very pleasant odour. People vomit after they digest their food, when they have had a blow on the head; and what are we to call that? O, it is generally called chyme. The stomach digests the food, and it is certainly called chyme. I may inform you, that there have been opinions entertained that the right end of the stomach is more calculated for food, and the left for the fluid. But these are things, I believe, concerning which we have no absolute knowledge; and, therefore, we are ignorant of them.

LECTURES

ON THE

Diseases of the Nervous System,

BY

DR. CLUTTERBUCK.

Lecture VIII.

On the Varieties of Idiopathic Fever.

Notwithstanding the obvious impropriety of the term *idiopathic fever*, according to the view I have given of the subject, I am nevertheless compelled to employ it at present, on account of the constant use that is made of it by writers. In proportion, however, as the real nature of the disease is understood and admitted, it will be less and less necessary to use terms that are not only unmeaning, but which often tend to mislead.

Idiopathic fever has been usually divided into a great number of *species*, each of which is supposed to differ essentially from the rest; as if they were of absolutely different natures. Besides the common and generally admitted division of fevers, into *continued* and *intermittent*—*epidemic* and *endemic*—*contagious* and *infectious*—other minute distinctions have been made, founded upon circumstances of a trivial nature, and which can be considered in the light of *varieties* only, depending upon causes that are accidental, and foreign to the disease itself. Sometimes the distinction has been founded upon *degree* merely; whence the terms, *mild* and *malignant*—sometimes, upon *duration*; as in the *ephemeral* or *diurnal* fever, as compared with the *slow* or protracted cases (*febris lenta*)—sometimes, upon the predominance of a particular symptom, and that perhaps accidental; as the *comatose, cephalalgic, catarrhal, gastric, nervous, bilious, rheumatic, sweating fevers;* and many others:—sometimes again, upon the place or situation in which the disease has most frequently appeared; as the *gaol, hospital, ship*, and *marsh* fever. These numerous, and for the most part, unimportant distinctions, (unimportant, at least, in regard to the nature of the disease) have rendered the subject altogether obscure and difficult. This, as it appears to me, can only be obviated by the adoption of some general principle, that will serve to connect the whole together into one simple and common system. Such, I think, is the one I have endeavoured to lay down; where the particular *seat* and *nature* of the disease are assigned, and which will be found to embrace all the different *genera* and *species*, as they have been deemed; as well as to account for the almost innumerable varieties, the occurrence of which is casual and accidental only. In the details I am about to offer to your notice I shall take anatomy and physiology for my guides, as far as possible; for whatever is not consistent with these is unworthy of our regard.

Now after giving a short explanation of the terms in ordinary use to distinguish particular kinds of fever from one another, such as *epidemic* and *endemic—contagious* and *infectious—common* and *specific*—I shall attempt an arrangement of the subject which, I trust, will render it sufficiently simple and intelligible; and having done this, I shall describe more minutely the different *species* and *varieties*, as far at least as is necessary for the purposes of practice.

An *epidemic* disease then, is one which spreads widely through a country, and sometimes over a great part of the globe; the result of some general influence, commonly ascribed to the atmosphere, the natural condition of which has been supposed to have undergone some change, in respect to temperature, elasticity, or other less obvious quality; or to the admixture with it of some noxious agent, the nature and origin of which are wholly unknown. The most striking example we have of this kind of fever, is the *epidemic catarrh*, or *influenza*, as it is usually denominated, a peculiar combination of *idiopathic fever*, or brain affection, with *catarrh* or inflammation of the mucous membrane of the air-passages. Many other diseases of a common kind are observed to prevail with extraordinary frequency, at certain times and seasons; while their occurrence at other times, is rare. Such is the case with *pleurisy*, *rheumatism*, and *hepatitis* of the acute kind; all of which are observed to prevail after a cold east wind has blown steadily for some weeks. To these, as well as others, the term *epidemic* is applied. Even the fevers termed *specific*, that is, such as arise only from particular *contagions*, as *small-pox*, *measles*, *scarlatina*, and others, are evidently at times under the influence of some epidemic cause, which occasions them to be much more rife and fatal in some seasons than in others.

Endemic diseases, on the other hand, are those which are confined to a particular district of country, and which depend upon some local cause, commonly an emanation from the soil. Thus *intermittents* and *remittents* are *endemic* in marshy situations. The *yellow fever*, as it is called, is *endemic* in the West Indies, North America, Gibraltar and many parts of the Mediterranean, as well as in various other parts of the world; and evidently depends upon *miasmata* arising from the soil of those places, and generated under the combined influence of heat and moisture. The *plague* itself seems not improbably to belong to this class of *endemic* or *miasmatic* fevers.

The terms *contagious* and *infectious*, as applied to fever, have given occasion to much dispute, as to the sense in which those terms are to be employed. And to this difference in regard to the use of terms, is owing, I believe, much of the difference of opinion that subsists among practitioners, with respect to the contagiousness or non-contagiousness of certain diseases. *Contagion* has not always been sufficiently discriminated from either *epidemic* or *endemic* influence; though there is a wide difference between them. The terms we employ on these and other occasions, can seldom be taken in a strictly literal sense; but are more or less figurative or metaphorical in their signification; the use of them accordingly is always in a degree arbitrary; which makes it necessary they should be accurately defined, in order to guard against misapprehension. Now I think the least objectionable idea that we can attach to a *contagious* disease, is, that it is one which is produced by a peculiar *virus* or poison, generated in the body of an animal, while labouring under a peculiar form of disease; and which *virus* has the property of exciting a similar disease in others to which it is applied—whether in a solid, fluid, or gaseous state, seems quite immaterial. Now there is a considerable number of such, with the general characters of which we are pretty well acquainted; and possibly there are many others, that operate from time to time, so as to excite peculiar modifications of disease, but which escape our observation.—Some of them excite diseases, unattended with any febrile symptoms, or general disorder of system; this is the case with the *syphilitic*, *psoric*, and others. Many again, are marked by much febrile disorder, and which therefore are termed the *febrile contagion*; such as those producing *small-pox*, *measles*, *scarlatina*, and several others. These latter are to be considered as perfect examples of *contagious fever*; to which, therefore, as a test, we ought to refer, when discussing the question of the *contagiousness* of particular fevers.

The term *infection* has been often used synonymously with *contagion*; and indeed the distinction between them is altogether arbitrary, since the fevers called *contagious*, might, with equal propriety, be termed *infectious*, as in fact they have often been.

Still, there is a difference of opinion as to the sense in which these terms ought to be employed. This however is a subject I shall again have occasion to allude to, when I come to speak of ordinary *continued fever*, and its mode of propagation.

The terms *common* and *specific*, as applied to fever, are sufficiently understood. The former is applied to fevers that proceed from common causes; such as exposure to cold, atmospheric changes, spirituous drinks, narcotic substances swallowed, mechanical injuries, violent exercise, or, in short, any of the common causes of inflammation of the brain: while the *latter* is used to denote such causes as are peculiar in their nature and origin, and which act by peculiar laws, so as to generate fever with distinctive characters, and which proceed from such causes only. Hence *small-pox*, *measles*, and the rest of the *exanthemata*, or *eruptive fevers*, are the chief examples of *specific fever*. The terms *contagious* and *specific* fever, may be considered, therefore, as nearly synonymous.—It will be a question for our consideration hereafter, whether ordinary *continued fever* properly belongs to the class of *contagious* fevers; that is, whether it is propagated by a peculiar *virus* generated in the body of the sick, as is the case in *small-pox*; or whether in some other way. At present we are to make an arrangement of fevers altogether, confining ourselves to such as have been called, by way of distinction, *idiopathic*.

You will perhaps best understand the varieties to which fever is liable, if I first point out the causes upon which this diversity depends. Now there are several causes that have this effect of varying the character of fever; as,—1st. The degree of the inflammation existing in the brain. 2dly. The particular part of the organ in which the inflammation is seated. 3dly. The stage of the disease. 4th. Season, climate, situation, age, individual constitution, and mode of life. 5th. Complication with other diseases. 6th and lastly, The nature of the *exciting cause*. These all require notice, in order to a perfect understanding of the subject.

1. The first circumstance tending to vary the character of fever, is the *degree* of inflammation present in the brain, in which the disease is supposed essentially to consist. Inflammation of the brain, like that of other organs, might naturally be expected to give rise to symptoms more or less acute, in proportion to the actual violence of the disease. In comparison, however, with other organs, a striking difference will be found to exist here; and that both in regard to the *local* characters of *pain* and *disturbance of function*, in the part primarily and essentially affected; and also, in the state of the general system.

Thus *pain*, from the degree of which, in most other inflammations, we infer the violence of the disease, is, in the case of fever, most equivocal: so much so, that the pain in the head (the part primarily affected) is not uncommonly in an inverse proportion to the real violence and danger of the disease, and is generally less and less complained of, as the fever is advancing in its course, till it soon ceases to be felt or acknowledged altogether. This is easily understood, when we consider the little sensibility the brain naturally possesses; and further, that the patient soon becomes unconscious of, or incapable of expressing, his sensations. Other organs, again, commonly exhibit greater disorder in the state of their functions, in proportion as the inflammation is more violent; whereas, in the brain, from the peculiar disposition of parts, and especially its confinement in an unyielding bony case, the effect of inflammation when extensive and violent, is first to induce arterial fulness, and, as a consequence of this, compression of veins; whereby the circulation through the organ is impeded, and the functions interrupted, in the manner I have before explained to you. It fact, it is only in the slighter and more partial affections of this organ, that a great and active disturbance of its functions is observed. In the more violent and extensive inflammations of the brain, the organ is soon rendered incapable of carrying on its functions, and a state bordering on apoplexy takes place; as we see in the latter stages, and the most aggravated forms, of both *hydrocephalus*, *phrenitis*, and *idiopathic fever*.

There is a great difference, likewise, in the state of the general system, in cases of cerebral inflammation, as compared with others. This difference arises from the paramount influence exercised by the brain over all other parts. When other organs are suffering inflammation in a considerable degree, so as to excite constitutional disorder, the affection (*pyrexia*) is, for the most part, simple in its form, consisting in little more than an excited state of the general vascular system, indicated by a quick and generally hard pulse, increase of animal heat, a white fur upon the tongue, and suppressed or altered secretions. The state of the system, in *idiopathic fever*, is far other than this; and, at the same time, it differs widely, according to the degree of disease in the brain. In very mild and simple states of fever, where the brain is so slightly affected as to be able to carry on its functions in a tolerable manner, the general system is affected nearly as in other inflammations: that is, the pulse is strong and full, in proportion to the general strength of the patient, the tongue whitish, and the heat of body great. This is observed in what is called *inflammatory fever*, the *synocha* before mentioned, a form of fever of great apparent violence, and alarming to the bystanders, but in reality attended with little danger; since the violence exists only in regard to the *secondary* symptoms; while the organ in which the disease is primarily seated, is comparatively but little disturbed. But in cases where the inflammation in the brain is violent and extensive, (the *violent* or *malignant* fever,) the *arterial fulness* that takes place, as one of the consequences of the increased arterial action, by making pressure on the *veins*, soon interrupts more or less the circulation of the brain, and, in the same degree, impairs its functions; which, accordingly, are oppressed often in the highest degree, producing, as I have just remarked, an apoplectic state of the organ, differing from common or simple apoplexy, in being combined with the symptoms of inflammation. Now, in this case, the effect is not confined to the brain itself and its own *special* functions; but, in consequence of the dependence of every part upon the brain, is extended universally throughout the system. Not only is the general *sensibility* of the body nearly lost, the *voluntary power* annihilated, and the *mental energy* in a great measure destroyed, but the whole vascular system, with its dependencies, suffers. The heart and arteries are enfeebled in their actions; the pulse is weak and soft; the circulation imperfectly carried on; and the blood in the extreme parts nearly stagnant; acquiring the dark or *venous* character, and losing, at the same time, in a great measure, its power of coagulating; while the vessels themselves, in consequence of their diminished vitality, lose their power of retaining the blood in them, so that it escapes into the surrounding cellular texture, giving rise thus to *vibices* and other defœdations of the skin; or it issues from the mucous surfaces of the alimentary canal or other parts, in the way of hæmorrhage; the blood that escapes being always dark in colour, and little disposed to coagulate. Should inflammation (to which there appears a great disposition throughout the system) arise, the inflamed part evinces its want of vitality, by the disease quickly ending in gangrene, followed by sloughing, and this again by ulceration, that shows no tendency to heal, till the brain is restored to its natural state, and enabled to resume its functions: in other words, till the fever ceases. The *secretions* every where show the same tendency to decomposition; whence the black and fœtid *sordes* that accumulate about the mouth; the offensive discharges from the intestines and kidneys, and even from the skin.

Such an extreme prostration of the animal powers altogether, seems at first inconsistent with the notion of active inflammation; but when it is considered that the brain is the seat of the disease—that, at the outset, there are the strongest signs of increased vascular action about the brain, such as redness of the eyes, flushing and heat of head, and throbbing of arteries,—and that the natural result of this increased vascular action, and determination of blood to the brain, is a state of oppression of the organ, which renders it unfit to carry on its functions,—it is not to be wondered at, that the influence of this should be felt throughout the system—or that the vitality of the whole should be impaired, and especially that of the more remote parts. The brain and the rest of the system are, in fact, in opposite states. In the former, the vascular action is increased, in the latter diminished; while, from the state of oppression that soon takes place in the brain, the rest of the system is, as it were, paralysed.

Another cause of diversity in the character of fever, is the particular *seat* of the disease in the brain. In most cases, the whole organ appears to suffer in some degree; as all its functions are more or less disturbed. There is, however, great inequality in this respect. In some cases, the sense of *vision* is particularly disturbed, as evinced by the intolerance of light; in others, the same is observed with regard to *hearing*. Sometimes the *voluntary power* is irregularly exerted; (as where *subsaltus tendinum* takes place;) but not in others. In some, *delirium* appears at an early stage of the disease; while, in many cases, this symptom is altogether wanting. In some fevers, not otherwise remarkable, the *pulse* is extremely *quickened*; in others, it is too *slow*; while there are many instances of fever, even of a violent and dangerous kind, in which the *pulse*, during a considerable part of the disease, deviates but little from the natural standard. Some fevers again, set out with *vomiting*, hardly to be restrained by art; in others, this symptom is not observed. These varieties in the character of fever, and which are occasionally met with in all the different species of the disease, are only to be explained upon the principle laid down, namely, the locality of the inflammation, and the different degree in which different parts are affected at different times.

It is well known how greatly fever is liable to be varied by the circumstances of *season, climate, situation, age,* and the *individual constitution* of the patient. In the *spring*, for instance, fever is apt to prevail with *inflammatory* symptoms, that is, with strong and full pulse; in the *autumn*, it is more likely to assume the *malignant* shape. In *hot climates*, fever is violent, and runs quickly through its stages, often to a fatal termination: in *cold* ones, the disease is milder, and, at the same time, more protracted. In large towns, and in an impure state of the air, fever of the *low* or *nervous* kind is apt to prevail; while in the country, and in elevated situations, we more commonly meet with fever of the *inflammatory* kind.

The *age* of the patient is another circumstance that merits consideration, especially in a practical point of view. The susceptibility, with regard to all impressions, is much greater, generally speaking, in young than in old subjects. This is to be ascribed to the greater vascularity of the brain in early life, and its greater tendency to inflammation in consequence. In *infants*, the slightest causes, either applied directly to the brain (such as mechanical injuries of any kind); or, acting indirectly, by irritation of other highly sensible or irritable parts; are sufficient to excite inflammation in this organ, and which, when once excited, runs rapidly through its course; so as either to terminate fatally within a very short period, or to end in serous accumulation, by which a new train of symptoms is induced. This peculiarity in the brain of infants, serves to explain what has been often asserted with regard to them, namely, that they are not liable to fever strictly so called. All that can be justly said, however, in regard to this point is, that fever in infants has not the same regular and protracted course, as in adults; and that for the reason I have just stated. Agreeably with this you will find, that the older the child is, the more the disease resembles at first ordinary fever, both in its symptoms and duration. This tendency of the brain in young subjects to a more active state of disease, makes it of double importance to have early recourse to decisive measures; and that even in slight affections of the sort; for however mild the disease may be at its outset, it is apt to increase from day to day, while our power over it regularly diminishes as the disease proceeds. I do not hesitate to avow to you (for you may profit by the confession), that I have more than once had occasion to regret the neglect of early and active measures in the case of young persons attacked with fever; such as boys at school; having been lulled into a false security, by the mildness of the early symptoms. In *old age*, on the other hand, the brain is less readily roused into inflammatory action; but, as a counterpoise to this, slight degrees of disease are apt to prove fatal, life in such being held by a feeble tenure.

As in all other diseases, the *constitution* of the individual materially influences the disease. The disposition to fever is very strong in some individuals, and they suffer in consequence repeated attacks: and the disease in such is commonly more violent, and attended with greater danger. There are others, on the contrary, who appear to be nearly exempt from this disease altogether; a difference that is to be ascribed to the different susceptibility of the brain, in regard to the ordinary causes of fever.

It is easy to understand, that *modes of life*, may have their influence upon the disease; and, in no small degree also, the *medical treatment*, and general management of the patient. In persons much addicted to the use of *strong drinks*, fever is always dangerous; for in such persons the brain is already in a state of preternatural excitement, if not of actual disease, by which its disposition to inflammation is increased. By an early use of *stimulants* in the cure of fever, the disease is aggravated; and that which might have been *mild* in its form, is converted into the *violent* and *malignant*: whereas, the adoption of the *antiphlogistic* practice at the very outset of the disease, tends powerfully to secure the patient against a fatal result. It prevents, in general, the occurrence of the *typhoid* state, as it is unmeaningly called.

Another cause of variety in the character of fever, is its *complication* with other diseases. There are numerous instances where fever preserves its simple character throughout; and that, whether it be *mild* or *violent* in degree. In such cases, the symptoms all refer themelves to the brain and its functions, or to such parts as are in more immediate dependence upon this organ; such as the heart and stomach. These are apt to have their functions more or less disturbed, but only in a secondary way, and without themselves becoming actually diseased. But, in the *complicated* states of fever to which I am now directing your attention, there is inflammation in some other part, combined with that which is going on in the brain itself. In these cases, the two sets of symptoms are easily to be distinguished; though they tend in a degree to modify each other. In *hot climates*, fever is apt to be combined with inflammation in the cavity of the abdomen. The *stomach* becoming inflamed, enormous vomitings take place, sometimes of a bilious kind, sometimes dark and grumous, (the *black vomit* as it has been called;) sometimes the *intestinal canal* is the suffering part, and *dysentery* appears, in conjunction with the proper symptoms of fever or brain affection. The *liver* is another part that is much disposed to disease in hot climates, and inflammation in this organ accordingly, is a frequent concomitant of fever; giving rise in some cases to an excessive discharge of bile by vomiting or stool (*cholera*) or, the discharge of it into the intestines being impeded, absorption is the consequence, and jaundice appears; as in what is termed *yellow fever*; this appearance, however, being by no means constant or essential to the disease.

In *cold climates*, fever is most frequently found in combination with thoracic disease; as catarrh or pulmonic inflammation; sometimes, with *ligamentous* inflammation, in the form of rheumatism. But even in this climate, few cases of idiopathic fever prove fatal, without the occurrence of inflammation in the abdomen, in the form either of *diarrhœa* or of *peritonitis*; the latter, when it occurs, adding greatly to the danger of the disease.

These occasional *complications* of fever with other inflammations, modify considerably the character of the disease; in many instances, with the effect of mitigating the cerebral affection, and in this way lessening the danger altogether; as where catarrh, or diarrhœa, or rheumatism, constitutes the secondary disease. But when *gastritis*, or *enteritis*, or *peritonitis*, takes place in fever, (these being in themselves formidable states of disease), the danger altogether is greatly enhanced. Sometimes, too, it happens, that the proper fever or brain affection subsides wholly, the secondary affection alone proving fatal. In this case, dissection proves nothing with respect to the brain, though this had been the part primarily affected.

The *varieties* of fever hitherto mentioned, depend upon accidental circumstances, foreign to the disease itself. There are others, however, that are essential to the fever, so as to make a part of its character. Such is the case with the fevers termed *eruptive*, the *exanthemata* of the nosologists: where, with all the symptoms that are essential to fever in general, and that serve to mark the existence of the disease, there is found some particular form of inflammation on the surface, by which those diseases are distinguished from common fever, and also from one another. The peculiarity of fevers of this description, is not only observed in regard to the obvious appearances, and the whole course and termination of the disease, but extends also to the treatment, which is governed by different principles. There is abundant reason, therefore, for making such fevers the subject of a separate class, and which, on account of their peculiarity, are properly termed *specific*.

Thus then, the whole tribe of fevers, strictly so called, the *idiopathic* fevers of authors, may be methodically arranged according to the principles just laid down. The first division of the subject is into *common* and *specific*, in the sense above stated. These will form two great classes, which will be found to embrace all the cases of proper or idiopathic fever, however diversified in their character or circumstances.

The first class, or *common fevers*, may be divided into *simple* and *complicated*; the difference between which, you will readily understand, after what you have already heard on the subject.

Simple fever again, may be divided into the *continued* and *periodical* forms; the latter including both *intermittents* and *remittents*, which appear to differ from one another only in degree.

Lastly, the *simple continued fevers* may, for practical purposes, be divided into the *inflammatory*, the *mild*, and the *violent* forms; corresponding with the *synocha*, *typhus*, *mitior*, and *typhus gravior*, of Dr. Cullen's system. These, though mere *varieties*, depending upon foreign and accidental circumstances, require some difference of treatment, and therefore must be separately considered.

In conformity with the plan above suggested, I have constructed a table, for the more compendious display of the subject, and which you may consult at your leisure, and, perhaps, think it worth your while to transcribe. [The Lecturer here laid on the table a *scheme* of fevers, digested in the order above stated.] The arrangement of the subject most useful with regard to practice, will, I think, be the following, and which is the order I intend to pursue.

1. *Simple continued fever*, including the *inflammatory* (*synocha*)—the *low nervous* fever (*typhus mitior*)—and the *violent* or *malignant* (*typhus gravior*). This will be immediately followed by a consideration of the complications to which they are respectively liable.

2. *Periodical fevers*, including *intermittents* and *remittents*, with their varieties.

3. *Specific fevers*, the exanthemata or eruptive fevers of authors; with which, I think, *hydrophobia* may be properly classed.

FOREIGN DEPARTMENT.

PATHOLOGICAL ANATOMY.

Absence of the Abdominal Muscles. By Dr. Bourgouin Duffaux.*

Madame J. R., ætat. 36, mother of three well-formed children, was brought to bed of a child arrived at the full time, rather small, thin, weak, and plaintive, having the umbilical chord dilated to three inches in thickness.

The abdominal muscles on both sides were wanting, the stomach and bowels being only contained within a thin, dry, serous membrane, interspersed with numerous yellow, fatty filaments, extending from the internal part of the ring along the umbilical chord, so that the chord passed through the middle of this membrane; it was infiltrated, enlarged, irregular, and open at its insertion in the umbilicus, as it usually is when nature has been engaged several days in the expulsion of the fœtus. The membrane is, I believe, only an extension of the sero-membranous lining which covers the intestines. There was a hernia in the linea alba, and water by infiltration in the scrotum.

In the absence of proper cerate I applied some oiled linen on this membrane, which was so dry that it appeared as if it would break on the slightest friction. Three slips of diachylum were applied over this in order to assist nature in the obliteration of this ring. The child cried and *vomited* constantly, not only after taking food, but also, as it is termed, with an empty stomach. The vomiting was attributed to the bandages; these were removed, but the vomiting continued. On the 12th of May 1825, the child, being then eighteen months old, was in the following state:—The height and size are those of a child of its age; it is gay, lively, and well. Across the covering of the abdomen is to be observed a circular trace of muscles, but the muscles are not yet developed.

This case leads us to think, that vomiting may sometimes occur without the abdominal muscles participating in it; a long and hard disputed point, as will appear ftom the following summary of the experiments made respecting it:—

PHYSIOLOGY.

*Experiments on Vomiting.**

At the close of the 17th, and in the beginning of the 18th century, the opinion that the stomach was, in vomiting, entirely or almost inactive, appears to have been the most prevailing. Boyle, Chirac, Duverney, Senac, and others, have declared in favour of such an opinion. Through some observations of the old physiologists, and from some experiments which he himself performed, Haller was satisfied that the contraction of the stomach co-operated in the phenomenon of vomiting, but this he expressly placed subordinate to the actions of the abdominal muscles and diaphragm. This difference of opinion has occasioned, recently. many spirited discussions, which indeed cannot as yet be regarded as finished, but which appear to support the views of the ancients.

Magendie † commenced the modern contention by reading to the Institute, in the year 1812, a paper on vomiting; and those persons who formed the committee appointed on the occasion, among whom were Humboldt, Pinel, Cuvier, and Percy, declared themselves satisfied with the experiments which Magendie had performed. The most important results of the numerous experiments which he made on dogs, to whom he administered emetic substances, either by injecting them into the veins or by the mouth, are the following:—He never remarked any peculiar contraction of the stomach. He drew the stomach out of the abdominal cavity, so that it might be removed from the action of the abdominal muscles and diaphragm, and no vomiting was produced, although the inclination to do so was very perceptible; but as soon as he replaced the stomach in its natural situation, vomiting immediately followed. Pressure made with the hand on the stomach, whilst removed from the abdomen, acted just the same as the abdominal muscles, and produced vomiting. He cut through the abdominal muscles, but the pressure of the diaphragm on the stomach, aided by the resistance of the linea alba, was sufficient to make the animal vomit; when the diaphragm was also divided, vomiting ceased. The simple division of the phrenic nerve did not prevent vomiting from taking place. He substituted for the stomach which he cut away, a pig's bladder distended with fluid; vomiting was produced as if the fluid had been ejected from the natural stomach under the conditions before mentioned. He remarked that, during these attempts made to vomit, the stomach became distended with air. This observation was afterwards read more in detail to the Institute,* upon which Hallé and Pinel made a report. In this paper he showed that each time the air got into the stomach, it was attended with a motion similar to that observed in ordinary deglutition, in which the larynx was drawn first upwards and forwards, and again downwards. This distention of the stomach with air favoured the pressure of the abdominal muscles on it.

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* Gazette de Santé, Dec. 5, 1826.

* Lund's Vivisectionen der neueren Zeit.

† Magendie, Memoire sur le Vomissement, suivi d'un rapport par MM. Cuvier, de Humboldt, Pinel, et Percy. Paris, 1813. 8vo.

Scarcely had Magendie's paper on vomiting appeared, before numerous opponents presented themselves, and among the foremost of these was M. G. H. Marquais,† who, in an unimportant paper, extended his observations over seventeen pages of octavo, with a great show of superficial learning, without at all combating the facts forming the subjects of Magendie's Memoir.—Moreover, he charged the committee with having shown toward Magendie a decided partiality, and went even so far as to say, that the memoir and report might have been produced by the same author. Of somewhat more importance appeared the opponent pamphlet of Dr. Maingault.‡ Dr. M. had been, from his youth, Magendie's rival, and he collected together a good many facts which appeared to him inexplicable according to Magendie's doctrines; he performed some experiments, from which he made it appear that the results were quite opposite to those stated by Magendie. He removed the abdominal muscles, and cut through the phrenic nerves, and united the two operations; he even cut away all the abdominal muscles and the entire diaphragm, and in all these cases vomiting followed. The contradiction thus given to the very extreme of the results professed by Magendie, induced the Societé de Medicine, before which the paper of Dr. Maingault's was read, to nominate a committee for the examination of the subject, of which committee Legallois and Beclard were members. The committee could not satisfy themselves of the force of Dr. Maingault's experiments, and declared them quite inadequate to the refutation of the conclusions which Magendie had drawn from his. The consequence of this is already known; Maingault imagined himself insulted, and published his own paper before the report was delivered; the committee was therefore saved the trouble, but was induced by this circumstance to institute some experiments for themselves.

The results obtained by the committee from experiments which they performed, are the following*:—Without some external pressure, independent of that of the stomach, no vomiting takes place; but this pressure may, particularly according to the condition of the consistence of the mass, decrease and change its power in a great degree; fluids, for example, may be forced into the œsophagus from the stomach, even where the abdominal muscles are cut through and the action of the diaphragm destroyed, simply by the pressure of the last ribs towards the epigastric region, or, more correctly, the left hypochondriac. In the stomach itself they discovered that inside the circular contraction in the pyloric portion which was quite independent of any attempt to vomit, they could perceive no motion of the stomach connected with the act of vomiting.

The consequence of this decisive preponderance thus thrown on Magendie's side was, that the whole affair was admitted as an established fact, and there it rested for some time, until, indeed, the veteran of medical science in France, Portal,† raised his voice against such a general assent. In the year 1817, he read an essay to the Institute, in which he endeavoured to defend the opinion of Haller, and called to his aid partly the experiments of Maingault and in part some which he had himself performed in 1771, in which he had observed that dogs vomited, and that the stomach contracted if the recti muscles of the abdomen and the aponeurosis of the oblique were cut through. As one of the circumstances proving the co-operation of the diaphragm, he remarked, that it was impossible to force the contents of the stomach into the œsophagus when the diaphragm descended.—Magendie‡ did not leave this objection unanswered. He declared the experiments of

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* Memoire sur la Deglutition de l'Air.—Leroux's Journal, tom. xxxvi. p. 9, et seq.

† Marquais Reponse au Memoire de M. Magendie sur le Vomissement.—Paris, 1813.

‡ Memoire sur le Vomissement. Paris, 1813.

* Legallois et Beclard Bulletin de la Faculté et de la Societé de Medicine, 1813. No. X. p. 481—500.

† Since printed in the fourth vol. of his Memoires sur la nature et le traitement de plusieurs maladies, &c.—Paris, 1819.

‡ Nouv. Bulletin de la Societé Philom. 1817.

Maingault refuted; the first of Portal's observations loses all objection, because the influence of the abdominal muscles is not entirely removed; to the second he ventured to oppose his own observations, negative certainly, but founded upon more than two hundred experiments; and of the inaccuracy of the third he offered to convince him as often as he should wish.

The opinions of Portal appear to have given way to the convincing evidence of Magendie's experiments; and the question remained at rest until Bourdon renewed the discussion in the following year, by reading to the Societé de la Faculté de Medicine an essay, in which he produced the history of many cases of scirrhus ventriculi, in which the patients were not able to vomit, to show the active co-operation of the stomach itself in the production of vomiting: he endeavoured to find in some of Magendie's experiments a support for his opinion. In the experiments which he made of substituting a small bladder for the stomach according to the manner followed by Magendie, he found that this bladder could only be emptied of two-thirds of its contents. Bourdon drew therefore the following conclusion, that the remaining third part of the fluid in the bladder was the consequence of the 'absence of the contractive power possessed by the stomach; that is to say, that the emptying of the stomach is effected two-thirds by the action of the abdominal muscles and diaphragm, and one-third by the contractive power of the stomach itself. These observations obtained some attention, and led to the appointment of Beclard and Merat as commissioners for the further examination of the subject, who announced themselves favourable to the hypothesis of Bourdon. The force of this opposition of opinion did not continue long, and the author of it having been attacked by both of the other parties with theoretical and empirical weapons, was soon beaten quite out of the field.

Rostan* took upon himself to criticise the paper of Bourdon; and, in a review which he published of it, he makes the following observations: In the schirrus ventriculi, the coats of the stomach are thickened; and, in the cases recorded by Bourdon, they were four times thicker than usual, a circumstance which must prevent the full force of the abdominal muscles on that organ. That, in the experiment with the bladder, the tying of the pylorus, and the distention of the stomach with a fluid, were not conditions calculated to ensure the complete emptying of the stomach, he demonstrated in the following manner: 1. The putting a ligature on the pylorus is, perhaps, the very reason that something remained behind; because, it is possible that during the act of vomiting, some part of the contents of the stomach may be forced through the pylorus. 2. The distention of the bladder was a circumstance by no means necessary for the experiment; and, therefore, the importance of this pretended advantage falls to the ground. 3. That the contents of the stomach should consist of fluid is necessary, since the matter to be rejected from the stomach has to pass through a narrow tube, a mode of reasoning far from being conclusive.

The objections taken to the views of Bourdon, by Piédagnel,† deserve more attention, as they appear to have been drawn from experiments and careful observation. He showed that it was not necessary to assign the partial retention of the fluid, to any want of contraction in the bladder substituted for the stomach, but that the true cause of such retention was the folding over of the bladder on the edges of the œsophagus, by which it was impossible that the fluid it contained should be forced out by vomiting. Instead of a pig's bladder, he substituted the colon of a dog, and secured it to the lower extremity of the œsophagus; he allowed the end of this artificial stomach to protrude from the abdomen through an opening made just above the pubes, where it was retained; the gut was completely emptied by the act of vomiting. The second objection of Bourdon,—namely, the incapacity of the thickened and scirrhus stomach being emptied of its contents, he as successfully combated, and by numerous cases which he collected with Gondret,‡ proved quite the contrary.

Experiments on the Effects of Compression, and the Ligature on Poisoned Wounds.

M. Bouillard read a paper in continuation of one lately presented to the Academy, (*Vide Lancet, No.* 166. *Vol. XI.*,) on the effects of compression, and the ligature, on poisoned wounds. In his first paper, M. Bouillard had advanced that a ligature or compression applied to a poisoned wound,

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[*] Nouv. Journal de Medicine par Beclard. t. iv. p. 262.

Magendie's Journal de Physiologie, t. i. No. 3. p. 251.

[‡] Journal de Physiologie, loco cit.

prevented the effects of the poison from manifesting themselves, and that because the ligature or the compression prevented the venous circulation. It had been objected, that the successful result of these means might be attributed to the paralysis of the nerves of the part, and, consequently, to the cessation of all sympathetic irradiation of the nerves, irritated by the poison on the brain. It was for the purpose of dissipating these doubts, that M. Bouillard undertook some fresh experiments: 1. A grain of strychnine was introduced into a wound made in the thigh of a rabbit. At the end of ten minutes convulsions came on, which ceased on the application of a ligature; every time that the ligature was removed the convulsions returned, and that it was applied they disappeared. At last, after twelve hours, the strychnine was removed from the wound, the wound was carefully washed, and the animal remained quite well. M. Bouillard asserts, that a very small quantity of strychnine is sufficient to kill a rabbit, and that its action is strong in proportion to the smallness of the dose; and, lastly, that its action is slower when a ligature has been previously applied.

2. In the second experiment, the ligature was kept applied so long, as almost to produce a state of gangrene; and, in this case, if the ligature be removed, and the poison remains in the wound, no symptom of poisoning occurs. The non-occurrence of the effects of the poison must not be attributed to any change of the strychnine in the wound, for a portion of the very same strychnine inserted into a wound made in another rabbit, caused the death of the animal.

3. In order to prove that it is by the circulation, and not by an irradiation of the nerves of the part in which the poison is deposited that the poison acts, M. Bouillard repeats the experiment on a rabbit, the crural nerve of which he had divided; and the effects of the poison manifested themselves, but were immediately suspended on the application of a ligature. In another rabbit, M. Bouillard laid bare the crural nerve, separated it from the surrounding parts, and put some of the strychnine on the nerve, but the poisoning did not occur; but on trying the same experiment with the femoral vein, convulsions came on.

From these facts, M. Bouillard concludes that the ligature and compression only act on poisoned wounds by the suspension of the venous circulation, and by the poison being thus prevented from being carried to the centre of the nervous power.

PATHOLOGY.

Submersion.

Royal Academy of Medicine, Paris.—Sitting of the 26th of September.[*]—M. Bourgeois de Saint Denis, read an account of a case of asphyxia by submersion. This physician, in the month of July last, going over one of the bridges, (Pont des Arts,) observed some persons carrying a man just taken out of the water to the bureau, where aid is afforded to the drowned; those who carried the drowned person, kept his feet high and head low, and were inflicting hard blows over the chest, loins, and posteriors, with the palms of their hands. M. Bourgeois proceeded instantly to the bureau, directed the person to be placed in the horizontal posture, and began to administer assistance himself, although the man did not show any signs of life, and had been under water for the space of twenty minutes. The means used to recall life, consisted in dry frictions of the whole body, moderated inflation of air into the mouth and lungs, tickling of the sole of the foot, hypochondria, excitement of the nostrils by the smell of liquid ammonia, injections up the rectum of warm water, with some salt in it, and then into one of the veins of the left arm. The vein, on being opened, did not at first furnish any blood. Every effort appeared for a while fruitless; when, after the lapse of an hour, the flow of blood from the opened vein showed that the circulation began to reestablish itself. A ligature was immediately placed on the arm, and, in a few minutes, ten ounces of blood were obtained. From that time the circulation and respiration returned, the chest evidently showing that their latter function was restored. But just at the moment when the symptoms of asphyxia were disappearing, and restoration to life becoming more and more evident, an attack of the most horrible convulsions and tetanus threatened the destruction of the individual. Sixteen ounces of blood were immediately drawn, and notwithstanding every effort to arrest the flow of blood, it continued to run until this convulsive state was followed by one of syncope, and afterwards profound coma, which lasted for twelve hours. The person was taken to the Charité, and with one bleeding more was perfectly restored. On the following day the patient was quite well.

M. Bourgeois presented this fact as a fresh instance of the efficacy of the trial of means after submersion of a considerable time, and when the drowned person was apparently beyond the possibility of recovery. From this fact, M. Bourgeois concludes, that hopes of restoration should not be abandoned until the decomposition of the body has commenced. Among the best restorative means, he considers the cautious inflation of air into the lungs, and the abstraction of blood, the air being breathed by the mouth of some person into the lungs. M. Bourgeois considers the warm air particularly suited to the lungs under that state, and that its warmth compensates for its impurity.*

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[*] Archives Generales, Nov. 1826.

Inflation of Air into the Lungs.—Asphyxia.

M. Leroy d'Etoiles, of Paris, has lately been trying some experiments to show, that although inflation of air into the lungs after submersion is one of the best means of restoring life, still that if it be not managed with great caution, restoration of life may be prevented by the very means used. Air was blown with considerable force into the lungs of some animals through a canula, inserted into an opening made in the trachea, and after one strong inflation only, the chest and abdomen became distended, as if the animal had made a deep inspiration. Among seven sheep on which the experiment was tried, four died in three minutes, and three in fifteen minutes afterwards. The third mode in which these animals perish, is by asphyxia. The phenomena which accompany the death of the animals, into the lungs of which air has been inflated, are exactly the same as those observed in complete obstruction of the trachea. In both cases there is always a great agitation, restlessness, sometimes convulsive movements, always violent and ineffectual efforts at respiration, and at last, cessation of all motion and of the circulation, after the lapse from three to five minutes. If the carotid artery of an animal, of which the trachea has been closed, is exposed, as was done by Bichat, the blood will be seen gradually to lose its colour, and diminish in quantity; it being necessary for the venous blood to traverse the lungs in order to become arterial, and this in asphyxia being prevented by the state of the lungs. The lungs of the animals presented appearances similar to those observed after inflammation, but the first effects superinduced by the powerful inflation of the air are not satisfactorily explained.

EDINBURGH JOURNAL OF MEDICAL SCIENCE.

Jan. 1827.

"He's a very clever man, I'm told?" "Oh! very clever—he writes in the journals." "On what subjects, did you hear?" "His last article was on the distinction of the symptoms of enteritis from those of peritonitis." "Bless me! he must be extremely clever; you're acquainted with him?" "Quite well; he showed me the editor's letter, complimenting him on the difference which he pointed out between the pathognomonic signs of the two diseases." "That's flattering indeed—in which of the journals does he publish?" "In the Edinburgh Journal of Medical Science, lately established by some of the most eminent men in the capitol." "It must be a very interesting work; who are the principal contributors?" "Tip-top men in their respective line—lecturers, professors, practitioners of eminence in the city and the country; each department of the work being conducted by characters either engaged in the actual practice, or in the teaching, of their profession." "An excellent plan, that—novelty in the 'original communications,' wit in the 'reviews,' and judicious selection in the 'medical intelligence,' I suppose?" "All united, and forming one of the most splendid publications of the kind ever laid before the public." "It must put down all the other medical magazines—will it?" "O! dear, yes; Duncan's has already lost half its subscribers, Johnson's Review is scarcely heard of in Edinburgh, and Macleod's never seen." "Have you got the last Number, eh? Suppose we were to look over it together?" "No objection; here it is, a presentation copy from the editors, in consequence of some contributions of my own, for I dabble in that way now and then." "Good—proceed." "The first article is by Charles Hastings, of the Worcester Infirmary, and forms a valuable addition to morbid anatomy. He has discovered a 'peculiarly soft state of the lungs' in different conditions of the constitution, as in fever, decay of the powers of life, slow emaciation, &c., and totally distinct from the phenomena described by any other writer. Thus it is not referrible to the 'soft pulpy tubercle' of Bailie; to the 'scirrhous, hematoid,' or 'melanoid tubercle,' or to the 'pulmonary apoplexy;' or to the *melanessement rouge*, or *melanessement gris* of Andral, from the latter of which, it may be distinguished by the absence of pus on dissection, and from no part of the lung being found in a healthy state. He has given six cases, and as many *post-mortem* examinations in support of this opinion; but as they are somewhat long, I shall just point out to your notice the points on which his discovery rests. In the second case 'only two or three points of purulent matter were detected;' in the third case, 'his patient coughed very much, and expectorated a thick yellow matter, which seemed tinged with bile;' and on opening the chest, 'the cells of the lungs were filled with a thick matter of the consistence of pus, but nearly of the colour of chocolate.' In the fifth case, a young lady 'coughed up about two tea-spoonfuls of dark-coloured blood, accompanied by a small quantity of pus-like matter,' and she had besides 'an expectoration of an ill-looking purulent matter in small quantity;' and in his sixth case, the appearance of the patient's expectoration was 'decidedly purulent;' but you will observe, that in not one of these cases could pus be found after death, and only one portion of all these lungs was in 'nearly a healthy state,' and what is still more remarkable, there were no symptoms present to indicate the existence of this 'peculiarly soft state of the lungs.' 'These are really extraordinary cases; but, now don't you think it rather surprising that pus should not have been found where it was expectorated during life; that all these lungs should have been diseased, and a part of one of them nearly sound; that there should have been cough in some, pain in others, and an expectoration in all, and yet no symptoms to indicate the presence of such serious mischief; it puzzles me a little—do you think there could have been any mistate in the matter, eh?" "Oh! not at all; I have seen much more singular occurrences: the ways of Nature are quite mysterious, and you could'nt surely think of doubting the competency of Dr. Hastings to decide in such cases, or suspect his veracity." "That is not precisely what I mean—but the contradictions, plague on them; and might not the diversified states of hepatisation afford instances analogous to the 'soft peculiarity' of the Doctor?" "Well, well, you are inclined to be incredulous; but the ingenuity of the title, and the results of the operation recorded in the following article, must excite your astonishment: 'Case of Cynanche Laryngea, in which the operation of laryngotomy was performed after all signs of life had ceased, breathing restored, and the patient lived eighteen hours.'" "The title is perfect, either as a puff or a definition, leaving nothing else to be said on the subject, and the result would form an important item in the records of the Humane Society; does he add any thing besides?" "A few pages, in which he states that he found the man in the act of expiring, and greatly convulsed. He endeavoured to cut into the larynx, but from the convulsive movements of the whole body, and particularly of the muscles of the throat, he could not succeed. In a minute or two the pulsations of the heart ceased to be felt, and the extremities became cold and stiff. He now made an opening," &c. "And of course the wonder is complete; but then, do the extremities become cold and stiff so soon after death? and what was the operator doing during this time?" "The weather probably was cold; the other question is immaterial; but the next case, you will allow, is valuable, as much from the name of the writer, as on account of the matter: it is a voluminous paper of 'Observations on Aneurism of the Abdominal Aorta, accompanied by obliteration of that artery, by Professor Monro.' I shall merely state the particulars; the patient died of tubercular phthisis. He showed no symptoms of aneurism during life. Turning over the small intestines at the examination, a tumour about the size of an orange was found adherent to the second and third vertebræ. The expansion of the tumour was equal on all sides from the axis of the artery,, the dilated coats of which resembled white leather steeped in water, and there was no lesion of the parts. Above the aneurism the artery was contracted, and above this contraction was placed a conical-shaped plug of a firm nature, with the smaller extremity undermost. This plug was of a deep red colour, and seemed to be composed of a solid mass of coagulable lymph, intermingled with the red globules of the blood. It was an inch and an eighth in length, and an inch in breadth at its base, which was fixed by thin layers of coagulable lymph to the sides of the vessel, and thus completely obstructed the current of the blood through the aorta. From its firm adhesions to the sides of the vessel, Dr. Monro believes that it was not formed *in articulo mortis*; but some time before death, and probably by an inflammatory action of the *vasa vasorum* of the aorta. From this obstruction of the artery, and the history of other cases, he infers the propriety of tying that vessel, and concludes by stating that the pathology and treatment of aneurism are now complete, owing to the experiments and observations of men in this country; don't you applaud the physiology, the practice, and the patriotism evinced in that splendid essay?" "Of the patriotism of the article, there cannot be the least doubt; of the possibility of tying the vessel, there can be as little; but of the utility of the proceeding, and of the truth of the hypothesis that the 'plug' was not formed *in articulo mortis*, I am not quite so certain, knowing the strange freaks which Nature sometimes plays in the formation of polypi, &c. in the hearts of dying men. It would have saved Dr. Monro a deal of trouble, if he only *guessed* the other way:—but proceed." "'Observations on Dysmenorrhea, by William Campbell, lecturer on Midwifery, &c. Edinburgh.' This paper is agreeably discursive, and profoundly learned, there being scarcely a subject which the author has not discussed, or a writer whom he has not quoted. There are one or two passages which I wish to point out to your notice as highly creditable to Mr. Campbell's sense of propriety, and our national abhorrence of continental manners. 'In France, where the *sex*,' he says, '*surpasses, or, at least, equals, those of any other country in Europe in freedom of thought and action, and in affability of manners*, &c., they use, as a luxury, what, in his opinion, may lead to diseased menstruation. This is a small earthen vessel, like a flower-pot, filled with live cinders, which every lady has placed under the lower part of her under garments, and even causes her servant sometimes to bring to church for her. And while on this subject it may be mentioned, that they have borrowed from the ancients a precept, which in former times was resorted to as a remedy, but which, from its too frequent use in the present generation, especially in certain countries, may assuredly be considered as the cause of the evil. Some notion of the practice to which I allude, may be formed from the following passage in Eros, who says, '*Aut fiat aliud pessarium in modum virgæ virilis*, &c.'" "It is a sad fact, but a wretched piece of blackguardism, as true of every country as of France, and, being common to the human race, should rather be pitied in silence than blazoned forth into a national taunt. In science and morality we are pretty much on a level with our neighbours, and if Mr. Campbell were only a little better acquainted with the luxuries of "high life" at home, he might have known that the chaffing dish is no stranger to the carriages of Britain, and the warming-pan not unfrequently the nocturnal companion of our sleeping beauties; and as he seems partial to classical quotations, he may possibly understand the application of 'Hic niger est, hunc tu *Romane* caveto,' to his prejudices. What next?" "A metaphysical article, entitled, 'Remarks on the Subjects of Life and Organisation,' by T. Clendenning,—pray observe the style, which is peculiarly impressive. 'The promotion of knowledge is more immediately and manifestly affected by two classes of artists. Of these, one consists of such as with zeal, perseverance, inventiveness, boldness, and sagacity for their arms, take the lead in the field of investigation. It is for them, with discriminating taste, and erudite touch, and microscopic eye, to examine every object. It is theirs to test and to analyse, to measure and to weigh. It is they that remove obstructions, surmount difficulties, discover unknown virtues, detect lurking mischief. The other class above alluded to, comprehends those who, matured in wisdom by years devoted to attentive observation, patient thought, and profound study of the records of experience, having gained deep insight into the ways and the affections of Nature, who have diligently watched her movements, and, undeceived by her involutions and disguises, have ascertained the direction of her retreat, and discovered the path to her recesses; it is for them to lay down the chart of science, to determine the boundaries of the known world, and from lofty eminences, taking extensive views of yet unexplored regions, to point out the inaccessible peak, ungrateful desert, impassible swamp, and open and fertile country'—what do you think of that?" "Highly, I presume, if I could only guess what it was all about; but it is really too sublime for my comprehension; are you near the reviews?" "Here they are; twelve, I believe, in number, beginning with a ten-page criticism on the eighth edition of Hamilton on Purgatives." "Well, you need not mind that; he might as well have sat down to review the Bible or the Book of Common Prayer, as a work that has passed through the press eight times;—state the next subject." "'Johnson on the Morbid Sensibility of the Stomach.'" "What does he say of it?" "Praises it most extravagantly—calls the writer his learned and eloquent contemporary, and among other things, thus fraternally consoles him on the state of his stomach:—'One other point, also, we find rather slightly passed over, not that it was to be found in books, but that we expected it to have occurred to a pathologist of the calibre of Johnson, who has himself been so long a martyr to those complaints; for the "disciplina literarum corpori inimica," as we learn from this valuable little volume, reckons Dr. Johnson amongst her victims as well as her votaries.'" "A valuable volume! composed by a pathologist! of the calibre of Johnson! and on the state of his own maw; that generator of foul air and and libels, of moral acidity, and literary fermentation — impossible! the reviewer was merely quizzing the medico-chirurgical hypocondriacnad." "What follows is a specimen from a notice of Dr. Morrison's Lectures on Mental Diseases, which must impress you with a very favourable idea of these reviewers' taste and talents. 'The care of the human mind belongs to the practitioner of medicine. It is the most noble branch of our office.' So says the acute and accurate Guabius; and it would be so indeed, if our success were at all equivalent to the grandeur of the effect to be produced, the restoration of the immortal part of our nature to the proper exercise of its functions; to those amazing attributes, by which, with the lightning's velocity, it doth glance from heaven to earth, from earth to heaven, and approaches by near gradations the celestial natures that minister to Deity. But, alas! it is here our nobility ends, &c." "Poor man! he must have been greatly affected, for it is really pathetic, though mad folk are really the happiest fellows in the world. Is there any thing about phrenology?" "Yes, a review of Jeffery, Combe, and Millingan, entitled Phrenologia Rediviva, and commencing in the following spirited style: 'We are not quite so bloody minded with respect to the phrenologist as some thoughtless persons might infer from our dislike to their tenets. We pity them. Victims of a hallucination, which, iu some shape or other, is inseparable from human nature, we look on them as genuine objects of compassion, and throw them our halfpennyworth of commiseration as they intrude their insame visions upon our notice, with as much christian charity as we would to the ulcered and naked beggar who exposes himself for its elicitation in the streets.'" "Mere gasconade, and badly executed—they have yet to learn how to bestride, in Newmarket fashion, the Pegasus of Billingsgate. How do they attempt to overturn the doctrines of phrenology?" "By the doctrines of chance—a species of argument borrowed from the notes of Millingan's Translation of Magendie; thus there are about thirty three faculties; these faculties are common to the human race; all heads have fewer or more protuberances; in proportion as they are numerous, the chances of finding them correspond to mental devolopment will of course be increased; there are few heads, for example, with less than seven bumps, which often extend to the number of twenty one; a phrenologist, therefore, in a given case of this kind, could make no more than twelve wrong guesses, but as eminences are exceedingly common things, like the faculties which they represent, a highly developed faculty has a chance of being accompanied by an indication, which chance is in proportion to the frequency of the eminence. The whole is ingeniously reduced to an arithmetical form. And the writer concludes, 'that the cases in which the phrenologist does succeed, or foretels the coexistence of the sign and its faculty in the same person, are the results of chance, merely.'" "Nonsense! There never was, perhaps, a more ingenious line of argument adopted to support, than that which they have selected to refute, the tenets of the phrenologists; for did not these sagacious critics perceive, that just in proportion as they overturned, as they supposed, the doctrine of phrenology, by *increasing the chances of the coexistence of the sign and its faculty, that* they were in fact admitting, nay, proving the truth of the proposition of the phrenologist, namely, the general accordance between physical and mental development? In all probability phrenology will come to no good end; but the reviewers have been somewhat unfortunate so far in their attempts to cut short the term of its existence. Any thing else?" "Various other reviews; a collection of facts *undique collatis*; and a battle royal with Roderick Macleod." "About what?" "It appears that in a former number they inserted two cases from the 'Yellow Journal,' (which, by the way, is a very ugly nickname,) and immediately letters of remonstrance and apology were exchanged between the parties; but not satisfied, Macleod absolutely advertises the omission of the name of his Journal as a theft, a plagiarism, in the Chronicle,—and hence the contention." "Nothing can better show the narrow-minded, avaricious jealousies of such creatures than their quarrelling among themselves about trifles; do they kill Macleod?" "No; they 'scotch the snake' merely; pretend to be merry at his expense; but it is evidently a grin, not a laugh." "That's a pity; from what journals do they select their intelligence; any articles from 'The Lancet?'" "Some; the excellent letter from Leyden, for one; evincing in this respect a liberality unknown to their contemporaries." "Do you think they will insert any of the communications of 'Scotus?'" "No, no; their liberality may not carry them quite so far." "But what is your opinion of the New Edinburgh Journal, on the whole?" "It possesses more honesty, and less stupidity, than Johnson's and Duncan's; is in every respect superior to Macleod's; and with all its apparent defects, is the best of the large medical magazines."

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* We recollect, that a few years ago, Dr. D. D. Davis of this town recommended the same therapeutic agent (the breath from the mouth direct) for the same purpose, and that he proposed it to the Humane Society as a means which ought not to be neglected. The above case confirms Dr. Davis's views. —Ed. L.

Scotus.

To the Editor of The Lancet.

Sir,—As it appears Parliament is to be petitioned to grant some law by means of which students may readily be supplied with subjects for anatomical investigation; I beg permission to submit the following proposition, which will no doubt meet with the general approbation of the public: viz. That as medical men owe their support to the *dissection* of their fellow creatures, that they should in return of *just* recompense be delivered into the hands of their brethren, (anatomists) for the further promotion of science. St. Paul says, "As a man lives, so shall he die." I am, Sir, yours, &c.

A. B

THE LANCET.*

London, Saturday, January 27, 1827.

The following is an extract from a letter that we have just received from our Winchester correspondent:—

> "I beg to inform you that the Meeting of the Members of the College of Surgeons residing in Hampshire, held at Winchester on Thursday last, was both numerously and respectably attended. It was resolved unanimously *to support the prayer of the* London Petition, and a Committee was appointed to condense the resolutions agreed on at the Meeting. A subscription was commenced, and when complete will be forwarded to London for the use of the Treasurer, W. Lawrence, Esq. Each member, at the Meeting, expressed individually his decided belief that any measure short of a New Charter, would be quite ineffectual towards removing the existing abuses. Our Petition is to be presented by the County Members."

A knowledge of these facts must prove much more satisfactory to the friends of Surgical Reform, than any comments we could offer on the subject. We beg, however, to express our hope that the noble example of the Hampshire Surgeons will be speedily imitated in the other counties.

Whilst on the affairs of the College, we take this opportunity of stating, that many gentlemen bitterly complain of the London Petition being left only at one place for signature. This matter demands the immediate attention of the Committee. Half a dozen copies, at least, ought to be distributed at convenient distances throughout the Metropolis.

During the past year, the medical public has lost some of its brightest ornaments. Barclay, Vacca Berlinghieri, Scarpa, and Laennec; and we have now to add to the sad catalogue of mortality, the names of Mason Good, and Cline. Mr. Cline was a practical man, and, by his example, added at least to the respectability of surgery, though probably he did little more than tread in the trammels of his predecessors, and latterly lent himself to the abominable chicanery of the College. Though long and deservedly known to the literary world, Dr. Mason Good, until the publication of his Nosology, about ten years ago, was hardly known to physicians, and his medical reputation was not built up by degrees, but seemed rather to start into mature existence at once. The "Study of Medicine," the most comprehensive work of the kind that ever appeared in our language, whether we regard it as a work of labour or of genius, will glide down the current of time, and perpetuate his memory. Upon this work, we apprehend, his reputation must ultimately rest; for while his other labours, principally translations, may be looked upon as exercises, this could only be accomplished by much perseverance, industry, fatigue, and toil. He trod, perhaps, a little in the footsteps of Le Clerc and Freind, and mingling with the learned of past ages, was not always mindful of his contemporaries. But this was a venial fault, since he need not revive what had never been forgotten, or swell the volumes of his work with what was trite and common. Though Dr. Good was a Graduate of an English University, and aided the composition of the celebrated Oration of Sir Henry Halford, he was placed among the *permissi* of the College, having been at one period of his life a general practitioner. Dr. Good's literary labours induced frequent attacks of gout, and, ultimately, his death of a nephritic complaint, on the 2d of January, 1827, in the 63d year of his age. We have heard that his posthumous works will be edited by Dr. Olinthus Gregory, of Woolwich, who was associated with him in the compilation of a work called *Pantalogia*.

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* As we had not an opportunity of reading the proof of the article under this title in our last Number, several errata occurred, the most important of which was the substitution of the word *nothing*—for ratting, at page 514, second column, twenty-fourth line from the top. As might be readily supposed, this error converts the entire paragragh into complete nonsense.

MR. BRACY CLARK'S STEREOPLEA.

[*Continued from page* 517.]

It has been shown that the principles which govern the construction of the horse's hoof, rightly understood, are capable of explaining the hitherto obscure causes of contraction and founder;—that is, are opposed to all that is rigid and fixed, as the common shoe, and agree with what in mechanics are known to subserve to motion. The natural motion of the hoof, under the weight of the animal, has been aptly compared by Mr. Bracy Clark, with that of the common bow for shooting arrows; or rather of those which are brought from the East; and "whose ends or extremities are inflected or turned inwards towards the centre." And it is perfectly clear

> "- - - - - - that if a bow be firmly confined, at one or more points along its extremities, it will lose the power of motion, and will become more perfectly fixed as these points are placed at a greater distance from the centre; the nails passing through an inflexible iron ring into the hoof, in a similar manner, will make the hoof a fixed machine, attended with various degrees of restraint, depending on the size and form of the shoe, the direction which the nails have taken in their passage, as also their number and size; which being left to the discretion and judgment of the workman, or rather to his simple apprehension, unaware as he is of the structure and properties of the organ he is fettering, will be liable to much uncertainty and abuse."*

The motion of the foot, on receiving the weight of the animal, is common in a greater or less degree to all quadrupeds; the ass and mule, as they are destitute of the stature and noble proportions of the horse, so are they of the very exquisite organisation of its feet. The feet of these animals are more rigid, thickened and upright than those of the blood-horse, and suffer less from the common practice of shoeing, because they have less of elasticity to lose. In order to prove practically, what had been rationally shown, Mr. Clark took a succession of plaster casts from a foot shod in the common way, during a period of six years, and these compared with each other, afforded conclusive evidence of an annual diminution of the elastic mechanism and volume of the foot. To exhibit more clearly the progress of the evil, he made his observations annually, and assigned to each year its share of the mischief produced, until the foot had lost its elasticity, and could no longer serve its natural purpose.

A beautiful mare, turned of five years old, was the subject of these experiments. Five summers of growth, unrestrained, had given her a perfect hoof, of which, after several failures, Mr. Clark succeeded in taking a plaster impression, but which, wanting plates, we cannot more fully describe. On the 13th June 1805, exactly a year and nine days after the mare had been shod, another impression was taken, "when a diminution of volume throughout was strikingly manifest, but more so in the elastic parts." A mechanical hardness supplied the place of the easy and flowing outlines of the original, and as the author, speaking of his second plate, observes,

> "- - - - such is the general diminution of the foot, that actual lameness would naturally be supposed the effect of so much alteration unless explained, for this does not take place for the following reasons: That the parts have suffered these alterations slowly; and from being in their nature yielding and elastic, have given way to the effect of the shoe, as far as the diminution extends at present, without much resistance; and above all, that during the application of the shoe, the parts that have most suffered, are not called into action, nor are their uses required, so that *the foot by degrees assumes a new sort of existence, and gradually adapts itself, as much as living parts can, to the effects of the iron circle,* AND CANNOT AFTERWARDS DO WITHOUT IT."

The slanting surfaces of the bars and frog had become nearly perpendicular; the elastic parts of the heels, had lost their "swelling, round, and beautiful appearance, by the sinking of the cartilages and the loss of the elastic matter within;" the horny heels from one to another, in the original state of the part, measured somewhat more than four inches; in the second cast, scarcely three; the foot at the greatest swell of the quarters measured, at first, nearly five inches and a half; after being shod a year, only four inches and seven-eighths. The foot was not materially shortened, the shoe operating principally on its sides. The frog had lost the swell, or projection, termed by the author (see our last Number) the cushion of the frog, which had been wasted and cut away by the smiths. The texture of the frog had become hard and unyielding to the impressions of the finger, and its sides, as we observed above, had become almost perpendicular. The *cleft* at the base of the frog was partly closed, and formed a rounded hole much deeper than the cleft of the natural foot. The base of the frog had lost rather more than a fifth of its width. The sole was somewhat more arched, or cupped, than formerly, but how much it had gained of thickness, or how much lost of elasticity, could not be accurately ascertained. The following is the author's description of the foot, after another year's operation of the shoe :—

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* A Series of Original Experiments on the Foot of the Living Horse. By Bracy Clark. 4to. 1809.

> "The increasing rigidity and stiffness of the hoof is more strongly manifested; the quarters are more straitened, and a further reduction of its bulk of near half an inch has taken place. The cleft of the frog has become narrower and more lengthened; the foot has run out and increased at the toe, as though this part, from having no restraint, had increased at the expense, as it were, of the diminishing quarters and heels, being further in extent before the point of the frog."

At the end of the third year, the hoof appeared to have gained in size, which is thus accounted for :—

> " - - the possessor of the horse, somewhat alarmed, perhaps, for the first time, at the effect of the iron, and the change the foot had undergone, which had been fully explained and pointed out to him, was induced to take off the shoes, and turn the mare to grass without them, doubtless to prevent the full progress of the evil, and to remedy the present defect. The effect of it was, that a degree of fulness and plumpness was communicated to the frog and parts about it, which served to interrupt, for a while, the regular course of the experiment."

The following is the author's description of the mare's foot, at the end of four years :

> "The compressed sides of the hoof, and the lengthened appearance of the toe and heels, have now brought the foot to a sort of parabolic figure, from being round and bulging laterally; the frog, from an elastic broad and nearly triangular form, is fast assuming the figure of a man's finger; its centre wasted by the thrush, and its sides collapsed from the pressure of the bars, as these have previously from the resistance of the iron to the expansion of the foot; so the foot now exposed without the shoe, would become as painful or more so, than if kept in the fixed state in which it is accustomed."

During the fifth year, which is the last that we need advert to, the foot was further deteriorated, and deprived of its form and qualities; the integuments, the elastic stuffing of the heels, the *reticulum*, the cartilages, and the frog, yielded in succession to the restraints of the iron,—of which, also, the bone began to feel the effects. We cannot stay with the author over the various diseases of the hoof, and degrees of lameness, which a knowledge of these circumstances may serve to illustrate or explain; enough has been done to show,—1st, that the foot of the horse is naturally elastic; 2dly, that this property, and the relative proportions of its parts, are alike lost under the common process of shoeing; and, 3dly, that such state of the hoof is incompatible with the healthy condition, natural motions, and perfect services of the animal. We proceed, in the next place, to a description of the "tablet expansion shoe," which is intended to protect the foot without diminishing the elasticity of its parts, and thus to prevent the contraction and other evils which the common shoe is, with so much justice, accused of producing. The steel tablet expansion shoe, so called from the plate of steel which occupies its front part, and forms its most essential character, consists (Pl. 1. Fig. 1.) of three pieces, viz. one of steel, and two of iron; the latter nearly meeting on the upper surface of the steel, to which they are strongly fixed by two stout rivets:—

"The width, and also the thickness of this piece of steel, is considerable, so as amply to afford protection to the joint of the shoe, and allow an extensive bearing on the ground, and a defence to the whole line of wear; for the wear of the horse's hoof is confined chiefly to the toe, a little inclining to the outside, and not over the whole surface of it, as might be imagined, as any one examining an old worn-out shoe will readily perceive. This steel piece being hardened and lowered to the spring temper, confers upon it a durability unknown to any former shoe, and vastly surpassing, in this respect, the shoe in common use. The two pieces of the shoe fastened upon the steel plate by a single rivet, can both move in a lateral direction, and extend whenever the hoof pressed upon by the weight of the animal is disposed to dilate, and return again to the original state by the remission of the pressure. (See Plate 2. Fig. 1, *a a.*) The irons of these pieces are deeply stamped out in front to admit a place for the insertion of the steel toe-piece. These two halves of the shoe, though nearly approaching, do not touch; but there is a free space between admitting of motion, and one or both of them are made to move as may be thought desirable; one only, we believe, is sufficient to give the liberty which will preserve the foot from contraction.

"Whim and caprice have hitherto been too much the guide of the common smiths in the form of their shoes, some thinking one form best, some another; in the present system I have endeavoured to reduce it to a rule, and have taken the circle for the general basis or outline of my shoe, which, though it is not the figure of all, is by far of the greater number of feet; especially in the natural state, and before they have been injured by shoeing; I have also endeavoured, for the first time, to bring the other parts of the shoe into certain determinate portions of the circle.—(See the diagram for working by, Plate 1. Fig. 1.)

"The steel piece is made to occupy exactly a fifth part of the entire circle; and its width is a fourth part or quarter of the diameter of the same circle; which is sufficient to afford ample protection to the joint, and an extensive bearing on the ground, and also good room for the rivets. The thickness of this steel plate is two-thirds that of the iron of the shoe, and is made to project a very little below its inferior surface.—(See Plate 1. Fig. 2.) Again, the two extremities of the steel plate have their angle or obliquity determined by a ready law, viz. by simply drawing a line to the centre of the circle.—(See Plate 1. *b b.*) By conforming to these rules, the fitting of all parts of the shoe is rendered easy, even though the workmen be at a distance from each other, or in different countries; and the diameter of any foot being given, the relative proportion of all the parts of the shoe are immediately known; and for illustration I have taken as the most useful, a foot of exactly five inches in diameter, being a common size.* The outside rim or circumference of the shoe being a circle, the figure of the inside also is not left to chance or accident; but is a certain portion of one likewise; for the present, however, we defer giving this rule, as the heels of the shoe must first be determined which regulate it.

"To determine the place of the heel, and the angle of its truncation, we divide the diameter of the circle transversely into four equal parts, or spaces, *c, d, e, f,* and intersect them by a perpendicular line, *g,* through the centre; if from the last of these transverse lines where it meets the edge of the circle at *h,* we measure one third of the space between it and the vertical line, *g,* we get the place of the point of the heel, *i,* and the degree of obliquity of the truncation is determined by a line carried into the longitudinal line at *k*; and for the internal point of the heel, divide the last oblique line into four equal parts, and one of them gives the point, *l,* for the inside angle of the heel. By such rules a beautiful shoe is formed; but ugly as chaos will be that which is formed without order or method. I find by practice, that the shoe must often be made longer than this, in order to take a decided bearing on the strong point or column of the inflection or heels of the hoof, otherwise it may, after it has been on some time, sink it too much, and press upon the intertortional point of the sole or corn place; there is also another reason for its being larger, which is to allow of the shoe being bent or turned down at the heel, which appears to give evident advantage in his going, and as I apprehend, from it determining the weight towards the front and strongest parts of the hoof; a half, therefore, of this division, for feet that have been long shod with common shoes, will not be at all too much.

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* In our pages necessarily reduced to a diameter of four inches.—*Ed.*

Plate I. Fig. 1.

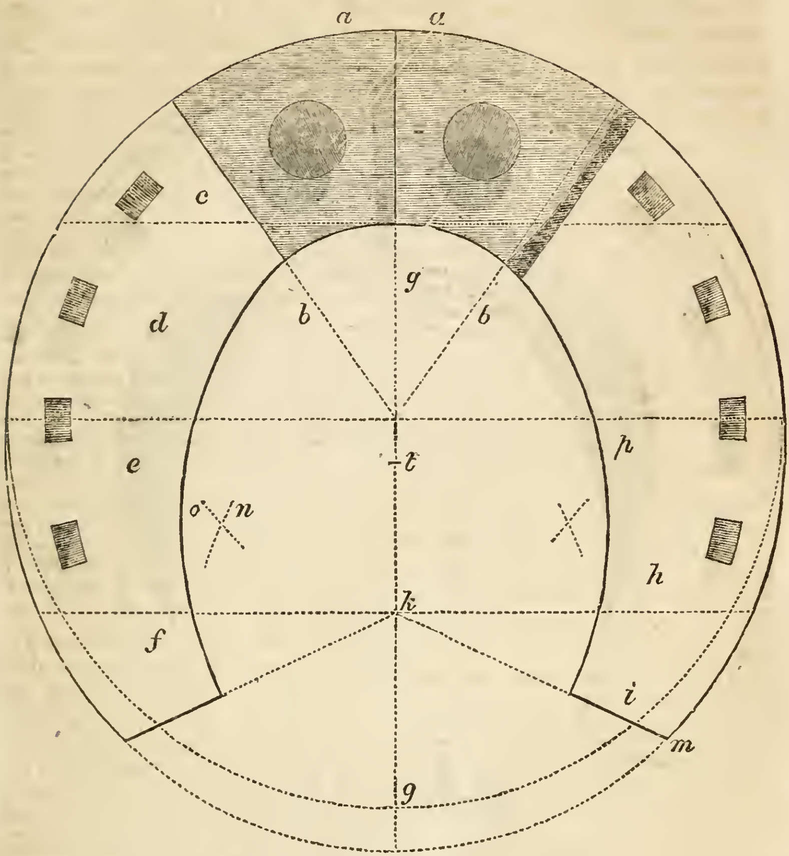


Fig. 2.

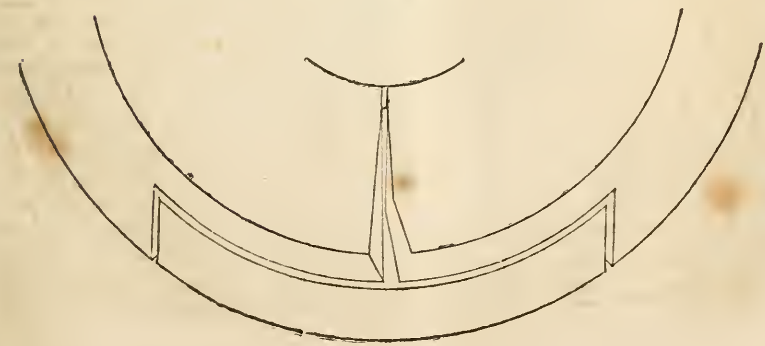


Plate II. Fig. 1.

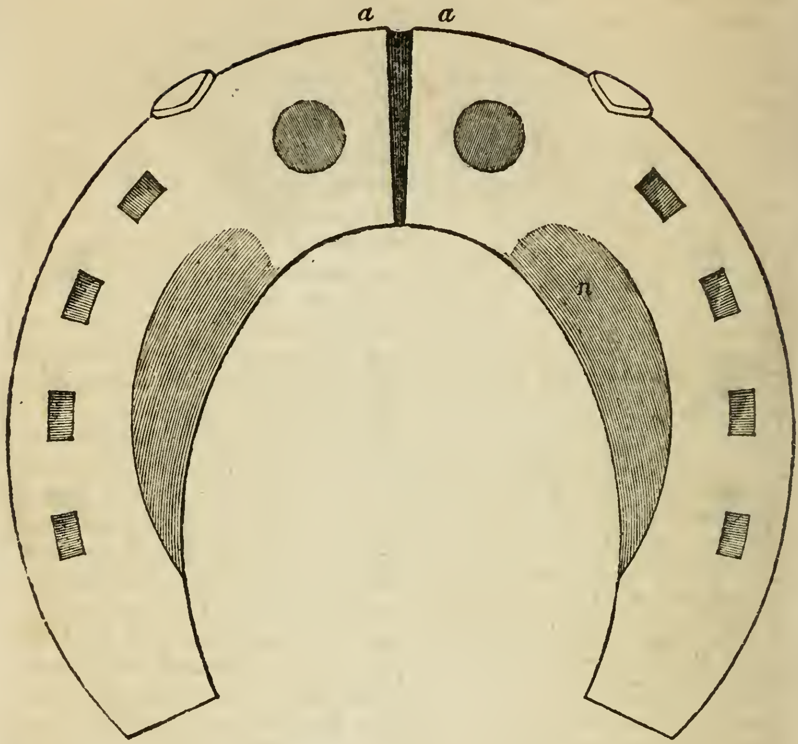
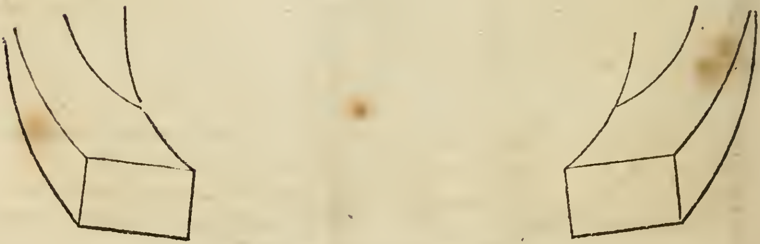


Fig. 2.



"Next, we may observe, that it is a practice universally followed, and not without utility, of making the shoe posteriorly wider than the hoof itself, in order to allow of a small degree of motion of the heels, and to increase the natural width of bearing of the foot. In this shoe this augmentation is ascertained by a certain law. For this purpose we measure the fourth part, or quarter, of one of the horizontal spaces, and by fixing one limb of the compasses as much below the original centre, and having the same radius as the original circle, describe an arc till it meets the former circle on each side, which gives the due increment of the shoe; and we then extend the place of the outer heel to this line at *m*. Being now prepared for forming the internal margin of the shoe, we place the compasses first at the point of the inner heel, and continuing the same radius, describe a short segment of a circle at *n*; and next placing the compasses at the inner angle of the steel plate, intersect it by another portion of a circle at *o*; and the compasses placed at the point of intersection of these two lines will describe the inner edge or margin of the shoe at *p*.

"The first nail-hole is brought as near to the steel-plate as it conveniently can without disturbing the joint, and the others observe a measured distance of eight-tenths of an inch from each other, which space sufficiently prevents the liability of breaking up the horn from one nail to the other; the last nail-hole is generally smaller than the others, on account of its being inserted in rather thinner horn. This shoe, when large, will bear five nails on a side, which I have thought more safe than four.

"The shoe itself (see plate 2. fig. 1.) is formed, as we have stated, of two parts or pieces, which nearly meet over the middle of the steel piece. One side only being intended for motion, terminates in a rounded edge, which appears to allow a sufficient extent of motion to preserve the foot from contraction; the other is made with a straight edge only. Any one desirous of more extensive motion may easily communicate it to both pieces, by rounding and preparing them for this purpose, or by leaving a wider notch or vacuity between them. Indeed if the joints are not very compactly put together, a sufficient motion upon the rivets will be obtained, without any particular or specific provision, as we find from practice." *

To make the expansion shoe accurately and well, the smith should first describe the diagram (pl. 1.) on an iron or brass plate, so that he may always have a certain model, and of course of various diameters, to work by. Any ordinary workman attending to these directions, may make the shoe with precision and ease; the expense will rarely exceed that of the common shoe; made at the "iron works, near Stourbridge," in large quantities, it will be less; but expense in matters of this kind, is not worth mention. After three months of actual practice with the above shoe, the author improved it by thinning the toe-piece backwards, by *fullering* the quarter pieces to receive the nails, by slightly turning down the heels, and by making five instead of four nail holes in each quarter, and finishing them with a pritchet, having a shoulder gaged to the head and shank of the nail. That this shoe, when properly applied, prevents contraction of the hoof, may scarcely be doubted, after the repeated testimonies of the author and others to that effect; but some cautions must be laid down here, since much mischief may be done by a hasty application of yielding shoes to *un*yielding feet. The hoof of the horse, though naturally elastic, and expanding under the weight of the animal, is soon deprived of these essential qualities, and becomes contracted, withered, and rigid, by the common process of shoeing. Designed for motion, but not suffered to move—checked too often in its growth, when all its beautiful structure was about to be unfolded, it is no wonder that the foot of the horse should, after a time, require the same iron ring of protection with the paviour's rammer, to which, in this state, it might well be compared.

They err who suppose that a natural foot requires the sort of protection which is generally given to it; since the author has proved, by riding a young mare from London to Bath, without shoes, that the suffering of the natural hoof is entirely in the

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* A description of a new horse-shoe which expands to the foot. Invented by Bracy Clark, F. L. S., &c. with some account of its application and advantages. London, 1820. 4to. pp. 18. Sherwood & Co.

wearing line already described, and only caused by *attrition*. Any one who will look at a bullock in Smithfield suffering from a long journey, will perceive that the injury which causes lameness is not any breaking up or splitting, but simply a loss by attrition, of the horn of the feet. The "expansive shoe," then, can only injure feet which cannot yield to the weight of the animal, that is, contracted feet; for if an unshod horse may go to Bath without *tearing* his feet, *a fortiori*, and by experience, he can go at least as well with shoes which allow of the natural motions, which are adapted to the structure, and which prevent the wear of the foot.

But the exact degree of expansibility which the foot possesses should be ascertained, and the shoe nicely adapted to it. If the shoe possess more motion than the foot, it is clear that much mischief may be done to the walls of the hoof in striking the ground; but if it be a little less, the only thing to be feared is contraction, which of course will be much less than inevitably results from the unyielding common shoe. On this side, then, if the exact expansibility of the foot cannot be ascertained, is the greater safety. A foot long shod in the common way, must become contracted, having lost its natural motion, and requires support, instead of an expanding shoe, which, we again repeat, will in such cases be more often injurious than useful.

THE
MEDICO-CHIRURGICAL REVIEW.

Egotism, love of monopoly, and vain glory:

To the Editor of THE LANCET.

SIR,—In the quarterly hotch-potch, which goes under the above title, published this month, (January, 1827,) there are, at page 288, some remarks which appear to me strikingly characteristic of the intellectual endowments of the renowned editor of that far-famed performance. A deceased friend of mine, when speaking of any person whom he considered remarkable for confusion of intellect, was familiarly wont to say, "My dear fellow, he has got a great big potatoe in his head." Whether this be the true phrenological explication of the phenomena to which I shall have occasion to advert, I will not presume further, without *data*, to determine. One thing, however, is certain, that a man who professes to instruct others, should set out by endeavouring to acquire some distinct ideas of his own. The editor in question, having an admirable instinct at evading matters that are of real importance, and giving an adventitious importance to trifles, is pleased wholly to overlook the state of the medical profession as it injuriously affects the interests of the public, and fastens with avidity on the mighty quarrel between the fellows and the licentiates of the London College of Physicians, concerning the right of granting admission to the Hunterian Museum, as if the welfare of all his Majesty's liege subjects actually depended upon the issue of this frivolous dispute. This inevitably reminds one of the comedy of "Much ado about Nothing," or the "*parturient montes, nascitur ridiculus mus.*" And, in expressing myself thus contemptuously, I hardly think it can be necessary to inform even a poor blind medical reviewer, who walks systematically in the rules of the schools, and is licensed to deal in all sorts of inconsistencies, that this disparagement has reference entirely to the nature of the contest, and not in any degree to the Hunterian Museum, which I hold in due respect.

Having formally laid before his readers those important state documents,—the proclamation of Dr. Ager on the part of the fellows, and that of Dr. M'Leod on the part of the licentiates,—the facetious editor of the Medico-Chirurgical Review says, "it would *ill befit* us to interfere, or give any opinion on the question," &c., and immediately proceeds to interfere, and to give opinions most manfully. According to his ordinary habit of praising every one, *usque ad nauseam*, excepting those who most deserve to be praised, this good-natured critic acquits, before his merciful tribunal, all the performers in this Medico-Melo-Drama of all improper acts and intentions: he acquits the late censors, he acquits the treasury, he acquits the curators, he acquits every body, and decrees that what happened was "unavoidable" in this best of all possible medical worlds. Yet the prohibition, the "revival" of which he considered "unavoidable," this fatalist reviewer does not hesitate to designate a foul blot on the medical annals of England. "In respect to the observations which *we* made on this subject in *our* last Number, we have but little to add. *We* distinctly stated, that "*we knew not how, where, or why this insidious prohibition started into existence*"—(what a sublime idea is that of a prohibition *starting into existence*! exhibiting a specimen of that spontaneous or self-generation, only to be met with in the schools;)—"but that *we* had no hesitation in designating it a foul blot on the medical annals of England." How an "unavoidable" circumstance can be "a foul blot," is not very obvious to ordinary understandings.

But, in lucidness, this is nothing to the modes of ratiocination which follow: "*We* said that the *marked degradation* which meets the eye of the licentiate, would be likely to transmute into open hostility what now exists in the shape of *smothered indignation*." "*We* ask Socius, if the document produced by Dr. Ager does not prove the degradation of the licentiate!" (Self-evident truths are not usually considered to require probation.) "The very government itself degrades him," &c. "If Socius will attempt to persuade the licentiates that they have no reason in the world to be discontented with their lot, he knows little of human nature." Yet this critic, in his great intimacy with human nature, almost in the same breath warmly repels the allegation of Socius, that he had imputed to the licentiates "unkind feelings" towards the fellows of the College! "Nature," to be sure, according to one of our most esteemed bards, "has made strange fellows in her time!" But if the licentiates of our esteemed medical critic be so constituted, that "smothered indignation" may exist in their minds, that "marked degradation" may meet their eyes, that proof of their degradation is contained in censorial proclamations, that the very government itself joins in degrading them, and that they have every reason in the world to be discontented with their lot,—if all these things can happen, I say, without exciting in their minds any other than *kind* feelings towards the authors of their degradation, verily they are stranger fellows than even the self-created Fellows of the College, or any other that have hitherto come out of the hands of Nature, and must surely have been manufactured by some of Nature's clumsiest journeymen. It would be in vain to attempt to characterise that medico-critical philosophy, which repels the imputation of having alleged the existence of the *effect*, after having shown that its *cause* has been irresistibly operating!

The succeeding *dicta* of this Editor are still more curious, and, if their folly were not so easily exposed, might be mischievous: "This indignation," he says, "arises from the state of *degradation* (we repeat the word) in which the licentiate is placed by the anomaly of his situation, *without any reflection on the Fellows of the College*, WHO CANNOT ALTER THE EXISTING STATE OF THINGS!" Indeed! and what hinders them from being able to alter this state of things, which they have themselves created, but their notions of their particular interests, as distinct from those of the public and the profession at large? The wonder is, that, in a scrutinising age, like the present, any person, even if privileged to talk after royalty, in the plural number, should have the audacity to make assertions so very marvellous, without being able to show any grounds for them. It is, indeed, quite obvious that this editor is either ignorant, or affects ignorance, of the real situation of the College, to which he is so worthy an appendage. In either case, he is highly culpable, since the means of information which I have recently met with in this distant quarter, (and very ample they are,) are equally within his reach. Will he have the goodness to explain to us country gentlemen, by what other authority than their own illegal by-laws, the College have divided physicians into different ranks, stigmatising the licentiates in the manner which he has so feelingly described? Will he inform us by what authority they have limited the number of physicians, throwing the practice of physic into the hands, first of quacks, and afterwards of surgeons and apothecaries, and thus enhancing to the community in a dreadful ratio the expenses incidental to sickness! Will he be pleased to say by what authority they have assumed the privilege of examining graduates in physic, thus infringing the undoubted rights of all the Universities of the United Kingdom, whilst they have a direct personal interest in the issue? Now, if Dr. James Johnson can show that the College are bound by any law of the land, to maintain these privileges; or that they cannot alter every one of them without any violation of the law of the land, I will immediately join with him in acquitting the fellows of the College of all blame.

This Editor appears to think, that in respect to the organisation of the medical profession, there are no other interests to be consulted than those of the fellows and the licentiates; he seems wholly to forget that there is such a thing as a public in existence. Now as he is, in virtue of his functions, an instructor of youth, and a corrector of the mistakes of age, it may be useful that his own ignorance and errors should be freely exposed. It is quite obvious that, to the community, it would not signify a farthing whether the licentiates were all exalted into fellows, or the fellows all depressed into licentiates. The public would be precisely equally ill served. The change contemplated would not in any respect alter the merits or the qualifications of the present race of graduates in physic. The number of physicians, upon the whole, would still not be within a sixth or a tenth part of their due proportion to the other branches of the profession; and they and their patients would still be in the hands of the apothecaries as heretofore. Men of sense, who understand the general bearings of the subject, care nothing about the squabbles of the fellows and licentiates, excepting to laugh at both. They know that, in order effectually to advance the interests of the community, and the respectability of the profession, it is indispensable that all its branches should be laid quite open, and that there should be no grace or favour shown to any of them. How different are the modes of viewing this matter, of persons who are accustomed to consider themselves only in the whole creation! A more perfect specimen of egotism, love of monopoly and vain glory, is, perhaps, rarely to be met with in the same compass, either *intra-limites*, or *extra-limites*, than is presented by the following editorial *morceaux*, on which I shall, by way of amusement, bestow a few words of comment: "We have, on several occasions, exhorted every father in the British dominions, who has a son destined to practise as physician in England, and especially in the metropolis, to give him his classical and *scientific* education at Oxford or Cambridge, and his *medical* education in London, Dublin, Edinburgh, or Paris, as he may think fit. By this plan, *his son will become a fellow of the College of Physicians,* and evade the degradation of the licentiate! What fortunate sons, to be so distinguished! What happy fathers, to have the glory of calling their sons fellows, at the trifling cost of three times as much for the education of their offspring, as it would cost to make them licentiates! What a lucky community, to have the pleasure of paying three times as much to their physicians for advice, because they are taught to read Hippocrates and Aretæus, and other obsolete works, in which nothing is to be found that is of any use at the present day; "Oh! Jamie Johnson, Jamie Johnson, oh!"

Whatever may be the case with respect to his son, our critic seems to be fully aware that, by the process above recommended, he has himself no chance of ever arriving at the fellowship. Accordingly, not to preclude the possibility of his becoming a member, instead of remaining an appendage of this pernicious monopoly, he sagaciously suggests a little supplementary plan: "But as the change, which may be effected thus in the proportion between fellows and licentiates, must be very slow, and can never entirely cure the invidious distinction which *now* exists, *we* think that an act of liberality on the part of the College, *which would be perfectly compatible with the safety and stability of its charter*, and *eminently calculated to disarm the medico-radicals*, while it *cemented the bond of union among all the more distinguished physicians of the kingdom*, is highly worthy of attention from the *present enlightened* President of the College! What a tissue of nonsense and impertinence is here! But it won't do, most learned Doctor. The measure recommended (which will never recommend you to the fellowship) would not be an act of liberality, but of gross folly, on the part of the College. The present President is, I believe, much too enlightened a man to be cajoled by flattery into sharing the College privileges with the licentiates, as such concessions, far from rendering their charter more safe and stable, would immediately shake it to its very foundations, since they would universally and truly be attributed to fear. Besides, if the fellows of the College "cannot alter the existing state of things," what right can the president have, according to this writer's own doctrines, to divide the privileges of the fellows with the licentiates? Nor is he silly enough to imagine that such a participation of usurped privileges would reconcile the public to a continuance of the usurpation. He has also, I am persuaded, a great deal too much good sense to believe that it is in the power of the College, by any measures which they could adopt, even with the aid of the "more distinguished" physicians of the metropolis, (*we*, and *our* friends,) to disarm those independent men, whom this writer honours with the appellation of the medico-radicals.

The medico-radicals, satisfied with the justness of their views and endeavours, and secure in the support of the public, with whom they are engaged in a common cause, regard with equal indifference the arrogance of the fellows, and the degradation of the licentiates; and as to their quarrels about the division of the spoils, they make one think of Peachum and Locket in the Beggar's Opera: "Brother, brother, we are *both* in the wrong." "*We* mean," proceeds Dr. James Johnson, "an annual admission of a certain number of physicians (of other universities than Oxford or Cambridge,) who may have acquired the esteem of the public, and the profession at large, by their probity, talents, learning, and medical science! Here is a beautiful system of favouritism contemplated. Who are to be the judges of these superior qualifications? This barefaced partisan of monopoly egregiously deludes himself, if he expects to persuade any man of common sense and experience, that any other merit would be attended to as a title to the fellowship, but that of zeal in upholding the exclusive privileges of the College. "Such a prospect, or premium for *merit*, would prove an unceasing stimulus to the whole body of physicians, while the annual influx of talent into the fellowship would soon render it the most distinguished College in Europe." That is, in plain English, by opening such a wicket, all the licentiates would become greater adulators of the College, and more subservient to them than they are. And, as to talent, the more was its influx into the College, in its present state, the greater would be its capability of deluding the public with effect. But the period of delusion, most learned and sapient doctor! is past; and it is not in your little sophistry to revive it.

Our reviewer, in effect, seems to fancy himself past the wicket, which he has in imagination opened, and already a fellow. "No change, in *our* humble opinion, should be made in the *path* which *now leads* to the *right* of a fellowship; but the *grace* of admission should be liberal, and awarded *only* to merit." This writer seems entirely ignorant that there is no such thing as a right of fellowship, that the privilege exercised in this respect, is entirely usurped, and that therefore there can be no path which now leads to it. I would recommend to him, before he again meddles with the subject, which it is clear he either does not understant, or affects not to see in its true point of view, to consult a recent publication, entitled, "An Exposition of the State of the Medical Profession in the British Dominions; and of the Injurious Effects of the Monopoly, by Usurpation, of the Royal College of Physicians in London." It does not contain nearly as many *words* as *one* of his own quarterly numbers; but its *principles*, if carried into effect, would more essentially serve the public and the profession, than probably all the subject matter that has appeared in the whole of his numbers put together! With respect to the *grace* of admission being liberal, and awarded *only* to merit, the ideas are by far too abject and contemptible to merit even a comment.

In his last Number, the editor, I observe, recurs again and again to The Lancet, and favours us with specimens of his *kind* feelings towards yourself, whom he means to punish, by hindering Dr. Elliotson from ever writing again in his own name in your pages! Dr. Elliotson has acted an honourable and manly part; and if, at the instigation of this would-be monopolist, he should be persuaded to recede from that path, the loss will be his own, not yours. His place will be more than supplied. But I do not auger so unfavourably of his understanding.

By the by, amongst some able letters, upon the subject of the constitution of the College of Physicians, which have recently appeared in The Lancet, from "A Physician," "An Enemy to Injustice," *cum multis aliis*, I have, with pleasure, perused one, in Number 172, under the signature of "A Member of the Faculty of Physic," announcing also a circular of that body, but which I have not yet seen in your Journal. Will you have the goodness to inform me, in your notices to correspondents, where that document may be referred to, and through what channel the Faculty of Physic may be addressed.

A Provincial Physician.

ROYAL INFIRMARY.[1]

Surgical Operations, by Messrs. Ballingal *and* Hunter.

The interesting novelty of no less than half a dozen of operations within the last few days, has, in some measure, redeemed the monotonous repose of the scalpel during as many months in this establishment. Two of these cases were amputations, one of the arm, another of the leg. Nearly a similar cause, chronic disease of the elbow and ancle, terminating in erosion of the cartilages, and a collection of sero-purulent matter, rendered the removal of those joints necessary. Both operations were performed very flippantly in the flap-style by Dr. Ballingal, at the usual distances below the patella in one, and above the elbow in the other. They, of course, require no further comment, so far, than merely to observe, that, with a perverse anxiety to support the honour of the Institution, and a desperate fidelity to an exploded usage, the stitching was repeated in each of these instances, just as if Pilrae and Louis, and a hundred others beside, had never trimmed the midnight lamp to throw light on the pernicious effects of sutures. On one of those days, also, the excision of a carcinomatous ulcer from the lower and back part of the neck, afforded a third opportunity for the abuse of the needle; and no doubt, when the integuments were brought together by its agency, the wound looked vastly pretty and mechanical, and would have secured a verdict of approbation from any jury of glovers. But, in one short night, the beauty of the workmanship vanished, and those stitches, which only the day before had worn so promising an aspect of adhesion, were cut away on the very first dressing, having produced their usual consequences, an erysipelatous blush around the points of insertion, and the probable prevention of union. To aspire to eminence by singularity in this manner, or to affect consistency by a perseverance in error, as was sufficiently obvious in the menacing movements of the operator on these occasions, is, perhaps, after all, but a humble virtue, as much within the attainment of the brute as of the human species, of the ass that kicks instinctively when goaded to go on right, as of lordly man, who vaunts himself on the possession of reason. Hydrocele formed the subject of the next two performances—one of them conducted by Dr. Ballingal, the other by his colleague, Dr. Hunter. The first was a case of double hydrocele, of a very large size, on the right side, comparatively less on the left, with an enlargement of the testicle, and thickening of the tunica vaginalis, as is common when the disease is of a long standing. Some doubts arising in consequence of these extraordinary phenomena, the scalpel alone, as a measure of precaution, was used instead of the trocar in opening the cyst, from which about two pints of coffee-coloured fluid were evacuated, the other side being reserved for a separate exhibition. In the second case, the production of the disease was attributed by the patient to an injury inflicted on the parts, and was tapped by Dr. Hunter. The injecting apparatus, threatening Sir James Earle, and a host of other authorities, with an immediate refutation of their principles, stood ready on the table, but the evacuation of the fluid disclosed here also an unsound state of the testicle, and the fallacy of prognosis, and of course deprived the operator of his anticipated triumph over common sense and experience. Bronchotomy, and the taking up of the humeral artery, had also their turns during this eventful week. The person on whom the former operation was performed, was affected with laryngitis, and had been for some time in the house under treatment for other diseases. On the 8th, soreness of throat, pulse 104; 9th, tonsils and uvula much inflamed; 10th, breathing difficult, larynx painful externally to the touch; bled to 40 ounces, and tartar emetic ordered, so as to keep up constant nausea; 11th, pulse 120, lividity of countenance; leeches applied by mistake to the trachea, instead of the larynx; operation performed in the morning, and died in the afternoon. The subject of the other operation came into the hospital with a wound of the hand from the fall of a broken bottle on the part. The radial artery was taken up to stop the bleeding, but repeated hæmorrhage from the original wound, and compression of the ulnar artery being found to have no effect in stopping the blood, it became necessary to tie the brachial artery, which was executed by Dr. Ballingal in the short space of twenty minutes!—Retention of urine next claimed the attention of the house in the person of James Lees, aged 51, with a notice of whose case this brief review, *de omnibus rebus*, shall be concluded for the present. He was received into the hospital between eleven and twelve o'clock in the forenoon of Jan. 9. A country surgeon had exhausted all his ingenuity in attempting to draw off the urine, but in vain. On admission, he was affected with partial retention, alleged to have been brought on in consequence of a fall on his back a few days before, and the previous existence of disease of the urethra. The catheter, enemata, and warm bath, having failed, he was bled to twenty ounces, and anodyne enemata and fomentations administered, from which he experienced some relief, and passed about one ounce of bloody urine, partly purulent. At four in the afternoon, the blood appeared highly buffed; his pulse rose to 120; the enema returned in half an hour after exhibition, but has passed no urine. At eight o'clock on the same evening, the symptoms continuing unaltered, with a purulent discharge from the urethra, and having passed a small quantity of fetid urine, the bladder was punctured through the rectum, the canula left in the opening; an anodyne draught ordered, and castor oil in the morning. 10th, Slept at intervals during the night; pulse 112; skin hot; passed some urine through the canula; eighteen leeches ordered to be applied to the pubes and perineum. 11th, No sleep during the night; some urine passed through the canula; pulse 120; pain in the hypogastric region and perineum; fomentations, a purgative enema, and eighteen leeches ordered. 12th. Slept a little during the night after the warm bath; pulse 100; intense pain in the pubic region; canula had been withdrawn yesterday evening. 13th. Scarcely any sleep; passed some urine by stool; became delirious about morning; the stricture cut down on this day, and died the following night. *Requiescat in pace.* May divinity have done more for his soul, than surgery did for his body. There was no examination publicly after death; and we must only conclude, that the omission was perhaps judicious under such circumstances.

Scotus.

Edinburgh, Jan. 20, 1827.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

OPERATIONS.

Removal of the Mamma.

On Tuesday, January 2, Mr. Morgan removed the breast of a female, in consequence of its being affected with cancerous disease. The patient was a healthy-looking woman, 39 years of age; the disease was of two years standing, and first made its appearance as a small hard lump in the substance of the mamma, that gradually enlarged. At the time of the operation the whole of the breast had become affected with scirrhous disease; there was a very hard, flattened tumour occupying the natural situation of the mammary gland, the nipple, which was retracted, forming the centre of the swelling. The skin immediately round the nipple was adherent to the tumour, which was irregular on its surface, and attached beneath to the pectoral muscle so strongly that it was but slightly moveable. The pain experienced was of a lancinating kind, but it was seldom felt, and by no means formed an important feature in the case; there was no distinct glandular enlargement in the axilla. The patient stated that she had never borne children, and that her menstruation during the last two years, although it had not entirely ceased, was very irregular both as regards time and quantity.

The operation consisted in making two oblique elliptical incisions through the integuments, which meeting at their points, included the diseased mass, and this was subsequently dissected out; the pectoral muscle being laid bare, and a portion of its fibres removed. Mr. Key, during the excision of the tumour, made pressure on the subclavian artery, with a view of restraining the excess of hæmorrhage anticipated from the division of the mammary arteries; it did not appear however to have much effect in restraining the flow of blood. Several arteries were secured, and the integuments were brought together in the usual manner.

The operation was performed in a manner highly creditable to Mr. Morgan.

Application of a Ligature to the Femoral Artery,

This operation was performed, a short time since, by Mr. Bransby Cooper, on a man labouring under popliteal aneurism. The particulars of the case are briefly as follow: the patient, 49 years of age, and of somewhat unhealthy appearance, had perceived a pulsatory swelling in the right ham only ten days previous to his admission into the Hospital. The leg had been swollen and œdematous for upwards of six weeks, and he had felt occasional pains in the limb when he walked to any considerable distance; still, up to the period at which he discovered the swelling, he had pursued his ordinary occupations as a carpenter. When admitted, there was a pulsatory tumour in the popliteal space of about the size of a hen's egg; the pulsation in the swelling was stayed by making pressure on the iliac or femoral artery, and quickly returned when the pressure was discontinued. The skin covering the tumour was slightly discoloured, as were also portions of the integuments of the leg; there was varicose enlargement of the veins, and the limb was œdematous.

The operation was performed two days after the man's admission. With respect to the *modus operandi*, we must observe that the incision through the integuments was made (*placed*, Mr. C. Bell has it) by far too much on the outer side of the limb—there was, consequently, some Travers-*ing*, in order to get at the artery.

A few hours after the operation there was bleeding from the wound, the blood which flowed being evidently arterial; the hæmorrhage however was restrained by the application of a compress, with pressure by the hand continued for a considerable length of time. Mr. Cooper was of opinion that the blood proceeded from a small branch of the femoral artery, given off immediately above the part at which the ligature was applied. We suppose that nearly a quart of blood was lost. From this time there was no recurrence of the hæmorrhage; the wound for many days manifested an indolent disposition, not having the least tendency to heal; to this succeeded profuse suppuration, and a consequent hectic state of system, which well nigh proved fatal to the patient.

At the date of making this report, (January 10,) he is fast improving in his general health, but the wound has not yet completely healed.

Application of a Ligature to the Radial Artery.

A few days since, Mr. Key applied a ligature round the radial artery at the wrist, in order to restrain the hæmorrhage from a deep penetrating wound between the finger and thumb. The bleeding had continued for two days, resisting pressure; and the depth of the wound precluded any attempt to take up the bleeding vessel; the operation was effectual. The ligature came away from the artery on the sixth day.

ST. THOMAS'S HOSPITAL.

CASE OF CHOREA, (PRECEDED BY HEMIPLEGIA,) CURED BY CARBONATE OF IRON.

Wm. Walters, an unhealthy looking boy, about twelve years of age, was admitted into the Hospital on the 28th of September, under the care of Dr. Elliotson.

The boy stated that he had been ill upwards of six weeks, being first attacked suddenly in the night with loss of power on the right side of the body; to this shortly succeeded universal chorea, and the affection was so severe that the muscular agitation continued even during sleep. In the absence of Dr. Elliotson, his colleague, Dr. Scott, directed a purging powder, composed of scammony and calomel, to be given every second morning; and at the same time leeches to be applied to the temples.

This plan of treatment was continued without producing any amelioration until 9th of October, when Dr. Elliotson prescribed

Two drachms of the carbonate of iron,

to be taken twice a day.

On the 13th of October, the report was, that the chorea was rather less. On the 24th, no further improvement had taken place, and the carbonate of iron was directed to be taken three times a day. On the 7th of November, finding that the disease did not yield, Dr. Elliotson directed the carbonate of iron to be exhibited every six hours. The report made on the 20th states, that the patient is much better; he is quiet during sleep, and can hold objects more firmly. On the 28th he was still improving, and on the 15th of December there was scarcely any disease remaining. On the 25th of December he was reported as quite well, and left the Hospital shortly after.

The improvement which took place in the boy's countenance and bulk, during the exhibition of the carbonate of iron, was very striking, and its effect in controlling the disease was no less remarkable. When the boy was admitted, he could scarcely walk or stand, and the agitation of the whole body was very great, continuing, as we before observed, even in sleep. During the time that the patient was taking the carbonate of iron, he took aperient medicine only three times. We had an opportunity of seeing the boy about three weeks after he left the Hospital; he was then living as servant in a family, and was in perfect health.

CASE OF ANEURISM OF THE ABDOMINAL AORTA, IN WHICH THE SAC WAS FOUND TO EXTEND FROM THE DIAPHRAGM DOWNWARDS, TO BELOW POUPART'S LIGAMENT.

The particulars of this interesting case are as follow:—The patient's name was John Davis, a labourer in the East India House, and about 33 years of age. He was admitted into George's Ward, under the care of Dr. Elliotson, on the 21st of December. At the time of admission, he stated that he had been ill seven weeks; he complained of a dull aching pain in the right hip and thigh, extending also to the knee. He said that he occasionally felt pain in the left hip. Dr. Elliotson, considering the disease to be of a rheumatic nature, directed the application of a blister to the right hip, and half a drachm of the wine of meadow saffron to be taken three times a day.

[The report made in Dr. Elliotson's book on the 26th, simply states, the patient has less pain.—Continue the medicine.]

On the 2d of January (eleven days after admission) the patient, on Dr. Elliotson's visiting him, directed the Doctor's attention to a large swelling in the right loin, which he said he had only discovered two days previously. Upon examination there was found to be a swelling of the size of a large double fist, situated in the right loin, midway between the inferior ribs and the crista of the ilium. It gave, on first appearance, the impression of being a lumbar abscess, but on laying the hand upon it, it was distinctly felt to pulsate; and continuing the examination, it was ascertained that the swelling extended into the right iliac region, where it was circumscribed, had a very indistinct pulsation, and was firm to the touch; in the loins the swelling was elastic. There were several hard and enlarged glands in both groins; the pulsation of the right iliac and femoral arteries could not be felt, nor was there any perceptible arterial stroke at any part of the right limb. The right leg and thigh were not œdematous, nor were the veins in that varicose state denoting an impediment to the return of blood; the limb appeared to be wasted, being much smaller than the opposite. The patient persisted in asserting that he had never discovered the tumour until two days before; he now said, however, that he had, for upwards of four years, experienced pain in the loins, and on this account had been blistered and cupped.

Dr. Elliotson considered that the nature of the disease was apparent enough—that it was aneurism of the abdominal aorta; he directed that the patient should be kept quiet, and merely as a placebo, prescribed a dose of infusion of gentian to be taken three times a day. We may remark that the pulse at the wrist was 120, and feeble in its beat; the patient's countenance had an unhealthy aspect.

He remained from the 2d until early in the morning of the 11th, without any change taking place either in local or constitutional symptoms, when he began to complain of some difficulty of breathing, and felt conscious of approaching dissolution. In the course of an hour or two after feeling thus, he expired, without betraying any very striking symptom to which death could be directly imputed. According to the nurse's account his breathing was not very much obstructed, but gradually became shorter and shorter until life was extinct.

Post Mortem Examination.

The body was examined on the following day, when an enormous aneurism of the descending aorta was discovered. The aneurism commenced at the aorta, where passing through the crura of the diaphragm, and the sac extended on the right side to some distance below Poupart's ligament; on the left side the cyst was not so extensive, reaching only to some distance below the kidney. The tumour, in passing down the right side, had completely displaced the abdominal viscera, pushing them forward; the right kidney was driven into the right iliac region, where it constituted the hard circumscribed tumour which we described as observable at this part during the lifetime of the patient. And the kidney thus resting upon and in front of the aneurismal sac, the pulsations were consequently not readily felt as in the loin, where only a thin covering intervened between the hand and the tumour. On the left side, also, the aneurismal sac had displaced the kidney, throwing it forward on the vertebral column. The whole circumference of the aorta (as it lay on the spine) appeared to be dilated to about twice its natural size from its commencement, as abdominal aorta to that part at which the renal arteries are given off. It seemed, however, as if the aneurismal sac had emanated from the back part of the aorta—forming, as it were, an appendix; the cyst apparently commencing at this part, had gradually pursued its course directly downward on the spine for some distance, when it principally traversed to the right side, making a more limited progress on the left—the extent to which it reached on each side we have already stated. The cyst was formed of condensed cellular membrane, and varied in density; in removing the parts two small openings were made in the sac; it was seen to be filled with coagulated blood, but which was not deposited in layers. We have said that the whole circumference of the aorta appeared (as lying upon the spine) dilated to a certain extent; of the immediate state of the coats of the artery at its back part (whence the aneurismal sac appeared to arise) we cannot speak confidently, so as to be enabled to say how far the aorta contributed to the formation of the aneurismal sac.

The vena cava was pushed far away to the right side of the aorta; the sigmoid flexure of the colon was removed from its natural situation to the opposite side of the body, and all the intestines had suffered so much compression, that their calibre was greatly diminished; the stomach was not larger than a natural sized colon, and the latter mentioned intestine was about equal in size to the ileum.

The immediate cause of death was not clearly ascertained; there did not appear to be (as far as the examination went) any evidence of the cyst having given way. The parts however being removed for the purpose of making a preparation, it was impossible to pursue the dissection so minutely as we wished.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF RUPTURE OF A VEIN,

With consequent effusion of Blood under the Skin and Cellular Tissue, in which Amputation was about to be performed, from the supposition that the effusion was arterial.

A MAN presented himself at the Hospital during the last week, with his left leg very much swelled, tense, of a reddish colour, and very painful. The constitutional irritation was not so great as might have been expected from such appearances. He stated, that about three weeks since, on a dark night, in walking, he tripped, and struck his foot against some projecting substance. The blow was not so severe as to prevent him walking some distance, and to go to work the day following. In the evening, the leg was somewhat swelled and painful; and the next day these were so much increased, that he went to the Aldersgate Dispensary. As an abscess was supposed to be forming, he was bled to ℥xx, and had cold lotions to the limb.. The swelling, redness, and pain continuing to increase, and not being able to go to the Dispensary, he applied to a neighbouring surgeon, who ordered the use of fomentations and poultices; getting worse, he came to the Hospital, in the above described state. The anterior and posterior tibial arteries being felt, and fluctuation detected over the external part of the calf, an incision was made on the supposition of contained coagula and pus. A considerable quantity of dark liquid, mixed with some coagulated blood, followed the withdrawal of the knife; a quantity of blood was lost from the incision during the night. The next day the leg and foot had a general red colour, were very hard to the feel, the patient complaining of pain, which had deprived him of sleep. As Mr. Lawrence could not feel pulsation in the vessels of the foot, he suspected there might be a wound of one of the tibial arteries. Mr. Earle was asked to see the case, and gave it as his opinion that the hæmorrhage depended upon rupture of a large vessel, and considered it impossible to secure the bleeding extremities of an artery in such a state of limb; and that as the recurrence of hæmorrhage was to be dreaded, amputation was the only means for the salvation of life. As Mr. Lawrence concurred in opinion, the operation was determined on; but there being no pressing necessity for immediate amputation, and the patient betraying a temporary unwillingness to its performance, it was deferred. The leg was in the same state the next day, when Mr. Lawrence, on pressure, squeezed out from the wound a considerable quantity of coagulated blood, and on introducing his finger found a large quantity contained between the *skin* and *muscles*. He conceived it might be some vein, and on that account enlarged the opening. No bleeding vessel could be detected; no further loss of blood took place, save slight effusion from a small vessel or two. This discovery did away with the idea of amputation, since when, granulations have sprung up, and the wound done well.

Two circumstances connected with this person's previous history, seem worthy of relation and attention. The first, that a considerable time ago the same leg had been hurt, and was followed by the same singular alarming appearances; but by rest, and the employment of fomentations, poultices, &c., was completely cured, without any remaining bad consequences, except weakness, which annoyed him for some time afterwards. The second peculiarity was, the man had a tooth extracted, which was followed by alarming hæmorrhage, continuing for *three* days in despite of the use of all the usual arresting means. These facts argue the possession of a peculiarly hæmorrhagic disposition.

TO CORRESPONDENTS.

Y. may rest assured that we are not careless spectators of the proceedings of the "Eating and Drinking Club."

If Vindex will apply at our office, he may receive back his venom; he must perceive that the natural sweetness of our temper has been more than a match for his acidity.

We beg to remind A Friend to Reform, that he has omitted in the clause quoted, the following words: "other than and except such as shall or may have been altered, varied, or amended in and by this Act," consequently, *his* law is defective, and his letter therefore useless.

We are requested to state that Mr. Prichard, Surgeon, of Foot's Cray, Kent, is not *the* Mr. Prichard mentioned in the Bow Street Police Reports of last Monday.

We thank our friend H. F. G.—he must have seen an account of the experiments in our last Number, in the report of the proceedings of the London Medical Society.—A further discussion on the vacuum doctrine took place on Monday—Dr. Barry was present, and defended his opinions with energy and ingenuity. A full report of the speeches in our next.

The Author of the "Tracts on the Medical Profession," has our best thanks for his prompt reply—he is correct—it is No. 1. that terminates at page 24 of the Appendix, and not No. 2, as formerly stated. We esteem the last paragraph of his letter, as the most valuable portion of his communication, as it bears the strongest testimony of his friendship.

We are much indebted to a "Constant Reader" for his very sensible remarks; we have seen the letter of Sir Anthony Carlisle, and have read with the greatest attention the whole of the articles which have appeared in The Times, on the establishment of a "Pauper Lunatic Asylum for the County of Middlesex." It is a subject of vast importance, and requires the deepest consideration. Should the proposal be finally adopted, no effort of ours shall be wanting to render it accessible to the Medical Student, and in a manner that ALL *public* Medical Institutions *ought to be*—viz. —free of cost.

Hector—E. R. Y.—E. G.—Pharmacopola—Y. U.—Justice, and Medicus, are under consideration.

We have not forgotten the "Circular," nor the valuable historical letter of Medico-Chirurgus.

THE LANCET.

No. 179.] LONDON, SATURDAY, FEBRUARY 3. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

On the Intestines, or Alimentary Canal.

Small Intestines. With respect to the physiology of the small intestines, the digested aliment passes forward to the *jejunum* in a continued track of small intestines, and at that time the bile and pancreatic liquor have been observed to flow copiously into the alimentary canal; and indeed it is natural to suppose that the change the food undergoes in the small intestines must be owing to a commixture of those liquors. And so it may be, but we have no proof of it; and what I have got to say about bile or pancreatic liquor cannot come in now; it must come in with the physiology relative to the liver and pancreas. Relative to this, Mr. Hunter observed that the bile did not seem to commix with the digested aliment; he said it seemed to flow over it, and that the bile and excrementitious part went into the lower part of the bowels, and moved on. Now Sir Astley Cooper, in those lectures he delivered before the College of Surgeons, and for which he made numerous experiments, gave me additional information as to this, which, if it be correct, I hold to be very valuable: He says that the digested aliment coming on into the intestines, coagulates to the very surface of the tube, adhering to it most firmly and most tenaciously. This fact he demonstrated, for he produced a piece of the intestines with the chyme, as I may call it, adhering to it; so that when the intestine was slit up, you could not see the villous coat; with a pair of forceps he pulled off a thick slip of chyme and sheath, and beneath it the villous coats appeared, and were injected as red as possible. He said the digested aliment acquired a kind of coagulation or adhesive quality, by which it firmly adhered to the internal coat of the small intestines. Now you know the power which might be called spontaneous coagulation seems to be a very peculiar and a very universal property in the nutritive fluids of animals. It is extremely unlike what we see happen in fluids, not of a vital nature; nor is this like a chemical change. Mr. Hunter believed that this was the result of vital properties; that the blood—the coagulation of the blood, was the result of vital properties; for blood sometimes coagulates and sometimes does not, apparently under the same circumstances. Then Sir Astley Cooper was led to believe that the digested aliment had that peculiar property of self-coagulation, as it were, which would enable it to cling to the surface of the intestines, as coagulated blood clings to the side of an artery in an aneurism. It seemed to him to show that the stomach had not only dissolved the food into something that had a very peculiar nature, but had conferred on it a power of self-coagulation which enabled it closely to adhere to the surface with which it was in contact.

Now I say, if this is true, and I tell you there was a demonstration of the truth of it to a certain extent, it seemed to throw new light upon the subject to my mind; it showed how the juices of the intestines were not wasted, for what was secreted from the surface of the intestines would be immediately applied to this chyme, and act upon it, and convert it into chyle. Whatever properties bile and pancreatic liquor may be supposed to have, analogy, which is our guide and rule in all circumstances as to the formation of opinion, would lead us to suppose that the change the food undergoes very much depends on the juices that commix with it. The surface of the intestines is excessively vascular, and it has a villous origin. We must believe it is an origin of great secretion; we have evident proof of its being so in morbid affections; the quantity of morbid secretion poured out is very great indeed;

but of the nature of the healthy secretion of *succus intestinalis* we are as ignorant, as we are of that of *succus gastricus*. And what Sir Astley Cooper says is satisfactory to the mind, inasmuch as it shows how those juices are not wasted; why their action is limited to that which is converted into something ulterior for the benefit of the body.

Now what we know is this: that as soon as this stuff is in the lacteals, it resembles the blood,—it is chyle; open a lacteal, catch the contents, and what do you find? You find a fluid, which, like the blood, separates into serum and crassamentum; there's concretion, there's a crassamentum formed, analogous in every respect to the crassamentum of blood. And what is more curious still, this liquid abounds with globulous particles, like blood; they are not red, to be sure; in that only does it differ from blood. So that you see how speedily the change of digested matter takes place, which is designed to be effected. What is the object of digestion? The conversion of the food into something resembling the substance of body, and for the support of the body.

Now that's all I have to say concerning chylification; and I go on. The residue of the food and the bile, which is certainly incorporated with it, is urged on by the *peristaltic* motion of the intestines, and eventually propelled from the *ileum* into the *cæcum*, the *caput coli* or *cæcum*. Well, now I have to speak of the structure of the large intestines. Mr. Abernethy described the structure, and then proceeded:

With respect to the *valve* to be found here, it prevents the fœtid air from getting upwards; but does it never get upwards? O yes, often, often, often, when the valve is in a *morbid* state. Where the valve does not perform any function attributed to life, how often do we hear it reported that people have vomited up clysters; but is it the clyster, or is it the contents of the stomach, scented only by the clyster, that is vomited? I believe the latter. But don't understand me to say that people do not vomit up clysters, because I have seen cases in which they have, and I have known the people to live long and happily afterwards. I remember a lady who had a state of bowels which caused every thing to go the wrong way; no medicine could bring back a proper state of the bowels, no stools could be procured; she could take nothing, she had had nothing for a week; a copious clyster was ordered, of water-gruel and oil; she vomited it; the oil was seen floating on the top of what she did vomit; how could the oil have come there, had it not been for the clyster? And yet, I say, she recovered, and lived long and happily afterward.

In cases of *hernia* too, there is a stinking matter brought upwards, and you smell the most unpleasant breath of the patient. O it's a very horrible sign; the chances are, that that person will never live, I am sure.

Functions.—Now as to the functions: undoubtedly there is a great change wrought in the alimentary matter in the large intestines, a great and a sudden change. You may slit open the alimentary canal, as far down as the ileum, and you may find stuff in it, but it has not at all the odour of *fæces*; but cut a single line further, cut but a line of the cœcum, and the nose is assaulted by a tremendous smell. Formerly, people thought the putrid smell of the fæces was a chemical change on the food; but it so suddenly takes place, that this opinion is quite untenable And to what can we impute this change? Why, analogy leads us to suppose, that it is a change which takes place of the food, by the quality of that which it secreted, the succus intestinalis of the large intestines. And what is the nature of the change? The fæces have a bad smell, but are they putrid? O no, not at all. In health there is no putrefaction in the large intestines; but the contents of the large intestines suddenly go into putrefaction, and the product of it is *ammonia*, as you may believe, if you go into a common necessary, for there the smell of ammonia is perceptible; but is there ammonia in the fæces before they are expelled? So much the contrary, that *acids* are found in the fœcal matter, so that if there was ammonia in them, that could not also be found in them. There is no chemical decomposition in the large intestines when they are in health. Chemical decompositions take place in the stomach; food there becomes rancid. When the succus gastricus does not produce its proper effect, several chemical changes take place in the food. *Hydrogen* is found there; the air that is discharged is inflammable, as many school boys know. (Laughter.) Now all this is owing to the state of the health, and in health there is no chemical decompositions, even in the large intestines, so that whatever notions we may form as to changes in the food, wrought in the large intestines, we may attribute this as one, that the change which is produced in it is protribitive of the food going into those pernicious chemical changes which it would otherwise undergo. Pernicious chemical changes which it would otherwise undergo, I say, because, if you think for a moment, you must admit, that if the alimentary matter was allowed to go on into noxious putrefaction in the large intestines, it would produce most horrible fever. Do we not know, that when putrid matter is absorbed and goes into the vessels, that horrible fever is the result? I mean *putrefaction*. You don't use the word *putrid* in a vague manner; we use it to a thing having a bad smell. You may apply it to the fæces. Fæces have a peculiar smell, but they have not the smell of putrefaction; they are fœtid, we may say, but not putrid.

Well, this may be disputed; but there is reason to believe that there is a change wrought there which still produces something nutritive. For in *herbaceous* animals, the *cœcum* is exceedingly capacious, and there the residue of the food is not likely to go into putrefaction. More particularly in the *horse*, which does not *cook* its food, as I may call it, which does not ruminate, the cœcum is large; and, on a former occasion, I told you it was a sort of reservoir for the liquor the horse drank. Well, then, we have reason to suppose, that the food does undergo a second sort of digestion here, capable of converting that into nutrition which is capable of it. And here again, Sir Astley Cooper affirmed, that whatever was nutritive clung to the surface of the intestines; acquired that property of adhesiveness, of coagulation, which enabled it to cling to the surface of the intestines, while that which was not fit for nutrition was gradually propelled forward by the peristaltic motion of the intestines, and ultimately expelled. O there is a great change takes place. I have always said in these Lectures, that we talk of *chylification*, and why should we not talk of *fæcification*? for there is a wonderful change produced in the intestines; and though we do not know the extent to which that change is produced, yet it is a very important change. I have sometimes said, that a very old man, a queer character, an humourist, who lived in the early period of my life, whom I knew, a *Dr. Maunsey*, saw these things very clearly, and who left his body to be examined and dissected after death. He said, that all the surgeons in the kingdom, let them do what they would, they could never make a *t—d*. (Roars of laughter.)

Morbid Anatomy.—Now I have done with the functions of the alimentary organs, and next I have to speak of the morbid anatomy; and I always consider this part proper to be begun with requesting gentlemen to make up their minds as to what they are to do when people have taken poison. You may read books, and you may use the stomach pumps, on which I have but little to say just now; but I know it is most important that every man should have his mind prepared for what he is to do on such an occasion, for then he can have no time for consideration. You may make them drink, you may make them vomit, you may thrust your finger down their throats, and you may extract with the pump, but the object is to neutralize as much as possible the noxious quality of that which has been swallowed, and to get them to throw it up. There are even *salts* which admit of dissolution, and the object is to get that out of the stomach, which has been taken, by inducing vomiting, or by the use of the pump. Now I have this opinion upon this morbid anatomy, that it does not carry with it the interest to my mind that it does to many others, because the appearances are so excessively various; and yet, as far as general classification goes, O, we see the same sort of diseased actions fill up the same sort of diseased structures in every part of the body.

The only way in which I could explain what I know relative to the morbid anatomy of the alimentary organs, in an useful manner, is to speak of them in their morbid state; first in their *peritoneal coat;* next in the *internal coat;* and lastly, in their *intermediate coat*, which I may call the walls of the vessels.

Peritoneal parts.—Well, with regard to the peritoneal parts, what have I to say? What have I to say, why, it was a thing generally believed, when I was young, that when a person had *peritonitis*, it would either kill him or he would get the better of it!!! People were not then aware of the *chronic peritonitis*, which would go on for a very long time indeed, till it changed the whole and entire form of the abdomen. I know I have been often called upon in cases of this kind where, if I had been brought into a room and desired to tell what I saw, I should never have known that it was the cavity of the abdomen. The *viscera* are all united together; sometimes there is no cavity at all; sometimes in trying to separate the viscera I have torn the bowels asunder without separating them. The peritoneum every where rough and thick; parts adhering, and the vacancies between those parts filled with fluid and tubercles; the peritoneum studded with tubercles.—Here are specimens of that kind. I therefore was exceedingly pleased when I saw published an account of the nature of this persevering disease, which gradually destroyed life.

Internal Coat.—Well, now, as to the internal coat; why it's liable to ulceration, and that's a very odd thing. How ulcers form there is curious. Here are specimens of ulcers in the stomach, and the stomach is liable to have many ulcers in it, but those ulcers will of course bleed occasionally, and yet they may eventually heal. Now I say this is curious, that an ulcer should penetrate, beginning in the internal coat, through all the coats of the stomach, and yet leave no aperture out of which the contents should escape. I say this is curious; it happens both in the stomach and in the intestines, and I have seen it frequently. Curious at first sight only, not curious upon reflection, because as the ulcer proceeds to the external coats, it produces inflammation in the peritoneal coat, so that this peritoneal coat adheres to the contiguous bowels. The stomach may adhere to the walls of the abdomen, and the aperture is shut up by this adhesion. Dr. Bailey has given, in his plates of anatomy, instances of the stomach in this state, and I had instances of them too, many such instances, among my preparations, but they go—they vanish! With respect to ulcerations, of all the coats most likely to be attacked, Dr. Bailey says, it generally begins in the mucous structures, all through the small intestines, as in this instance, in which the preparation was taken from a man who died of *diabetes;* and when I have to speak of diabetes, I shall declare it as my opinion, that the chief cause of that state of urine, is an imperfection in the digestive organs; that the vegetable part of the food is not digested, and that it is imbibed into the blood undigested.

Well, now, in the next place, as to ulcerations in the small intestines, I know of nothing more that is to be said about them. It is the same with respect to the large intestines; there are ulcerations also to be found in them.

Intervening parts.—Now then, in the intervening parts of the coat, the walls of the vessels, O it is very curious to observe what is set up there; that the walls become excessively thick, the internal coat, and the peritoneal coat not appearing to be diseased. Now here is a stomach, which you will hardly recognise to be a stomach, but the *form* shows that it is one; it is great at one end and becomes less at the other. This was given to me by a gentleman who was the surgeon of the patient; it was the stomach of a poor watchman, who went round calling the hour as long as he could, when he could do it no longer he went into a poor-house; he was always complaining, and the surgeon who attended him thought there must be something very curious in his internal composition, and upon examining him this was found to be the state of the stomach. So with respect to the intestines lower down, they present the same appearances; parts of them are excessively thickened, whilst other coats of the same portion remain undiseased.

Well, the *scirrhous* disease begins in this manner; it is found intermediate between the two coats, but it is of that nature that eventually ulcerates. Dr. Bailey has given the best description of incipient scirrhous, in the case of *carcinoma*, that can be given; and this disease is found in the *pilorus*; it is found in thick, white bags.

Stricture.—Now here are specimens of stricture in the *rectum* and other parts, not of the cancerous nature. Though some *strictures* lead to carcinoma, yet all strictures are not of a cancerous nature, and it's curious to know how frequently strictures occur in the alimentary canal. In all mucous canals, the *urethra*, the *œsophagus*, and in all the *alimentary canals*, stricture occurs; and in these cases there is something wrong in the muscular power. A disposition to contraction becomes established, thickening goes on, and a permanent sort of diminution of the tube is induced. Meeting with these strictures all through the alimentary canal, the consequence in some cases is, an accumulation of the fæces above the part contracted; this is exceedingly complicated. I can tell you of a striking case of this kind. There was a young woman who came out of the country that I once saw, and having a grand disorder of her stomach she was of course advised to consult *Doctor* Abernethy, and she brought a statement of her complaint with her. I told her I was not a physician; that I could not understand her case by the statement of others, but that I would examine her if she pleased; at the same time I advised her to get better advice. She allowed me to examine her; I traced the boundaries of a large swelling in her abdomen. I said to her, you had better stoop and lean forward with your elbows on a table, for by doing that, if there is any swelling in the belly it's sure to descend. I went on examining her, working in my own mind to make out what her complaint was. In the course of examining her I put my hand on the surface of the swelling on the belly, and upon gently pressing it I heard a rumbling and jolting sort of noise; I went on, and pressed it altogether away. It was some contraction of the alimentary canal, and an accumulation of the alimentary matter above it. I requested her to see Dr. Bailey, and I was much gratified to find that he gave her the same opinion, both as to the nature and treatment of what she had complained of; which was, to take care to excite a purgative action of the bowels above, to cause them to carry down, through the contracted part, that which ought to pass. She soon got rid of any tumour in her belly, and I fancy she got well; at least she did so as far as I ever heard any thing of her.

Contractions and *malformations* might be spoken of. It should be remembered that there are malformations occasionally occurring in this organ; a curious sort of process going on in the alimentary canal. This should be remembered; for supposing one of those things to occur in the case of a *hernia*, it might slough off, and do a person no harm, I am sure.

Worms. You find worms in the alimentary canal. There are worms of different kinds to be met with there; one long worm, pointed at either end, which they used to call *lumbricoides*. Then you have the *tape* worm; and there is generally but one of this kind to be met with, so that the French have called it *ver solitaire*. To be sure it breaks, and a great deal of it may be brought away, but it grows again, and no good is done unless the head of the worm is loosened, and the whole of the worm brought away; then the patient is cured. There are other intestinal worms met with occasionally, but those I have mentioned are the most frequently found.

Involutions. Next of involutions,—that 's a curious thing; but Mr. Hunter published a paper upon this subject, showing how those involutions were likely to take place: *intus-susception* it is called. In these cases the bowels act capriciously and spasmodically. Sometimes this happens to an enormous degree; it has been to that degree that the valve of the ileum has been known to present at the anus. The French memoirs abound with such cases; and when I used to read them, before I met with similar cases, I used to say,—Odd hang it! these Frenchmen are always having their bowels come away; but such cases are very frequent here. There was a woman in this Hospital, in whom the *intus-susception* portion perished and came away, and yet she had natural stools afterwards; but she died.

Here, however, I talk of things for which there seems not to be any direct remedy; but still it is right to call your attention to them, and having done that, I have finished for to-day.

FOREIGN DEPARTMENT.

PATHOLOGY.

*On the Predestination of the Sexes, as an Appendix to the Treatise on the Equality of the Numbers in the Sexes.** By Hufeland.

I think that in my Treatise on the equality of the Numbers in the Sexes, (uber die Gleichzahl der Geschlecter,) I have indisputably proved that the numerical proportion of both sexes in the human race (as twenty-one of one sex to twenty of the other) is equally distributed over the earth, and that this does not, and from its nature never can, depend on climate, the planets, or any external or accidental cause. I moreover hope to have proved that the act of conception determines nothing on the subject, but that the difference of the sexes exists preformed in the ovum or the germ of the future individual, to the vivifying of which the semen of man alone contributes. On this I ground the opinion, that the cause of the difference in the sexes must be looked for in a higher region, and one not subject to casual influences. We should no longer speak of the development of the sex during pregnancy, as something then taking place or then determining itself. The organs of generation make their appearance at this period, and for the first time develop themselves; but their basis and internal germ, the sexual difference itself, is given with life, and is connected with the earliest germ of the future existence, even before it is called into life. The original type of the human race is double, male and female, even determined at the creation. This will be the more readily granted when we recollect, that the difference of the sexes does not consist merely in the organs of generation, but in a difference of the whole form, structure, and essence, not only of the corporeal but also of the mental powers. Do we not see from the earliest infancy, long before the development of the proper sexual life, an essential difference in the form, structure, and dispositions of the boy and the maid? And do not anatomical observations perfectly prove, that the primary traces of the sexual organs are those which first show themselves in the fœtus; and recently Mr. Ritchie* has informed us, that even in the ovum this sexual difference is evidently given and determined.

Notwithstanding this problem has been made the subject latterly, in France, of investigation and comparative researches, both as far as regards the human subject as well as several of the classes of animals; and the labours of Ollivier, Prevost, Dumas, and Giron deserve our thanks and acknowledgment:† the question was again propounded, whether the mode of living, locality, time of the year, climate, &c., had no influence; but these circumstances were not found to have any cause in the production of the difference in the sex. The proportion of births of the sexes maintained itself equally under all the varieties of these external circumstances. The influence of age and constitution has been the last subject of investigation, and from numerous carefully-conducted observations on the domestic animals, the following results have been obtained:—

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* Hufeland's Journal der Practischen, Heilkunde, October 1826.

We have inserted the following article for the purpose of showing in what manner a clever man may perplex himself, when speaking on a subject of which he and others are ignorant, rather than for the information it contains. Ed. L.

* H. Ritchie found that those eggs in which the air-vesicle lay at the obtuse end of the shell, were male; but when in the middle, female, which could be easily recognised by holding it against the light.

† Annales des Sciences Naturelles, May 1825.

Old male and female, produce the sexes in equal proportion;
Old male and middle aged female, more females;
Middle aged male and young female, more males;
Middle aged male and middle aged female, equal;
Middle aged male and old female, more males;
Young male and young female, equal;
Young male and middle aged female, more females;
Young male and old female, equal.

From this it will be seen that the proportion, by calculation of all these combinations, is equality of the sexes, and that the determinate proportion of nature, 20 to 21, will be the result.

But, granted that these observations are by far not sufficiently numerous and satisfactory to allow of conclusions being drawn from them, still the comparisons are not applicable to the human subject, as will be perceived by the following remarks:—

1. The matrimonial connexion of a middle aged man with a young wife is, from very natural causes, the most frequent. It takes place in the proportion of four to one of the other contracts. There would then, according to the above table, be a greater predominance of the male sex, which is by no ways the case.

2. But the extra-matrimonial connexions must also be taken into account, from which a greater proportion of males would also be the result; but this we do not find.

3. The long wars, where at last all the male youths of a nation are destroyed, as for instance in the latter part of the seven years war in Prussia, the long revolutionary war in France, a very considerable increase of females might have been expected, but it was not the case. The determined numerical proportion of the sexes remains always the same.

4. Matrimonial contracts with persons of the same years should, at all periods, have for the progeny as many males as females; but this is not found to be the case.

6. Experience shows, that marriages of middle aged men with young women frequently take place, from which a female progeny is the result.

6. And if all the above combinations were granted, still the determined and prevailing proportion of the sexes, from 21 to 20, is not to be explained by them. The same applies to the objections about the disproportion between the strength of the males and females, which has also been brought into use to explain the exceptions to the above results.*

M. Prevost has called to his assistance in this difficult point, the old hypothesis about the spermatic animalculæ, and applied it in a new manner. He assumes that these animalculæ (the quickening powers of the male) form the nervous system; the female quickening power, on the contrary, the blood and plastic system; and in this way a disproportion in the sexes may be caused. But in my opinion the strength of the male serves only to call into life the germ of the future individual which belongs to the mother, and to communicate to it different degrees of strength, but in no way to determine the sex. It may be regarded as a settled point, that in the female ova, the germ of the future individual, the sex is determined and preformed. All other explanations rest on combinations, subjected more or less to chance. Such cannot be the case in a point on which the existence of the race depends, and where such wonderful regularity and constancy in the numerical proportion of the sexes is always preserved.

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* The following are the results of some observations instituted by M. Giron de Buzuringues and M. Morel Vinde, on some animals. These observers conceived that something conclusive might be learned as to the sex of the progeny from the external appearances of the parents. The males, for instance, with a proportionally strong thick head beget more females. Males, on the contrary, with a small head, large belly, and broad pelvis, beget more males. Females with thick, broad heads, however, bring forth more males, and those with smaller heads more females.

MEDICO-CHIRURGICAL REVIEW,

JANUARY, 1827.

"Have you seen Johnson's Jan. 1827?" "No; what about it?" "He commences the new year and his quarterly labours with a review of Paris on Diet." "Johnson is incapable of criticising any work composed by that author; but after trying his precepts on his own stomach, I suppose he has had the presumption to publish their effects in the shape of a monograph—is that it?" "Precisely; whenever he assents to, or disagrees with, the doctrines laid down in the book, he invariably appeals to his flatulent entrails as to an infallible oracle to decide the question at issue." "Bah! to sit down over any gentleman's production, and say it is good, or bad, just as the sulphuretted hydrogen puts him in or out of humour; what's the tendency of his ventriloquism on that splendid work?" "Evidently afraid to condemn, he has strung together a series of common-place panegyrics on the occasion; but it is quite apparent that his approbation is not the heartfelt gratitude, the ardent admiration, or sympathetic satisfaction with which one man of science and genius ever beholds the progress of a kindred spirit; for whenever a speculative point or disputable fact affords him an opportunity to cavil, you immediately see the poisonous drivel of jealousy exuding from his pen into a note at the bottom of the page, like the venom-drop at the end of the dying wasp's sting mingling with the sweetness of the liquid which only gives death to the crawling insect." "What else could you expect from the Sisyphus of medical literature,—doomed to the ineffectual toil of endeavouring to roll his leaden Journal up the steep of notoriety, but sinking deeper and deeper into the gulf of obscurity at every effort,—than envy, bitterness, and asperity? In what manner does he perpetrate his malevolence; by extracts, or analysis?" "By the latter; and openly confesses that want of space to contain, and mental powers to compress, only prevent him from transferring the whole treatise into his pages: and this he calls making himself useful." "To himself it may be so, but any such attempt, you know, is barefaced piracy, aggravated by the affectation of honesty. Reviewing, indeed, has become of late a downright nuisance; either the most audacious robberies are in this manner committed on writers, or impostors are encouraged to compile bad books with the sole intention of having them puffed off in one of the journals; for is there a newspaper you look into but you will find some catch-penny publication advertised with a critical *probatum est* appended to its tail, like a slough hanging from an ulcer?—Johnson's analysis, then, if I understand you rightly, bears the same relation to the composition from whence it was manufactured, as a table of chronology does to history." "Much the same; in dissecting off those parts which gave continuity, proportion, and rotundity to the narative, the skeleton even of the work has been broken, battered, and become carious under the pickaxe of the critical pioneer. But notwithstanding this Gothic havoc, the '*disjecta membra portæ*,' the terse style and research of the man of science and letters occasionally shine out amidst the rubbish of his reviewer, like fragments of gold separated from their parent rock in the alluvial deposit of the mountain torrent." "Yes, in sponging out the more delicate tints of the picture to make it the more transferrable to his lopping-paper columns, he has even destroyed the outlines. —does he add a new thought, or an unknown fact to compensate such a spoliation?" "No; the utmost stretch of his intellect extends no farther than contradiction; but the answer of Blumenbach to the great phrenologist, 'that what is new is not true, and what is true is not new,' is quite applicable to his crude emendations. I will just give you an instance: Dr. Paris, with a view of making himself intelligible, defines dyspepsia in the following words:—'I define indigestion to be a primary disease, in which one or more of the several processes by which food is converted into blood are imperfectly or improperly performed, in consequence either of a functional aberration, or organic lesion.' You will perceive that the introduction of the word 'primary,' in this definition, has involved the writer in a double absurdity, as he subsequently states that this 'primary disease' may be not only a 'consequence' of 'functional aberration,' but also of 'organic lesion.' Just observe with what a treacherous exultation Johnson unsheathes his rapier on the occasion, and instead of running it through his antagonist, commits suicide on himself:—'Dr. Paris has created no small confusion here, by attempting too much. If the definition had terminated with "functional aberration," all would have been well; but by including "organic lesion," it involves a contradiction, and comprises a singular error in pathological reasoning. What! is indigestion defined to be always a primary disease, and yet sometimes a consequence of organic lesion? To say indigestion is a consequence of functional aberration, is intelligible; because such aberration constitutes the disease itself,' &c." "Excellent critic! here he commits a more ludicrous blunder than Dr. Paris, for how can indigestion be called primary, when it is consecutive to functional aberration, any more than when the disease is the product of organic lesion? for, being equally a secondary phenomenon in both cases, it cannot, of course, with propriety be defined primary in either; but, above all, how can it be said to be a consequence of, and at the same time be, the functional aberration itself, unless, indeed, we are henceforth to consider the effect as identical with its cause; an absurdity which logic has taught us to look upon as an impossibility. Much on the same principle, Johnson, I suppose, would call symptomatic fever a compound fracture, because the latter preceded, or was coexistent with, the former. I am told he has written a book on the subject himself; what sort is it?" "A compilation of Darwin, Spallanzani, Philip, Paris, Kitchener's peptic precepts, baptized with a new name, and intended for the perusal of the hypochondriacs, who will consult it before every meal until some more fashionable treatise arrests their attention; is it not monstrous that there should be so much noise made about what people eat?" "Men's brains are fast descending into their bellies. Johnson's, you plainly see, have already cleared the diaphragm, and eructated from its Æolian habitation a new system of ventriloquy." "It is a melancholy fact; how can you account for it?" "Readily—by man's disobedience to that all-wise mandate, in which it is said, that 'with the sweat of his brow he shall earn his bread;' or, in other words, idleness and luxury are the cause of this general desolation amongst the stomachs of Great Britain. Humanity, thus condensed in cities, now breathing the exhalations of filthy streets, now the hundred-times respired atmosphere of drawing-rooms, made up of gas, civet, and perspiration; feeding on aliments tortured through all the alchemy of stoves and stew-pans, until the original substance of experiment is no longer recognizable to the taste or touch; exerting merely as much muscular motion as is sufficient to bear it from one scene of luxury to another, feeling no medium sensation of the body, or consciousness of the mind, between the extremes of voluptuous enervation, and the fever of passionate excitement; poisoned, pampered, sluggish humanity, vacillating between the cook and the apothecary, between the snake-whip of Tisiphone, and the oblivious cup of Circe, is it surprising that it should ferment and putrify, that its limbs should be palsied, its eyes sightless, its cheeks blanched, its breath pestilence, its life but an impersonation of death and corruption? If the whole tribe of dyspeptics were put under your care, how would you treat them?" "Condemn the whole race indiscriminately to hard labour and coarse diet—the gentlemen, to field sports—the ladies, to catch butterflies, on bread, bacon, and buttermilk." "Johnson, for instance, how would you set about putting *his* stomach to rights?" "Deprive him at once of pen, ink, and paper—place him astride a tall crooked-legged Scotch mule, without a saddle—trot him forty miles a-day over moor, mountain, and morass, in the ruggedest parts of the Highlands, and whenever his cockney heart shrunk within him at the prospect of a precipice, take him down gently—tie him to the beast's tail—crack the whip behind—whirl him over the gulf that yawned a thousand feet beneath him—and if, after a few months' discipline of this kind, his duodenum growled, or his mind was disturbed by this nightmare, holy writ is no revelation." "Would it be safe to entrust him with you in the solitude of the hills, where the chasm gaped, the rocks frowned, the eagle and falcon screamed for their prey, and nature wore an aspect of murder?" "Perfectly. Johnson is an object of compassion, rather than of resentment. Destitute of the sagacity to perceive the changes which were taking place around him, events took his vigilance by surprise, and there he stands, fretted, chagrined, at war with the whole world, and bellowing after the "march of intellect" like a traveller who outslept the hour of starting bawling after a mail coach, to the great amusement of the public and passengers. What other works does he grub the marrow out of, besides that of Dr. Paris?" "The Edinburgh Medico-Chirurgical Transactions are strewn over one half of his pages in such a mangled state, that the proprietors would be at a loss to know their property, if the titles had not been preserved." "The pirate! what must the poor chaps think, on seeing their brains scattered about as rudely as if they had been discussed by the tomahawk of a back-woodsman? How does he fill up the periscope?" "With scraps of hospital reports, and of lectures filched from the pages of The Lancet." "Johnson, you see, has evidently a face to do anything in this way. Do you recollect his abuse of that publication for reporting lectures and hospital practice? and now the man of brass has the assurance to transcribe the labours of a Journal into his pages, which had been the object of his invariable detraction! His next transformation will be into that of a radical reformer. Does he speak of medical politics?" "As witty, wordy, and classical as ever on the subject of reform." "There is really some danger of his dying one day or another of making a joke. In every one which he attempts you see the marks of laborious parturition, like the effects of strangulation on a still-born fœtus; and his classical quotations (did you ever observe them?) are all carefully selected from that compilation of the beauties of the Latin Poets to be found in the rules of Syntax. Has he a deliberate article on the subject?" "His opinions on that point are principally drawled out into a commentary on Mr. Lawrence's introductory lecture; and you may form some notion of the spirit in which the scribe executes his task, when it is stated, that he commences by designating, as if with the finger of scorn, the first living British Surgeon, under the title of 'this gentleman.' He then proceeds to whine about the inexpediency of curtailing the number of quacks in the country; asks, in a tone of triumph, 'What would be thought of the state of that man's brain, who should open a school for the purpose of teaching all the medical sciences?' and concludes by stating, that 'the fact is, Mr. Lawrence's scheme in medicine, is that of Hunt and Cobbett in society at large—Equality.'" "It is quite apparent that he hates the man, by speaking of him in such disrespectful terms,—that his motives are as mean as his arguments are powerless,—that while he asks, could any individual teach every branch of medicine, the Fadladeen himself proposes to criticise all books, from a treatise on periwinkles to a tome of metaphysics,—to be judge of every thing, from the painting of a Circassian's eyebrow to the merits of an epic poem. His efforts to answer that lecture, I suppose, are like the contortions of a maniac in a strait-waistcoat, all froth, foam, and jactitation. Is there one medical fact in the whole three hundred pages, which was not known to the profession before 1827?" "Not one; the contents of the work have been as familiar to every practitioner for the last six months, as 'household words.'" "It is, then, you conceive, a perfect blank?" "Not quite, for it concludes with a prize!" "Of what kind, and for what purpose?" "A complete set of the Medico-Chirurgical, to be continued for two years, with a perpetual insertion of the victor's name for the best report of a metropolitan or provincial hospital for the last quarter." "What do you think of entering the lists,—the Royal Infirmary is a fine field?" "Ha! ha! to write twenty pages for a complete set of Johnson's past and future botheration! to tell the truth in the report, and be excommunicated by the Senatus Academicus! or stand to be shot at in the King's Park until 'further notice!' Surely the moon is again at her work with poor Jemmy! 'O medici, medici, mediam pertundite venam.' But don't you think there is something fantastic in all we have been saying for the last half hour?" "To be sure there is; but consider the topic of conversation—Dr. James Johnson—for critics, you know, should be cameleons, and borrow a tint from every subject with which they may happen to come in contact."

Scotus.

Edinburgh, Jan. 20, 1827.

THE FRENCH SCHOOLS.

Paris.—No. IV.

Il y a encore de quoi glaner.—Fr. Prov.

HOPITAL ST. LOUIS.

At the conclusion of the last letter, Alibert's classification of Tinea was spoken of, and it was intended to have added the composition of an ointment used in that complaint with great success, and which is, in consequence, become very popular throughout France. The formula is to be found in the last edition of Ratier's "Formulaire pratíque des Hôpitaux Civils de Paris," together with a great number of others generally used in the Parisian Hospitals. It is as follows:—

Alicant soda, ʒiij;
Sulphuret of potass, ʒiij;
Hog's lard, ℥iij.

The soda, and the sulphuret of potass, should be very finely powdered, and then mixed with the lard. Alibert directs that this ointment is to be rubbed daily on the head, after the crusts or scabs have been separated by the application of emollient cataplasms. The hair is to be cut off as close to the scalp as possible, in order that the frictions may be made more complete. The head is to be covered with a brown paper cap. In the spring, cresses are plentifully prescribed; weak solutions of iron are also pretty freely given, and now and then sulphur.

Arsenic is frequently employed in the treatment of diseases of the skin at St. Louis, and principally in the cases of dartres. Alibert is an advocate for the stimulating local treatment, and almost universally orders the arsenical paste in the dartres rongeantes, and the dartres rongeantes scrophulouses (herpes exedens). Biett's favourite form of using arsenic is the solution of the arseniate of ammonia, namely,—

Arseniate of ammonia, gr. viij;
Distilled water, ℥ss.

Dissolve the salt in the distilled water, and add half an ounce of the spirit of angelica. Biett has used this form of arsenic since 1818, and although the solution of the arseniate of soda approaches very near to it in its effects, he gives the decided preference to the former. It is very useful in the *dartres squameuses humides*; according to the classification of Willan would be the chronic stage of ptyriasis, if they are not accompanied with too much inflammation. Like all other preparations of arsenic, this solution ought to be given with caution; the doses should be gradually increased, and immediately omitted if any signs of irritation of the stomach should make their appearance. It should not be returned to until all thirst and disposition to nausea had completely subsided.

Alibert and Biett both employ arsenic very frequently in cases of chronic inflammations of the skin, and many cases have lately come under their care; the patients began by taking twenty drops of the last mentioned solution, which quantity was gradually increased until one-eighth of a grain of arsenic was taken daily. This, then, is the force of arsenic, the most successful, and, consequently, the most used at this hospital.

Alibert's grand work on the diseases of the skin, in folio,* which was commenced in 1806, is now almost completed; the tenth number has been printed, and the eleventh is in the press; the whole work will be finished in twelve numbers. The price of each number is fifty francs. This work is inaccessible to the multitude for whom the small work in 8vo suffices,† 2 vols. 1822. It gives a summary of the disease of the skin, and is a very useful production to those who cannot afford to buy the large work. There are no plates with the octavo edition.

As an author, he has not confined his efforts to medicine, but has produced some poetical pieces, which are allowed to be well written. His late work, "*La Physiologie des Passions*;" displays much original thinking and extensive reading; it is universally praised by the French *savants*, and is placed on the shelves by the side of the "Anatomy of Expression" of Mr. CHARLES BELL.

BIETT has written some very good articles in the Dictionnaire des Sciences Medicales, but has not published any thing more as yet; it is generally thought that he is collecting materials for a work on the diseases of the skin, on those diseases particularly which appear to him defectively treated in the works of FRANK, WILLAN, BATEMAN, and ALIBERT. He is a plain, steady, matter-of-fact man, and any thing coming from him may be relied upon. We cannot say so much of many of his contemporaries.

He gives his opinions very freely on the doctrines and practices of his contemporaries, and is well acquainted with the individual merits of the English and German pathologists. He very firmly opposes ALIBERT on several points, particularly the theoretical, but never gives judgment against him without stating his grounds in an open and manly manner; but the production against which he most frequently protests, is Mr. PLUMBE's "Practical Treatise on Diseases of the Skin;" and he seldom gives a clinical lecture without pointing out some of the absurdities which it contains. Mr. PLUMBE's name had been so frequently brought forth, that toward the close of the season some of the pupils began to laugh as soon as BIETT began to criticise *Monsieur Plumbe.* Biett saw some gentleman smiling at the mention of Monsieur Plumbe, and made a full stop in the middle of the ward, to explain himself. "Gentlemen, you laugh because I speak of Monsieur Plumbe, but on my honour I assure you that I speak disrespectfully of no man, personally; I have a duty to perform here, and a part of that duty is to caution you against the erroneous opinions of men who have appeared as writers on the diseases of the skin; I know nothing of Mr. Plumbe; but I know, and I repeat now what I have before so often repeated, there is no book more replete with error, or containing more incorrect representations of the subject to which it is devoted, than this work of Monsieur Plumbe; in short, Gentlemen, its tendency is to carry back the study of dermoid pathology to the state in which it lay in the dark times of the middle age."

The merits of RICHERAND as an author are already well known; his physiology established his reputation, and this has since been considerably extended by his "Nosographie et Therapeutique Chirurgicale,"

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* Description des maladies de la peau observées a l'Hôpital St. Louis, et exposition des meilleures methodes suivèes pour leur traitement. Paris, 1806.

† Precis theorique et pratique sur les maladies de la peau. 1822. 2 vols. 8vo.

He has published a very interesting work on the "*Histoire de Progres recens de la Chirurgie*," in 8vo. It gives the merit of the invention of several new operations to their proper authors; and for so doing, has incurred the displeasure of some French critics, who, in common with the great part of their countrymen, are still the victims of a too jealous *susceptibilité nationale.*

Jules Cloquet has distinguished himself as an anatomist and surgeon, and is much respected by his contemporaries. His "Anatomie de l'Homme," which was commenced in 1821, in folio, is a good work; the description is clear, and the lithographic figures which accompany them are neatly executed; the principal objection to it is, its high price: it was intended to make the work complete in forty numbers, at nine francs each; but twenty-five have only appeared, and it is not probable that the undertaking will be executed. A curious story is told about this: Cloquet was induced to sell the copyright to a Count C—— ; and as no condition was made about publishing in a quarto form, Cloquet thought he was at liberty to do so, and accordingly commenced his quarto edition, which, on account of its smaller price, soon found purchasers. He has lately commenced a manual of anatomy* in quarto, with lithographic plates, which it is hoped will be completed in forty-five numbers, containing 250 plates, and 150 sheets of letter-press. The work will form three volumes; two of plates, and one of text for their explication. We have heard the Germans laughed at for producing *Handbücher* or Manuels of six and seven octavo volumes, and certainly Cloquet's Manuel of 3 vols. 4to, deserves to partake of the satire. Acupuncture, which was at one time so zealously practised here under Cloquet's direction is almost given up, and one may pass through St. Louis, or any other hospital, and not hear the word mentioned; so completely has passed away its high-sounding but ephemeral reputation.

LONDON MEDICAL SOCIETY.

JANUARY 22, 1827.

President, Dr. CLUTTERBUCK.

AFTER the minutes of the former meeting had been read, the President said, that as it was probable that the discussion which would ensue would be rather long, he should take the opportunity of briefly mentioning the history of a case of apoplexy which had recently fallen under his observation, as it would at the same time furnish the history of the preparation then on the table.

The brain which the President showed to the Society, was taken from the gentleman to whose case he alluded. There was a large extravasation of blood between the arachnoid membrane and the pia mater, which had extended over a considerable portion of the right hemisphere. The most singular fact in connexion with the history of the case was, that the voluntary power and consciousness were retained for an unusual time after the probable period of the occurrence of the extravasation. The gentleman was sitting at his dressing table shaving himself, when, all of a sudden, he felt as if something had burst in his head, became insensible, and, after a time, came down stairs to tell his wife of the circumstance. A medical man was sent for, who recommended bleeding, which was not complied with; he advised him to go to bed, and directed some medicine to be taken. The symptoms of apoplexy gradually increased, which were treated secundum artem. The hemiplegia which took place previous to death was, as usual, on the opposite side to that on which extravasation had happened. Dr. Clutterbuck was called in only in the advanced stage of the disease.

Mr. KINGDON, in referring to Dr. Barry's views of the venous circulation, remarked, that there appeared to be some little inconsistency in the arguments of those who opposed these views. They asserted, that the influence of the thoracic vacuum upon the venous blood, had been fully established by many, long before Dr. Barry had made his experiments; yet, in their opposition to this gentleman's theory, as to the effect of atmospheric pressure, they allowed little or no influence to this agent. At the previous meeting he was induced to express himself respecting the influence of the thoracic vacuum on the circulation, nearly in the following manner:—He thought that the influence of that vacuum, whatever that influence might be, and he was disposed not to esteem it of much importance, could exert itself only on compressible tubes; and, considering that the hepatic veins in passing through the liver, had their exterior surfaces agglutinated to the structure of that organ, their calibres were kept *patent*, and therefore they approached to the character of incompressible tubes; and, further, seeing that they terminated in the inferior cava immediately before its passage through the tendinous opening of the diaphragm, to the sides of which opening that vessel was firmly connected, and therefore also rendered incompressible, he thought he had discovered an additional support for his conjecture, that the influence of the thoracic vacuum could only be exerted on those veins. He had, since the last Meeting, thought over the subject, and, like most other men who thought over what they supposed a novel idea, he could only find a further confirmation of its correctness. He was induced to think that this notion would receive some support from certain pathological changes in the heart and liver, and that the diseases of the two viscera might stand in some sort of mutual dependency in consequence of this arrangement. He had some conversation with Mr. Langstaff on the subject, than whom no man in this country was better acquainted with pathological anatomy, and he was pleased to accord with him in opinion. Mr. Kingdon then went somewhat more fully into a development of his hypothesis.

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* Manuel d'Anatomie descriptive du corps humain; representée en planches lithographiques. 4to. The first number was published in November, 1825.

Dr. BARRY next addressed the Chair, and spoke nearly in the following words:—Mr. President, In the last Number of THE LANCET, there is a report of the proceedings of this Society at its last meeting, and as that report almost entirely agrees with the minutes which I have just heard read, I must consider it authentic. Mr. Spry, in the observations attributed to him in this report, endeavours to prove, 1st. That the doctrine of a thoracic vacuum influencing the venous current, did not originate with me; 2dly. That this influence must be very inconsiderable, as the blood could be returned to the heart without its assistance. As to the first of these propositions, since Mr. Spry seems to think the property of the vacuum doctrine worth the labour of so much literary research as he has displayed, I, on my part, do not feel disposed to allow my share in that firm to be frittered away. I have said in my book, and I now repeat, (continued Dr. Barry,) "That a *vague unauthenticated* notion, that the return of the black blood to the heart is, in some undefined way, influenced by *suction*, may be traced back as far as the time of Harvey." I contend, Sir, that I am justified in the use of the term *vague*, because neither the originator of this notion, nor the epoch of its first adaption, can be distinctly pointed out; and because no two of those who appear to have entertained the notion of suction, explain, in the same way, the mechanism by which it affects the venous blood. Galen seems to allude to it, when he talks of the "*vis pulsifica*" of the heart. Vesalius distinctly mentions it, when he attributes the form and the office of the *cucurbitula* to this organ. In the days of Harvey, the doctrine of suction influencing the filling of the heart, was commonly believed. "Quod vulgo creditur," says this great man. Boerhaave considered the whole animal an hydraulic machine, of which the heart is the piston. Dr. Wilson, of Newcastle-upon-Tyne, with many others, and amongst these M. Magendie, in the first edition of his physiology, conceived that the fibres bounding the cavities of the heart, possess an active power of dilating these cavities, with a force equal to that of their contraction, and, therefore, that the heart is, *per se*, alternately a sucking and a forcing-pump. Dr. Carson gives a diagram of the heart, to prove that its fibres are so disposed, that their *relaxation* produces a tendency to a vacuum in the cavities of this organ. This physiologist also states, that the lungs are *constantly* exciting a "resilient power" to separate their surfaces from the costal and mediastinal pleuræ, thereby producing a tendency to a vacuum in the thorax, and around the heart. Now, Sir, there is not one of these various theories *authenticated* by experiment. To each of these notions may be applied the expression of Haller, "Vaga cogitatio—in nulla fundata experimento."

I trust, Sir, that I have now shown that I was not so culpable as Mr. Spry would have it believed, in writing the paragraph which he quotes from the preface to my book, relative to the vagueness and want of authenticity of the notions hitherto entertained as to the influence of the thoracic vacuum. Mr. Spry blames me for not quoting largely from the authorities he has enumerated. To this I reply, that my experiments were made in 1824; I have given names, dates, circumstances. A gentleman is now in this room who assisted at my first experiments. The authority quoted by Mr. Spry, the second edition of M. Magendie's Physiology, describing the experiment that approaches the nearest to mine, was published in 1825. I read my Memoir at the Institute of France in presence of M. Magendie. In the preliminary observations of that Memoir, I have stated that I should avoid all polemical citations, because I had room only for facts. When I published this memoir in England, I felt, and I feel now, that I should not have acted honestly, if I gave a syllable to the public under the sanction of the names of Cuvier and Dumeril, which had not formed a part of the subject of their luminous report. Besides, quoting mere speculative theories, endless and bodiless as the history of a dream; "laboriosa figmenta," would be an unprofitable employment, whoever might be the author, or whatever might be the subject of these theories. As to the doctrine "of the thoracic vacua influencing the venous blood, not having originated with me," I never claimed, said Dr. Barry, any other merits than what might result from having been the first, the very first, the only person, who proved by experiment the exact nature of the mechanism employed to form the vacua in the sanguisugnous cavities of the mammalia. It was upon this ground alone that I threw down the gauntlet in the preface to my book, when I said, "that no man, either living or dead, had even imagined my experiments before I executed them." This was the gauntlet which Mr. Spry should have taken up. Mr. Spry has employed much ingenuity and research in his endeavour to drive me from a position which I never occupied, to strip me of an honour which I never could have claimed. If Mr. Spry found the position I had taken up with regard to the *novelty* of my experiments, and their consequences, impregnable, he should have candidly confessed it, and then he might have attacked the originality of the theory itself, which he must have known *I had never claimed.* Mr. Spry undertakes to prove, that the influence of unresisted atmospheric pressure on the return of the venous blood, must be very inconsiderable. Yet he says, "Magendie had fully established the concordance of the increased movement of the venous current with inspiration." Upon looking into Magendie, I find that he applies the term "*grande influence*" to the effect of the expansion of the chest upon the progression of the blood in the veins. That the pressure of the atmosphere thus modified, "is capable of arresting the circulation altogether." This surely might, without much impropriety, be called a "*mighty agency.*" The words of M. Magendie himself, in the very page quoted by Mr. Spry, will show that *he* had no very accurate notions of the effect of the expansion of the chest on the sanguisugnous cavities. "When *chance*," says M. Magendie, "produces a coincidence between the dilatation of the thorax and auricle, the motion of the blood in the jugulars is regular." For the explanation of this and all the other circumstances connected with his experiment, he refers to Haller, Lemure, and Lorry. Now, Sir, I have proved by positive experiment, that the auricle (not the appendix,) and the thorax always dilate and contract together. I have introduced tubes, both through the anterior and posterior cava, into the sinus venosus of the right auricle in dogs, and the liquids in communication with these tubes invariably ascended during the whole period of inspiration, and never at any other time. I say, Sir, that Mr. Spry had no right to designate this direct fact as a "matter-of-course inference" This single experiment, if there never had been another made, must refute every thing that he has said about the filling and emptying, and relaxation of the heart, and the old tale of the two-ounce jets of blood from the left ventricle, which he assumes as the basis of his next argument. By the experiments made and related at my late Lectures, I have proved that the heart is always full, and always in a forced state of distention, even when the animal has been killed by bleeding. In the second and third experiments given in my book, I have proved that there is no tendency to vacuum between the pulmonary and costal, or mediastinal pleura, during expiration. So much for Dr. Carson's theory. With reference to Mr. Spry's arguments founded upon the assumption of two ounces of blood being thrown from the left ventricle into the aorta at each contraction, which would render *a sixty-ounce reservoir* necessary in case of suspended inspiration; does Mr. Spry recollect, that within the thorax there is at all times the venous blood of the whole torso, the blood of the azygos and demiazygos, of all the intercostal veins? Does he recollect, that during the voluntary supension of respiration, the glottis is shut; that the thorax neither collapses nor expands, and that the locomotion and contraction of the heart produce vacua, towards which the unresisted pressure of the atmosphere will force the blood of the nearest veins? The filling of the veins by their corresponding arteries at all distances from the heart, and the simultaneous rush of the contents of these veins towards the heart, when the thorax is expanded, are very different things. In short, this simple fact is a sufficient reply to all the objections that have hitherto been made to the inspiratory movement of the venous blood, viz. *that a cavity in the act of being diminished in all its diameters, can receive no addition to its contents, and that when this cavity is in the act of being similarly enlarged, all communicating liquids must be pressed towards it.* Mr. Spry has drawn some arguments from comparative anatomy, and if I understand that gentleman rightly, he said that the enlargement of the posterior cava in the cetacea, the seal, &c., is for the purpose of receiving the blood, which the right side of the heart cannot transmit to the left, the pulmonary circulation of the animal being impeded during his immersion. This abdominal reservoir, therefore, (according to Mr. Spry,) continues to be filled by the *vis a tergo*, while the animal remains under water. When the whale, after having continued his full period below, comes to the surface, makes one inspiration, is struck by a harpoon and dives, he must go down with his venous reservoir *nearly full*. What must, then, be the capacity of this reservoir, if it be able to contain all the blood returned during the two periods by the vis a tergo? From whence could the left heart derive its supplies, if the returning current were to be turned aside, and retained in the enlargement of the abdominal cava?

All these difficulties, and a thousand others, are avoided by conceiving that this reservoir is filled at the surface by the operation of the thoracic pumps, and that as soon as all the blood it contains has been forced into the thorax by the pressure of the water around, the animal is again obliged to come to the surface to fill it a second time, by one or two strokes of his thoracic pumps.

I now come to Mr. Spry's four experiments: these four (continued Dr. Barry with some warmth) I contend constitute but one experiment, and that one is a literal copy of the experiment, so often repeated by Harvey, to prove that there is a *vis a tergo*, and that the venous and arterial currents run in opposite directions. Harvey compressed veins at various distances from the heart, and showed that blood will flow when the vein is wounded below the point compressed. Had Mr. Spry entertained any doubts as to the direction of the venous current, his experiments would tend to dissipate them, but they leave the question of the thoracic vacuum entirely untouched. There are some curious circumstances connected with the experiment upon the dog, which appear to have escaped Mr. Spry's notice: when the dog was held perpendicularly by the fore paws, his chest open, and his cava tied, and wounded behind the pericardium, there were *three* powers employed in forcing the blood through the opening in the vein: 1st, the vis a tergo; 2dly, the weight of a column of blood acting through the azygos, from the tip of the fore paw; 3dly, the contents of the stomach and intestines compressed against the mesenteric veins, by the tension of the abdominal integuments forcing the blood of the porta into the thoracic cava. Hence the blanching of the intestinal veins and liver. In these experiments Mr. Spry appears to have forgotten the very just and beautiful observation of Dr. Carson—"That whoever admits into the regions occupied by the heart and lungs, the vision or the touch, must have already admitted an influence destructive of the machinery; and like the school boy, inspects the cavity of the drum into which he had cut, for the purpose of discovering the origin of its sound." Why, instead of laying open the thorax, did not Mr. Spry make the experiment which he (Dr. Barry) had made, and introduce his hand into the thorax of the horse, and in that way satisfy himself that the blood did return through the cava only during inspiration? Why, he would ask, did he not satisfy himself on that point? Had he done so, he would have felt the rush of venous blood through the cava during inspiration only, and he would have felt the progressive dilatation of that vessel, and the sinus venosus during that act.

Mr. Lloyd stated that he had made some experiments to determine how far the lungs possessed the power of adapting themselves to the varying dimensions of the chest, but more particularly during inspiration, in order to ascertain what was the amount of vacuum that could possibly be formed between the parietes of the chest and the surface of the lungs, and to ascertain the influence of inspiration and expiration upon the pericardium, and consequently on the vacuum supposed to be formed there. He had seen all Dr. Barry's experiments repeated before he began to make his own, and we understood Mr. Lloyd to say, that although he was led from these experiments to admit that there was a tendency to the formation of a vacuum in the thorax during inspiration, that his own experiments had led him to a different conclusion, and so far from the dilatation of the chest assisting in forming the pericardiac vacuum, the pressure of the lungs on the surface of the pericardium tended to prevent it. Mr. Lloyd, after describing at some length the relative localities of the thoracic viscera, insisted that the lungs in their expansion must press the pericardium in upon the heart, and destroy all tendency to vacuum within that bag during inspiration.

Dr. Barry replied by observing, that one fact was worth a thousand speculations. Experiment, he said, proved the very converse of Mr. Lloyd's theory to be the fact. He referred to the second and third experiments in his book. Dr. Barry here took an opportunity of alluding to the arguments drawn by Mr. Spry from comparative anatomy. Cuvier had confined the reservoir attached to the posterior cava to the *phoca* in the mammalia. and the *plongeon* in birds. But if this reservoir does exist in whales, and if it serves the purpose of receiving the blood sent up by the vis a tergo, and which cannot be taken into the thorax during the immersion of the animal, (the circulation in the lungs being impeded, as stated by Mr. Spry,) he would ask, from what source does the left side of the heart receive its supplies, if there be no reservoir in the great pulmonary veins. After the reservoir of the posterior cava has been filled by the animal's longest stay under water, and when, after making a single inspiration at the surface, he dives again, what becomes of the additional blood sent up by the vis a tergo? What must be the size of the reservoir, when the whale comes to the surface a second time? All these difficulties would be avoided, by conceiving that the enlargement of the posterior cava behind the liver is intended to contain an additional supply for the right heart, while the animal is under water; and that when exhausted, it is filled again at the surface, by a single expansion of the thorax.

Mr. Spry begged leave to repeat the assurance he had before given the Society, that he entertained no other feelings than those of the greatest respect for Dr. Barry, and that it was his only object to arrive at the true merits of the question. It afforded him pleasure, on retracing the long speech of Dr. Barry, to observe, that no one point which he had taken to prove that the originality of the thoracic vacuum theory did not belong to Dr. Barry, had been successfully assailed by that gentleman; nay, he had himself admitted that he had no claim to it. Dr. Barry had needlessly carried the attention of the Society back to remote periods of medical history, to prove that the notions entertained respecting the nature of that vacuum were, with the opinions of the moderns, "vague and unauthenticated;" but that the merit of having pointed out the *mechanism* of that vacuum belonged exclusively to him, or as Dr. Barry had expressed himself, "the mechanism *was never pointed* out by which nature applies the mighty agency of atmospheric pressure to the veins, and connects, as cause and effect, the expansion of the chest with the afflux of the centripetal fluids to the heart." He was surprised at the reading of this sentence in the preface to Dr. Barry's book, but he was the more surprised to hear Dr. B. now repeat the same sentiments, because he thought it possible that Dr. Barry might not have seen Magendie's book at the time he wrote his preface. It was his object at the preceding meeting to show, by a careful mention of dates, how gradually the thoracic vacuum theory had arrived to something like completion; the vacuum was first supposed to be confined to the heart, it was then connected with respiration, and lastly, the *act* of respiration concerned in its production, namely, *inspiration*, was pointed out; and if it were done by no other man, it had been done sufficiently by Magendie, who had thus expressed himself:—"*During the dilatation of the thorax*, the blood of the vena cava superior and of the vena cava inferior, and by degrees that of the other veins, is drawn toward the heart. The *mechanism* of this aspiration is similar to that which draws the air into the lungs; it is, so to speak, *an inspiration of venous blood*." Here, Mr. Spry contended, the mechanism was as clearly described as words could describe it; the flow of venous blood to the heart was ascribed to the *same cause* as forced the air through the trachea during the expansion of the chest; or, in Dr. Barry's own words, "it connected, as cause and effect, the expansion of the chest with the afflux of the centripetal fluids to the heart." The second edition of Magendie's Physiology, which contained the paragraph read, was published at Paris in the month of *March* 1825, and the report of the Institute on Dr. Barry's paper was not made until the 29th of *August* of the same year. Consequently, his "Recherches Experimentales" could not have been published at Paris until after that time. Dr. Barry had said, that he made his experiment of introducing a flexible cathether into the jugular vein of a horse in Oct. 1824; of this he (Mr. Spry) entertained no doubt, but he had the best authority for stating that Magendie had performed the same experiment, on the same vein, *four years* ago. Magendie took to himself no credit of originality for this, but referred to Haller and Lorry as having before noticed the exact correspondence which was sought to be established between the act of inspiration and the flow of venous blood to the heart. He (Mr. Spry) would trouble the Society with only another passage from Magendie's work on the subject, it was this, "The explanation of these phenomena, as it has been given by Haller and Lorry, is very simple and satisfactory at first sight. When the chest *dilates* it draws up the blood of the vena cava, and by degrees that of the veins which open into them. The *mechanism* of this aspiration is very nearly similar to that by which the air is drawn into the trachea." Was there any thing *vague* and *unauthenticated* in these passages? Had not Magendie said *all* he could say on the subject in the plain but conclusive language he had employed, and had he not performed experiments to prove the fact? Yet Dr. Barry had said, that "the mechanism had never been pointed out, and that no man, whether living or dead, had even *imagined* his experiment but himself." Dr. Barry had excused himself for not mentioning Magendie's book at the Institute, because he wished to avoid polemical discussion; because he thought that all papers read to learned Societies should be as short as possible; and that if he had again to publish an English edition he should do the same thing; that was to say, he should altogether omit to mention what Magendie had done on the subject. He (Mr. Spry) would say, that if he did so, he would deservedly merit the censure which had been already expressed, since it was a duty which every man owed to his own reputation and to the public, to put the public in possession of whatever was of importance connected with the investigations to be undertaken. Dr. Barry had said, that he had never claimed the merit of originality; but whether he had or not might be best learned from his own preface. If "the mechanism had never been pointed out" by any other man than Dr. Barry, he was entitled to the merit of having pointed it out; and if it had been before pointed out by any other man, the merit of pointing it out could not belong to Dr. Barry. Dr. Barry had said, that the experiment on the horse was only the counterpart of the experiment of Harvey, to demonstrate the circulation of the blood; but Harvey had never said in what position the animal was placed when he performed the experiment. It was the design of the experiment on the horse, as well as of that on the dog, to allow *gravitation* to act on the returning columns of blood, and although the weight of the returning column of blood was allowed in each case to operate freely and fully, the blood did return up to the place on which the ligatures were applied. Dr. Barry had asked, why he (Mr. Spry) had not thrust his hand into the thorax of a horse and *felt* that the blood did return through the vena cava only in inspiration? He should answer, that he did not do it because he could have the evidence of another sense under more favourable circumstances. He would ask, on which sense the greatest reliance should be placed in the present case, on the feeling or the sight? It required no inconsiderable effort to pass the arm into the thorax of such a powerful animal as the horse; and to make that opening through which the arm was introduced air tight, as Dr. Barry had imagined he had done, a great degree of pressure must have been made on some part of the arm, pressure sufficient to take away all delicacy of sensation in the fingers. He had by no means overlooked the beautiful remark of Dr. Carson; but it appeared that Dr. Barry had forgotten it when he asked why the experiment of thrusting the arm into the thorax of the horse had not been performed; he appeared to have forgotten that he had even by that experiment brought himself within the scope of Dr. Carson's remark, since the *touch* was considered as fatal to the machinery as the *sight*. He preferred the evidence of his vision, therefore, to that of the touch under these circumstances, and the more so as it was equally available by bystanders. Fact was better than theory; and as he had evidence to adduce so unobjectionable as ocular demonstration in support of his second proposition, he should still consider that he had succeeded in showing that the influence of the thoracic vacuum on the return of the venous blood must be very *considerable*, as the blood did return to the heart without its assistance; and that nothing that Dr. Barry had said had proved his title to the merit of originality even for his experiments.

Dr. Macann said, that his name having been mentioned by Dr. Barry, he felt himself called upon to say a few words in explanation of the facts to which that gentleman had alluded. With this object in view, the shortest and most satisfactory course perhaps would be, to give a simple narrative of the circumstances connected with the institution of Dr. Barry's first experiments, and the preparation of his original memoir, from which it would appear that the charge of Dr. Barry having borrowed any thing from the work of M. Magendie, was not well founded. In the month of August 1824, (continued Dr. Macann,) Dr. Barry did me the honour of laying before me, in Paris, a memoir, which he had then composed, "On the Motion of the Blood in the Veins." The object of this memoir was to show that this motion was, or ought to be, in a great measure, if not entirely, influenced by atmospheric pressure. This memoir, however, was entirely hypothetical, that is, it consisted in a chain of reasoning founded upon abstract principles, and tending to show that the motion of the venous blood must be so influenced, if these principles were well founded. After having carefully examined this memoir, I remarked to Dr. Barry, that if these principles were well founded one experiment would establish the conclusions he had drawn from them. This experiment was performed in my presence, as stated in Dr. Barry's book, and by it his anticipated conclusions were verified There may be some dispute hereafter as to the priority of claim to the abstract theory, but there can be none as to the novelty and originality of the experiments. It had been long known that water would ascend in the pump, and mankind had availed themselves of this knowledge; but the certainty of the fact does not deduct from the merit of the man who first demonstrated that the water is forced to ascend in the pump by the pressure of the atmosphere. From the long intimacy which has subsisted between Dr. Barry and myself, I can affirm that at the time he wrote the memoir I have mentioned he had scarcely heard of Dr. Carson's book, and that the first copy of it he had ever seen was sent by me to him from London in 1825. With regard to the memoir read before the Institute, I took the liberty of suggesting that it would be unnecessary to detail all the steps of the chain of reasoning by which he had been led to his experiments, and that facts should be principally attended to. The whole memoir was accordingly re-written, and as it was intended to be read before a learned body it was necessarily short, and admitted of no room for quotations. Dr. Macann then proceeded to make some observations on the fallaciousness of the conclusions drawn from the experiment with the bellows; he said, that one fact had particularly struck him, it was this: the trachea in the human subject was larger than any vein, yet in Mr. Searle's bellows the tubes to represent veins, which were four in number, were all larger than those representing the trachea. This caused his principal objection to the apparatus.

Mr. Kingdon would ask one question. Did Dr. Macann mean to state that the rima glottidis was larger than any vein in the body, that it was larger than the vena cava inferior, for example, where it passed through the tendon of the diaphragm?

Dr. Woodforde stated that the bellows of Mr. Searle was furnished only with three tubes to represent veins, and that one of them was decidedly smaller than the nozzle of the bellows representing the trachea.

Dr. Macann replied that the bellows he had seen at the Hunterian Society was of the description he had named.

Dr. Barry said he had to apologize for again intruding on the attention of the Society. He would remind the Society, that all the experiments which had been made by persons who felt opposed to his doctrine, had confirmed his statement, that there was some vacuum found in the chest during inspiration; this had been proved by the experiments of Mr. Ellerby, Dr. Davis, and others; in short, no man had denied it; but it was contended, that the influence of that vacuum was *inconsiderable* in its action, because the blood could return to the heart without its aid. Mr. Spry comes to a conclusion which I am sure he will himself, upon reflection, acknowledge not to be very logical. He hopes "that his experiments would suffice to show, that the thoracic vacuum, the existence of which, to a certain extent, he did not mean to deny, exerted little influence on the return of the venous blood, as it was very evident that the venous blood could be brought back to the heart by other powers." It would be just as logical to conclude, that because the bull and the mule (in Miss Edgeworth's humourous description of King Corney's ploughing-team) could drag the plough a few yards without the assistance of the old horse, the latter could give no assistance if again tackled on by a fresh hay rope. King Corney's ploughman, however, had too much logic to come to the conclusion, and the old horse was accordingly added once more to the heterogeneous team. I hope for the honour of the very little mathematical demonstration and rational induction still left to our conjectural art,—nay, for the well-merited reputation of Dr. Clutterbuck himself, as a medical philosopher, that he did not make the declaration *ex cathedrâ*, which in The Lancet he is stated to have made, viz. "That from what he had heard that evening, he considered that the influence of the thoracic vacuum on the circulation was almost nothing, and that it would be unjustifiable cruelty to make any further experiments on the subject." But what has the learned Doctor heard? Why, he heard that veins had been tied at various distances from the heart, with the thorax open, and the thorax shut, and that when these veins were punctured below the ligature, blood had flowed. So, because blood flows under these circumstances, it is proved *to demonstration* that atmospheric pressure, modified by the organs of the animal, cannot have any influence on its current, under any circumstances. In short because after the bull had eaten the hay rope that connected the old horse with the plough, he and the mule could still drag it, after a fashion, it would be unjustifiable cruelty to try whether the old horse, if tied on again, could give any assistance or not. Dr. Barry concluded, by inviting Mr. Spry to imitate the examples of Mr. Ellerby and Mr. Searle, who had repeated his principal experiments, and who (though opposed to his inferences) had acknowledged their correctness with a manliness and candour which did them honour.

Mr. Spry said that there were a few remarks made by Dr. Barry, which required reply. Dr. Barry had now given up all claim to the originality of the theory, but he contended for the originality of the experiments made to show that the theory was true. Dr. Barry might have saved himself that trouble as the same thing had been done before him by others; Magendie had described the mechanism by which the vacuum was found *before* him, and had confirmed the accuracy of the opinion of his predecessors by actual experiment. So that although *the fact* for which Dr. Barry's experiments were made to establish, was long since admitted; yet, *for* these experiments, brought to bear upon an admitted fact, Dr. Barry claimed originality, and no small share of glory. What would be thought of the pretensions of a man who, because he had made some *experiments* to demonstrate the circulation of the blood, different perhaps from any before made, should turn round and claim the *discovery* of the circulation? Or who, being driven from such a claim, should say, if Harvey discovered the circulation, he had made *experiments* to show the fact different from those made by Harvey, and therefore entitled to a share of the glory of the discovery? Dr. Barry had objected to the quantity of blood sent from the ventricle; he, (Mr. Spry) stated two ounces on the authority of Haller, Blumenbach, Richerand, and other most distinguished physiologists; and until Dr. Barry had made some experiments or adduced some sort of evidence to show that that quantity was not expelled at each contraction of the left ventricle, he should still assume that it was. If Dr. Barry wished to know on what authority the peculiar structure of the animals named had been mentioned; he should refer him to Meckel, and to Carus, or he believed it had also been quoted by Fyfe in the 4th vol. of his Compendium of Anatomy, which might be deemed a pretty correct abstract on the subject. Dr. Barry had laid great stress upon the formation of the vacuum in the pericardium, But what was to become of that vacuum in cases where the inner surface of the pericardium was glued to the surface of the heart? Dr. Barry must have recollected the experiment made by Mr. Searle on the rabbit, as shown to the Hunterian Society, in which the pericardium was opened by removing a portion of the sternum, the finger was introduced in absolute contact with the heart, and of course atmospheric pressure; yet the animal had lived for *many hours*, and the circulation therefore must have continued. He, Mr. Spry, did not deny, as he had before stated, the existence of the thoracic vacuum, or that it might not exercise some influence on the return of the venous blood, but he would contend that that influence had been proved to be *inconsiderable*, and undeserving that rank which had been assigned to it among the auxiliary forces of the circulation.

[Some further debate ensued, but as no matter of argument was involved, we have not room to notice it.]

Dr. Clutterbuck said that he had been induced to express his opinion on this subject on a former occasion, and he felt it right again to do so. He thought that it was clearly established, by the experiments of Dr. Barry and of those who had repeated them, that there was some sort of vacuum formed in the chest during inspiration. He had never questioned the accuracy of Dr. Barry's experiments, but he dissented from the inferences which Dr. Barry had drawn. It was necessary to be borne in mind, that as all experiments must be attended with considerable pain to the animal, increased efforts were made; so that it was probable that no experiment could ever determine the natural condition of the chest in respiration. He did not mean to deny that a vacuum to a certain extent might exist, and prove of some use in the circulation under certain circumstances; as, for example, when great efforts were made by the animal: but he could not help thinking that its influence was neither so constant nor so important during ordinary respiration as Dr. Barry had supposed. He had already expressed his opinion that sufficient evidence had been adduced to justify that conclusion.

Dr. Barry said that he had already gained much ground. It was now allowed on all hands,—1st, That his experiments were correct; 2dly, That atmospheric pressure does exercise *some influence*, on the progression of the venous blood. It only remained to establish the amount of this influence. This latter task he thought he had already accomplished, by the application of the barometer as described in his lectures. Dr. Barry considered Mr. Searle's very ingenious experiment with the bellows-thorax as a confirmation of one of his leading inferences; viz. "That it is the repetition of inspiration which regulates the velocity of the blood returning to the heart."

TO PHYSICIANS.

(CIRCULAR.)*

A private Association of Physicians in the Metropolis has been occupied more than a year in maturing a plan for improving the state of the Medical Profession, upon principles founded on the broad basis of public utility. They now offer it for the approbation and support of the great body of the Faculty throughout the British dominions, as well as of the Community at large.

That in which they are engaged is entirely a common cause, in which all are equally interested. The individuals who now address their brethren, will therefore not make any personal applications: nor will they even avow themselves, until a number of the faculty, in town and country, sufficient to form a highly respectable and efficient body, shall have signified their intention of co-operating with them. In raising, not unworthily they trust, the standard of professional improvement, and indicating a safe rallying point for *unprotected* physicians, they have rendered the labours of those who may now join them comparatively easy.

It being particularly desirable, at the commencement of an undertaking of this magnitude and importance, to ascertain the sentiments of the faculty, it is earnestly requested that, on receiving a copy of this circular, they will communicate their opinion upon it, either directly, or through some other physicians. They will please, in order to save the postage of many letters, to transmit their communications in franks, or otherwise free of expense, addressed to the Secretary of the Faculty of Physic in London, and to the care of Messrs. Longman and Co., Booksellers, Paternoster-row. Each physician receiving a copy of this circular, is requested to communicate it to others; and afterwards to favour the Association with their collective sentiments.—Such as do not receive copies will impute the omission, in the absence of a list of the faculty, to ignorance of their address. In order that such omissions may be supplied, information respecting the names of doctors in physic, resident in their own or the neighbouring towns, is requested to be transmitted in the answers returned by physicians receiving this circular. Suggestions of all kinds will be favourably received and attentively considered. This Association have only further to add, that since the Surgeons and General Practitioners have respectively formed unions, have already presented Petitions to the Legislature, and are proceeding to adopt other measures in support of their particular interests; unless the physicians also form a similar union in support of their own rights and those of the public, bad as things now are with this higher brach of the medical profession, it is very far from being improbable that they may still become much worse.

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* This is the Document mentioned at pages 359 and 555 of our present volume.—*Ed.*

THE FACULTY OF PHYSIC IN LONDON.

A few physicians, who had long observed with regret the detriment to the public, and the debasement to the medical profession, occasioned by the artificial, forced, discordant, disproportionate, and fluctuating state into which its different branches had fallen, did, on the 27th of July 1825, constitute themselves into the nucleus of a proposed Association, for the purpose of ascertaining, promulgating, and endeavouring to establish such an organization of that profession as is calculated, by emulation and competition, to bring into activity the greatest sum of talent, knowledge and integrity; and thereby to ensure to the community, in the highest attainable degree, the preservation of health, and the prolongation of life, as well as to the members of the profession themselves the greatest sum of stability and respectability, of which their condition is susceptible.

At various meetings subsequently held in pursuance of their object, they agreed upon the following principles and rules:—

PRINCIPLES OF THE ASSOCIATION.

In the organization of the different branches of the medical profession, the main object of consideration, as in all other departments, ought to be the good of the community; by consulting which, also, the respectability of their own members will be best insured.

From the almost fortuitous manner in which laws and institutions have for the most part arisen, and the little share which the public voice has generally had in framing them, in those periods of comparative ignorance in which they originated, it has necessarily happened that they have been much more calculated for the convenience and aggrandizement of the members of the professions concerned, or their separate branches, than for the benefit of society at large. These observations hold good of the different branches of the medical profession more than of any other; and of that profession, in the British dominions, more than in any other nation.

It is essential to the objects in view, that there should be no limitation to the number of any of the branches of the medical profession, excepting what is imposed by the demand; that there should exist complete emulation and unrestrained competition among their members; that the public should have a free choice of their medical attendants; that the tests of fitness should be proper and uniform; that examination should be conducted upon determinate principles, and not by bodies having an interest in the issue; and that universities should be regulated with a view to a correct and efficient medical discipline and instruction.

Is is an obvious deduction from the clearest principles of our common nature, that those members of any profession who benefit by its mal-organization, will not only not aid in, or consent to, but will on the contrary, by every means in their power, oppose the improvements which would deprive them of their exclusive privileges: and it follows as a corollary from this proposition, that the representations of parties interested in the perpetuation of existing abuses in this profession should be listened to with distrust.

That medical constitution best adapted to maintain the welfare of the community, and the respectability of the profession, we think can best be obtained by free and frequent discussion, by an union of persons, who, from talents and education, are competent to a thorough investigation of the subject, and, from their position in society, have no interest in perpetuating delusion or abuse. In the words of Addison: "An honest party of men, acting with unanimity, are of infinitely greater consequence than the same party aiming at the same end by different views." There cannot be a doubt that an extended and numerous union of physicians, affiliated throughout the cities and counties of the British dominions, would speedily be able to produce conviction in the public mind, in the Legislature, and in the Ministers of the Crown, of the utility and necessity of remodelling, upon correct principles, the various branches of the medical profession in the United Kingdom. An Association of the Graduates of Universities, too, it is obvious, can in the mean time establish and maintain themselves in the independent and honourable exercise of their profession, in virtue of the rights conferred by their diplomas, and in opposition to the usurped authority of medical incorporations, and every other species of undue interference. For although it is true that, against such usurpation and interference, every doctor of physic may, to a certain degree, singly maintain his individual rights, it is only by union on an extended scale, that the members of the faculty can permanently obtain complete security and protection.

RULES.

ELIGIBILITY OF MEMBERS, &c.

All graduates in medicine practising as physicians are eligible, in virtue of their diplomas, to become members of "The Faculty of Physic in London," without distinction of university or country. The proceedings of this Association, it is proper here to state, are intended to be wholly prospective.

The diploma of the candidate for admission into the Faculty of Physic in London being verified and registered in the office of the Association, upon subscribing to their principles, he is of course entitled to be enrolled as a member.

When any question arises rendering eligibility or the exceptions doubtful, or in any other case of difficulty, the doubts to be resolved by the ballot, at the next subsequent meeting, or any more convenient time.

Members in the country to be at liberty to vote by proxy.

Other rules to be enacted as the occurrences arise which may seem to call for them; holding always in view the maxim, that the principal security and ornament of an association, founded on just principles, consist in the absence of all unnecessary restrictions.

In the course of the proceedings and discussions which have taken place, it became evident that some more efficient means than had yet been contemplated of informing the faculty and the public respecting the nature and extent of the mal-organization of the different branches of the medical profession, were indispensable to the success of the object in view within a reasonable period. The task of investigating the actual state of these different branches, but more especially of that of physic, as well as the causes and consequences of their palpable mal-organization, was therefore deputed to a portion of the associates: and the results of their labours have since been published, by Messrs. Longman and Co., in a work entitled "An Exposition of the State of the Medical Profession in the British dominions, and of the Injurious Effects of the Monopoly by Usurpation of the Royal College of Physicians in London." To that work reference may be made, as illustrative of the principles and views of the Association. But, in the mean time, it has been thought right to give in the present Circular its principal heads, under the form of resolutions, in order that no person who joins them may be able to allege that any of the principles of the associates have been either misrepresented or concealed, and that all who read them may be led to a due sense of the utility and necessity of a thorough medical reformation:—

Resolved,

1. That, in London, there are 174 physicians, being, on a population of 1,200,000, one to 7000 inhabitants; whilst, in Paris, there are 600, being, on a population of 800,000, one to 1300 inhabitants. Consequently, in London, the ratio of the physicians to the population is to that of Paris but as *one to five*.

2. That, in London, there are 1000 surgeons, or one to 1200 inhabitants; whilst, in Paris, there are only 128, or one to 6000 inhabitants; the proportion in London being to that in Paris as *five to one*.

3. That, in London, there are 2000 *practising* apothecaries, or one to 600 inhabitants; whilst, in Paris, there are only 180 *dispensing* apothecaries or pharmaciens, or one to 4450 inhabitants; the proportion in London being to that in Paris as *seven to one*.

4. That, in London, there are besides upwards of 300 chemists and druggists, (the *dispensing* apothecaries or pharmaciens of other countries,) being in greater proportion than that class in Paris, and quite sufficient, under a good organization, to supply all the inhabitants with drugs. This branch has, in this country, under the prevailing system, been called into existence by the wants of the people, within the last half century.

5. That, in London, the physicians are to the surgeons as one to six; to the apothecaries, as one to twelve; to the chemists and druggists, as one to two; to all of them united, as one to twenty; whilst, in Paris, the physicians are to the surgeons as five to one; to the pharmaciens, as three to one; to both united, as two to one; the ratio which the physicians in London bear to all the other branches of the medical profession, being to that in Paris as *one to forty*!

6. That since in Paris no undue restrictions exist, in respect to the different

branches of the medical profession; and since their relative proportions to each other, and to the population, are similar to those which obtain in other cities, where no undue restrictions prevail, it is to be presumed that these proportions are the result of the necessary adaptation, under freedom from undue restraint, of the supply to the demand.

7. That since there cannot naturally be, in any state of society, such a relative demand for medical, surgical and pharmaceutical aid, as is indicated by the existing relative proportions of the different branches of the medical profession in London; and since similar relative proportions do not obtain in cities where no undue restrictions exist, it follows that the artificial, forced, discordant, disproportionate, and fluctuating state of the different branches of the medical profession in London, is mainly the result of the monopolies which relate to these branches.

8. That the healthy state of the different branches of the medical profession in Paris, and throughout France generally, being admitted to depend upon the due adaptation of the supply to the demand; and their unhealthy state in London, and throughout England generally, to depend upon restrictions which prevent that due adaptation; and the ratio which, under these circumstances, the physicians in London bear to the other branches of the medical profession, being, relatively to Paris, as *one to forty*; it follows,—the wants of the inhabitants of these cities, in respect to the aid of these different branches, being supposed to be equal,—that the excess of the other branches over that of the physician in London, is as FORTY TO ONE!

9. That according to the proportions which exist in Paris, there should be in London, 900 physicians, 170 surgeons, and 240 *dispensing* apothecaries; in all 1310, or one to 900 inhabitants: whereas the actual numbers are, 175 physicians, 1000 surgeons, 2000 *practising* apothecaries or *geneaal practitimers*, and 300 *dispensing* apothecaries or chemists and druggists; in all 3475, or one to 345 inhabitants. Consequently, the expenses incidental to sickness are nearly three times as great in London as in Paris.

10. That the Royal College of Physicians in London were instituted for the purposes of "preventing improper persons from practising physic, punishing bad practice, and suppressing empiricism;" and that, to enable them to carry these objects into effect, they were vested with the powers of prosecuting, fining, imprisoning, and interdicting offenders.

11. That, in addition to the powers with which they were legally invested, they have usurped others, of which the following are some of the principal: 1. The re-examination of graduates in physic; 2. The limitation of the number of physicians, and consequently of medical students in the universities; 3. Their division into different ranks; 4. The establishment of a higher rank in favour of the graduates of certain universities, in which inferior medical instruction prevails; and, by an unparalleled inconsistency, the degradation to a lower rank of the graduates of other universities, in which medical instruction exists of a superior kind; and 5, By the prohibition, under a considerable penalty, to meet in consultation with doctors in physic who are not of their body, although they do not hesitate to attend with surgeons and apothecaries.

12. That the re-examination of graduates of universities, by a *private* College, whose rights as physicians are derived from their university diplomas; who are consequently no higher in rank than those whom they examine; who cannot even confer the title of Doctor in physic (in 1704, there were in their list *ten* licentiates who had no such title), and who have even a direct personal interest in the issue, is, besides being an usurpation, wholly preposterous.

13. That the division of admitted physicians into distinct ranks, which was at first entirely arbitrary, was in 1752 made to apply to particular universities, the fellowship being restricted to the graduates of Oxford and Cambridge, and the licentiates, notwithstanding the parity of rights expressly secured to the universities by the articles of union, taken principally from those of Scotland.

14. That, during the seventeenth century, the surgeons and apothecaries had become so numerous, the physicians remaining nearly stationary, that it became impossible to restrain them from practising physic; and that they subsequently, under a change of circumstances, and by virtue of particular charters, formerly acquired that privilege, whilst the College continued to prosecute *physscians*, not of their body, *for a similar exercise of their profession.*

15. That, in France and other countries, whilst the physician and surgeon observe some decency and reserve in their encroachments upon each other's provinces, the pharmacien or dispensing apothecary does not encroach upon that of either. In Britain alone is the *practising* apothecary, *surgeon*-apothecary, or *general-practitioner* known.

16. That he who exclusively devotes his attention to the practice of physic, must capacity being equal, be the most skilled in that particular branch; and that he who depends for remuneration upon advice, has less powerful inducements to deviate from duty to his patients, than he who depends

for remuneration upon the quantity of drugs which he furnishes. Consequently, as in this country, nine-tenths of the practice of physic are in the hands of persons who depend for remuneration upon the quantity of drugs which they supply, and their interests being thus perpetually kept at variance with their duties, the organization of the different branches of the medical profession in foreign countries is far preferable to that which obtains in Britain.

17. That the effects, upon the interesrs of the public, of the mal-organization of the medical profession in Britain, are, to prevent their having a free choice of their physicians; to substitute surgical or pharmaceutical for medical aid of an appropriate kind; and greatly to enhance the expenses incidental to sickness.

18. That the effects upon the different branches of the medical profession, of the artificial, forced, discordant, disproportionate, and fluctuating state, into which they have been thrown by the causes mentioned, are injurious to all of them in a much higher degree than can readily be conceived.

19. That physicians who are not of the College in London, are precluded in England, when their professional character is libelled, from legal redress. Upon crossing the Tweed or the Channel, to prescribe for a patient, the eminent professors of Scotland and Ireland may be calumniated with impunity.

20. That, whilst in England, Members of the College of Physicians in London, of the Colleges of Surgeons in London, Dublin, and Edinburgh, and of the Society of Apothecaries in London, are, by the new Jury Act, exempted from serving on juries, there is no such exemption in favour of Doctors of physic, not of the London College, even the members of the Irish and Scotch Colleges of Physicians. They are also liable, in England, to be balloted for the militia, and to perform other obligations, from which the aforesaid persons are exempt.

21. That until the different branches of the medical profession be legally regulated a-new, upon unquestionable principles of public utility, it shall be a main object of the association of the faculty of physic in London, by means of a general confederation of the independent physicians, wherever they may reside, to afford support and protection to all doctors of physic, whether practising in town or elsewhere, who shall become members of their body, against the numerous civil degradations to which they are liable, as well as the usurpations of the College of Physicians in London.

22. That the public at large, the members of the legislature, and the ministers of the crown, are earnestly solicited to take this highly interesting subject into their early consideration, in order that efficient remedies may be applied to the very serious grievances complained of, and the disgrace wiped away of being, in respect to our laws in this department, centuries behind other civilized nations.

23. That petitions to the Legislature, and representations to the Ministers of the Crown, founded upon these resolutions, with such additions and alterations as may be judged necessary, be presented at the earliest practicable periods that may be found expedient, with a view to ulterior proceedings for the accomplishment of their object.

London, 12th of August, 1826.

TREATMENT OF FRACTURES.

To the Editor of THE LANCET.

SIR,—I beg the favour of you to insert the following observations in your next Number.

In THE LANCET, January 6th, there is a case of fracture of the leg, at Guy's Hospital, which terminated fatally; the treatment of which appears to me to have been very injudicious. In the first place, why put on splints in such a case, where, from the nature of the accident, much inflammation was to be dreaded? The application of leeches, too, only added to the irritation. If the limb had been laid in a pillow, placed on a flat piece of board, a *large* linseed meal poultice applied over the *whole* of the injured parts, and the pillow then slightly confined round by two or three bits of tape loosely tied, and this renewed once or twice in twenty-four hours, I have no doubt but the termination of the case would have been very different.

Nothing can be so contrary to the principles of good surgery, as to bind up recent fractures in splints. Most of the pain and inflammation which occur after fractures, are occasioned by confining the limb in bandages and splints. Suppose, for want of splints, the parts should become a little displaced? all may be easily put to rights when the inflammation is subdued. By this simple application of a linseed poultice, and *nothing else*, I have lately seen a very bad compound dislocation of the ancle, with fracture of the fibula, go on *favourably* from the *first*, without *pain*, *irritation*, or *fever*. I have, in the course of *many* years practice, *often* witnessed the *same* happy results from the *same* simple mode of treatment. I wish surgeons in Hospitals would lay aside their splints in the early management of fractured limbs, and give a fair trial to the plan here laid down.

A COUNTRY SURGEON.

Jan. 9th, 1827.

ROYAL INFIRMARY, EDINBURGH.

JAN. 27, 1827.

Case of Colica Pictonum, produced by the absorption of Lead used as dressing to an extensive Burn.

CUSTOM has sanctioned the division of "cases" into the successful and unsuccessful. We have also another subdivision of reported surgery into records of failure from proper, and of fatality from improper, treatment. The classification might be extended further, by the establishment of another order, affording examples of the effects of good and bad practice in the same patient, and conducted by the same medical attendant. Thus, to poison a man in one stage of his illness, and subsequently to restore him, might be considered a familiar illustration of the latter description of remedial agency. Singular enough, all these varieties of pathological terminations have been esteemed almost equally instructive by the profession; but the cause is sufficiently obvious, for, the physician or surgeon who would merely know what to do in any given instance, would only be acquainted with half his duties, since knowing what to avoid is now thought just as important a part of his knowledge. At first sight, indeed, it might puzzle one to account for this electrical attribute of a "positive" and "negative" condition of the healing art, peculiar, perhaps, to this science alone, though the solution of the difficulty is quite evident, when it is considered that the excessive talent of some, the fertile ingenuity of others, the roguery of more, and the ignorance of as many as all the rest put together, have eventually discovered all that is good and all that is bad, and converted the exceptions of medicine into general rules. At all events, whatever may be the origin of this anomaly, and however burthensome its consequences must be to the memory of the practitioner, there can be no doubt of the necessity of being acquainted with the prohibitions, as well as the commands of therapeutics, as the case of Elizabeth Campbell will elucidate.

She was admitted on the 2d of November for an extensive burn of the abdomen, and contiguous parts of the body. The ulcer, in the usual time, assumed a healthy aspect, and continued to cicatrize in the usual manner, and nothing particular occurred in her case so far, except that her convalescence seemed more tedious than might be expected, even from so serious an injury, having never regained her wonted energy. Her pulse continued quick and feeble; her tongue slightly furred; her colour of a cadaverous hue; her features sharp, anxious, and attenuated; and, on asking her several times as to the cause of these appearances, she could assign no other reason for their presence than weakness and long confinement to bed. All her symptoms became more intense, and she now began to complain of a tendency to costiveness, and of weakness in the extremities, from her knees downwards. On the 16th of January, the abdomen became tender and tympanitic, and she complained of violent pain. An enema in the night brought away a large dejection, but she remained much in the same state, and was ordered a colocynth pill every sixth hour.—17th. The pain in the abdomen remained unabated; the bowels not opened during the night, and passed but about four ounces of urine. An injection of sulphat of soda and senna, and a dose of castor oil, were ordered to be taken immediately. From this to the 19th, she had taken at intervals castor oil, calomel, tincture of aloes, and had fomentations, and several enemata of turpentine administered, but without any effect. At eight o'clock on the night of the 20th, she was visited by Dr. Hunter, and ordered eight grains of scammony, and three of hyoscyamus every third hour, but, becoming worse during the night, an infusion of thirteen grains of tobacco was given in the form of injection, which freely evacuated the bowels in the course of about two hours. Since that period she remains in a state of extreme debility, and with a tendency to constipation.

During the treatment of the ulcer produced by the burn in this patient, an ointment containing an oxide of lead had been used, and the nature of her symptoms place it beyond a doubt that they were induced by the absorption of that substance, the extent and situation of the sore being both favourable to the introduction of the poison into the system. The temporising remedies employed in the acute stage of the disease, are not calculated to excite so much surprise, as that any preparation of lead should have been permitted in such a case at all. The wonder, indeed, is still increased, when it is recollected that almost every teacher of surgery warns his pupils against the use of this metal, as an application to extensive sores for any length of time. The complaint originating in this manner is consequently a very rare occurrence, and never, perhaps, to be seen in the wards of an hospital. Amongst the poor, however, the complaint sometimes arises in this way, with whom ground white lead is a favourite remedy for burns and scalds, many of which, every person who ever discharged the office of dresser in a public surgery, must have noticed coming in daubed over with this substance.

Having heard no allusion made to the cause of the colica pictonum in the present instance by Dr. Hunter, at his visits to the patient, the writer had the curiosity to consult the hospital journal, but he was much surprised at perceiving that silence was here observed also on that subject, by the Doctor's "fidus Achates." Now this omission is extremely ungenerous in Dr. Hunter; for the instances in which his practice affords instruction, being like angels' visits "few and far between," he might surely, on an occasion of this kind, make a virtue of necessity, suffer his heart to expand, and permit his pupils to profit even by his mistakes. The secret may probably have been reserved for official announcement in the clinical lecture room, where it will be heard as a novelty by the "select few;" while the majority of the pupils of the house, in consequence of this mercenary division of instruction, must remain in total ignorance of the most important feature in this case, and who might well address their superiors in the language of the exiled satirist of Rome:

> "Sic libitum vano qui nos distinxit Othoni."

SCOTUS.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

RUPTURE OF THE SPLEEN.

An accident of this nature was admitted into the Hospital during the last admission-week of Mr. Bransby Cooper. The patient, a fine robust young man, fell from a building unto the ground, being a distance of about forty feet. He was brought into the Hospital at four o'clock in the afternoon, and lingered until eight o'clock on the following morning. The vital powers were in a state of extreme depression; but a few hours after admission there was a feeble attempt at reaction, and it was thought proper to open a vein in the arm—only a few drachms of blood, however, could be obtained.

On examination after death, there was found to be an extensive laceration of the spleen, with extravasation of blood into the abdomen. There were also four ribs fractured on the left side, a slight injury to the scalp, and a fracture of the left leg.

PARTIAL DISLOCATION OF THE ASTRAGALUS?

There is at this time in Cornelius Ward, a case on which some difference of opinion exists as to its nature. Sir Astley Cooper considers it to be a "well-marked instance" of a comparatively rare accident—partial dislocation of the astragalus. The patient is a young man, and was admitted under the care of Mr. Key, a few weeks since, in consequence of having received severe injury to the right leg. The accident occurred from the man having fallen from a height of six yards to the ground, and lighting on his feet. There was so much tumefaction immediately following the injury, that when the patient was admitted, and for some time after, it was certainly difficult to ascertain the precise nature of the injury done; crepitus was indistinctly felt at a short distance above the ancle, and in front of the joint was a very considerable hard swelling. In the course of a few days after the application of leeches, discutient lotions, and the observance of rest, the general swelling had so far subsided, as to admit of a more accurate examination being made; it was now apparent, on handling the limb, that the tibia was fractured at a short distance above the joint, and the fibula also broken, at about two inches higher up the limb. The malleolus externus, and malleolus internus, were found to maintain their relative situation; but in front of the ancle joint, there was a bony projection, equal in magnitude, and much resembling in figure, the fore part of the astragalus. Various and forcible attempts were made to reduce this swelling, but without effect; and the case was therefore simply treated in reference to the fractures. There is nothing material to remark on the progress of the case; the fractured bones became united in about the usual space of time, and at the period of making this report appear to be firmly consolidated. But the tumour on the instep remains, and hence a question arises as to its nature: it has really (jesting aside) proved a "bone of contention." We have before said, that the malleoli preserved their relative situations—such is the case now. The foot (if we except the swelling on the instep) is not deformed; there is the customary lateral motion; flexion and also extension, but more especially the former, is made with some difficulty.

Sir Astley Cooper's opinion of the case is, that the bone projecting at the instep is the astragalus, which bone, he says, is thrown forward, whilst, at the same time, the lower portion of the tibia has receded.

Mr. Key, on the other hand, considers that the swelling is occasioned by a fracture, with consequent displacement of the lower portion of the tibia, i. e. its articulatory portion, which has advanced, whilst, at the same time, the malleolus internus is left entire, and in its natural situation.

Mr. Key's reasons for doubting whether the tumour at the instep be the displaced astragalus, are these: that the lateral motion of the foot (which we know is performed between the astragalus and tibia) is seen in the present case to be performed between the projecting bone and the bones situated beneath, which he argues could not be the case, supposing the projecting bone really to be the astragalus; for in that case, the astragalus being thrown forwards on the os naviculare, would not move upon it, so as to give the extensive lateral motion capable of being produced in the present instance; neither would it admit of flexion and extension being made to the same extent. Added to these reasons against the probability of the accident being dislocation of the astragalus, Mr. Key remarks, that there is an absence of the deformity of the foot, characteristic of this accident.

We have endeavoured to give a fair and impartial statement of this case, with Sir Astley's *pros*, and Mr. Key's *cons*, and we confess ourselves really at a loss to know how to reconcile their "conflicting opinions." We suppose that nothing short of actual demonstration would be sufficient. Mr. Callaway considers it to be a case of dislocated astragalus; Mr. Morgan declines giving an opinion until the parts are *dissected*.

The case is well worthy of attention, and as the patient still remains in the Hospital, many of our readers may have an opportunity of seeing and deciding for themselves.

CASE OF RETENTION OF URINE FROM STRICTURE OF THE URETHRA, FOLLOWED BY ABSCESS AND SLOUGHING.—FATAL TERMINATION OF THE CASE.

R. L., a middle-aged man, of spare habit, was admitted into the Hospital on the 15th of November, under the care of Mr. Bransby Cooper, on account of retention of urine.

The patient, on his admission, stated that he had laboured under difficulty of passing his urine for several years, and that occasionally he had suffered with entire retention. He had passed but a very small quantity of urine for several days previous to admission, and not the slightest quantity during the preceding eighteen hours. He complained much of pain, and conceived great tenderness on making pressure over the pubic region; the bladder was evidently much distended.

Mr. B. Cooper attempted for a considerable time to introduce the catheter, but failing to do so, he directed the patient to be put in a warm bath, and to be bled from the arm to the amount of sixteen ounces. These measures being complied with, faintness was produced, and the catheter was again attempted, but without success. A short time after his removal from the warm bath, the urine began to flow, or rather to ooze away, but to such an extent that the bed-clothes were observed to be very wet, and the pain, with the distention of the bladder, were materially lessened.

Mr. Cooper directed that warm fomentations should be applied over the pubic region; and prescribed a dose of aperient medicine, with two grains of calomel, and one grain of opium, to be taken at bed time. The patient was admitted at noon.

16. The urine has continued to dribble away at intervals throughout the night in the same manner as yesterday; the bladder is still much distended, and there is great tenderness on pressure. The patient has occasional hiccup; the pulse is small, but not quick; the tongue slightly furred, and with numerous fissures apparent on its surface.

Mr. Cooper made efforts for a great length of time to pass the catheter, but was prevented, as he stated, by a very firm stricture, situated in that part of the urethra immediately under the arch of the pubes. Mr. Cooper considered that the symptoms were not sufficiently urgent to warrant an operation; he therefore directed twelve leeches to be applied over the pubes, and the warm fomentations to be continued. In the evening the patient was suffering very much, and was visited by Mr. Callaway, who succeeded in introducing a catheter, and drew off nearly four pints of high-coloured urine. This afforded much relief to the patient. The catheter was retained in the bladder by means of tapes; a further application of leeches was directed, and a dose of calomel and opium.

17. The patient is much better; the catheter now remains in the bladder unplugged, the urine being allowed to flow through it. Ordered a dose of castor oil.

19. The catheter removed to-day, and one of larger size introduced without much difficulty.

20. On visiting the patient this afternoon, he complained of having had two fits of shivering in the night, and he obtained but little rest. The pulse is quick, the skin hot and dry; the bowels have not been moved since yesterday. He does not complain of pain in the bladder, or at the seat of stricture, and the urine passes freely through the catheter, which is still retained in the bladder. Ordered to take two grains of calomel and one grain of opium immediately, and to repeat the dose at bed time; an ounce of castor oil to be given in the morning.

21. The febrile symptoms have in a great measure subsided; the bowels have been

This book is the p.
COOPER MEDICAL

freely acted upon. The catheter came out this morning, and was introduced again with some difficulty,

22—23. Much the same; the catheter retained in the bladder.

25. The catheter came out in the course of the night, and has not again been introduced. The patient has passed urine three times without the instrument, and says that there is no obstruction.

26. We learn from the dresser that yester-evening the patient became much worse; he was irritable and restless; the pulse quick and sharp, the tongue red and dry, and the skin hot. The catheter was introduced by Mr. Callaway, but was not continued in the bladder.

This morning the pulse is 85, and sharp in its beat; the bowels have been moved several times, and the tongue is moist.

The catheter was introduced this morning, and is now retained in the bladder; the urine passes freely through, but the patient complains of much pain in the urethra, about its membranous portion.

Ordered to have ten leeches applied over the part in pain, and to take

Calomel, one grain;
Opium, half a grain;

every six hours, with the following draught:

Solution of acetate of ammonia, half an ounce;
Antimonial wine, half a drachm;
Camphor julep, one ounce. Mix.

27. On removing the catheter this morning, some pus was observed to flow from the urethra. Mr. Cooper supposes that an abscess has formed, and burst into the urethra. The pulse is quick and sharp, the skin hot and dry, the tongue is also dry, and the patient complains of thirst.

Ordered to continue taking the calomel and opium; the catheter not to be introduced, if the urine flows freely.

28. There is a soft fluctuating swelling of about the size of a walnut, immediately anterior to the scrotum; this tumour disappears on making pressure, from its contents passing into the urethra. There is swelling and tenderness in the perineum; the patient complains of the urine scalding when it passes. The pulse is 95, and of that peculiar character which denotes great irritation existing in the system; the tongue is dry, and morbidly clean; the bowels moderately open.

Ordered to continue the calomel and opium, and to take two grains of the sulphate of quinine from a wine-glassful of the infusion of roses, three times a-day.

The only local treatment adopted, consisted in *making pressure on the swelling by means of strapping and a roller, in order to prevent matter from accumulating*!

29. The swelling in front of the scrotum has increased; it may still be emptied into the urethra by pressure. The urine now is almost constantly dribbling away, and a bladder is now worn tied to the penis. *No further local treatment*!

Ordered to take twelve minims of the black drop at bed time, and to continue the other medicines.

30. Much the same, both as regards local and constitutional symptoms.

December 2. We find the patient this morning very low and dejected: he says that he is about to die. The pulse is 100, and small; the tongue dry and red, and the appetite bad. The abscess, situated anterior to the scrotum, frequently becomes painfully distended with urine, when the patient minges; but it is got rid of by making pressure, and this he does as often as it becomes filled. Mr. Cooper directed four ounces of port wine to be given in the space of twenty-four hours, with arrow root; to continue the sulphate of quinine, and anodyne draught at bed time. *Local treatment left to the vis-medicatrix naturæ!*

3. The patient obtained a better night; otherwise, he is much the same as yesterday.

4. The abscess has greatly enlarged; it is harder to the touch; and the integuments to some extent around, have a dark red colour; whilst, in the centre of the swelling, there is a gangrenous spot nearly of the size of a shilling. The constitutional symptoms are in unison with this state of parts; the pulse is small, the tongue dry and red, and the patient has occasional hiccup.

An opening was made in the slough, and a considerable quantity of ill conditioned pus, mixed with urine, made its escape. Ordered to apply a port wine poultice to the part, and to continue taking the quinine, &c. The quantity of wine increased to eight ounces daily.

5. The left nates is swollen, and the integuments are of a dark red colour; Mr. Callaway, who saw the patient this morning, attributes the circumstance to infiltration of urine in the cellular membrane. There is no further increase of sloughing in the integuments; a portion of the dead part is loosened, and thus an opening is formed leading into the urethra, through which a considerable quantity of urine flows. A large linseed-meal poultice was ordered to be applied to the nates, the port-wine poultice to be continued to the abscess, and in front of the scrotum. The pulse continues feeble, and the hiccup is occasional; the patient relishes his port-wine and arrow root.

6. There are numerous small vesications to be observed on the under part of the penis. The nates on the left side presents the same appearance as yesterday; several deep incisions were made this morning, but

no fluid escaped. A crucial incision was made in the slough, over the abscess.

The pulse continues thready and quick; the tongue is red and dry.

Ordered to take two grains of the sulphate of quinine, with half a grain of opium to night, and the like dose to morrow morning. Eight grains of the carbonate of ammonia, with a drachm of tincture of cardamoms and a wine-glassful of peppermint water, to be taken every six hours. Port wine poultices to the part.

7. The patient to all appearance is moribund; the pulse is scarcely to be felt, and the hiccup is distressing; efforts are made to vomit, but little is rejected from the stomach. The appearance of the parts is much the same as yesterday.

On visiting the Hospital on the morning of the 8th, we learned that the poor man died on the preceding evening about eight o'clock.

A post-mortem examination took place, and upon inspecting the urethra, there was found to be a stricture of considerable firmness at the posterior part of the bulbous portion of the urethra. An abscess had formed, externally to the urethra, which was partly anterior to the stricture, but also extended some way below the membranous portion of the urethra. There was a false passage in the urethra, large enough to admit of the point of a catheter, and it was of about two inches in length; this false passage commenced anteriorly to the stricture, and terminated at a short distance behind it, so that in all probability the catheter had taken this course behind, or rather beneath, the natural channel, and had thus as it were evaded the stricture. The nates were found to be in a sloughing state, to some depth; there was not, however, any evidence of this having arisen from the infiltration of urine.

OPERATIONS.

The operations performed at this Hospital since our last report, are—*amputation of the leg*, by Mr. Key, in consequence of an extensive and inveterate ulcer; *excision of a cancerous tumour* from the lip, and the removal of a diseased sequestrum of bone in a case of necrosis:—both operations by Mr. Key.

Lithotomy. On Tuesday, January 16th, Mr. Key performed the operation of lithotomy on a boy of twelve years of age. The only difficulty which occurred was in the extraction of the calculus, and this arose from its peculiar shape: it was of an oblong figure, and, in grasping it with the forceps, was placed with its long axis across the wound; it therefore became necessary to turn the stone, and this being effected, the extraction was easily made. The patient is doing well.

ST. THOMAS'S HOSPITAL.

The cases admitted into this Hospital of late, have been for the most part of an uninteresting description. From Mr. Tyrrell's patients admitted on the 21st of December, we select the following cases as worthy of a brief notice:—

George's Ward, No. 11.—J. P., ætat. 34. Mr. Tyrrell entitles this case, "*Irregular hard tumours, connected with the fibrous texture of the fore arm and carpus.*"

On looking at the right arm, it is evidently very much swollen; and, on examining it with the hand, we find numerous hard and irregular tumours beneath the skin, varying in size, and apparently situated in the cellular membrane beneath the integuments, but, at the same time, attached to the fascia of the fore arm, being immoveable at their base. These swellings are principally situated on the back part of the fore arm, but the disease also extended to the wrist; the tumours are not painful, nor does the patient evince tenderness on pressure.

The patient's general health is good; he states that he had a venereal sore on the penis nine years since, and also one about three years ago, with swelling of the inguinal glands. He took turpette mineral (as he terms it) for the cure of these diseases, but was not salivated.

Treatment.—Mr. Tyrrell directed a blister to be applied to the arm, and prescribed:—

Oxymuriate of mercury, one-eighth of a grain;
Decoction of sarsaparilla, 2 ounces;

to be taken three times a-day.

On visiting this patient, on the 20th of January, for the purpose of making a final report, we find that the treatment employed has been highly successful. The limb is reduced to half its former size, and there is now only very slight thickening to be traced here and there beneath the skin. Three blisters have been successively applied to the arm, and the alterative medicine has been continued.

NODES OCCURRING WITHOUT THE PREVIOUS USE OF MERCURY, AND INDEPENDENTLY OF SYPHILIS.

The patient in this case is a young man of florid complexion, and was admitted by Mr. Tyrrell on the 21st of December, on account of a swelling situated on the upper and back part of the ulna, and also one upon the fore part of the left tibia, which Mr. Tyrrell denominated nodes. If the patient's statement can be at all relied upon, this case affords an instance of nodes occurring independently of a syphilitic taint of constitution, or of the previous use of mercury. He asserts that he has never laboured under any form of venereal disease, nor has ever taken a particle of mercury—at least, not to his knowledge; and, decidedly, not so as to affect his mouth. He has been, throughout his lifetime, subject to rheumatism; and about three months before admission, was confined to his bed with an attack of acute rheumatism, to which succeeded these swellings on the bones. The pain in the swellings is greatest at night, and is increased by warmth.

Under the repeated application of blisters, with the exhibition of mild alteratives, combined with sarsaparilla, the exostoses are gradually lessening.

EFFICACY OF HYDROCYANIC ACID IN DERANGEMENTS OF THE STOMACH.

We believe that the powers of hydrocyanic acid in pectoral diseases have been much overrated, and, as a consequence thereof, it has fallen into disrepute, and indeed we may say almost into disuse. But the hydrocyanic acid is undoubtedly a valuable remedy in many affections of the stomach; for a knowledge of this fact, and the introduction of this medicine into practice in such cases, the profession is indebted to Dr. Elliotsion, who, as he says, discovered by a mere accident, in fact, by a mistake, its extraordinary efficacy in derangements of the stomach. We have selected the two following cases, at present in the Hospital; the one as illustrative of the remedial powers of hydrocyanic acid in the affection of the stomach called water-brash, and the other as showing its efficacy in checking sickness, dependant on excess of irritability in the stomach.

Case 1.—A young woman admitted into Ann's Ward under the care of Mr. Tyrrell, on account of extensive ulceration of the face, which Mr. Tyrrell denominates—*noli me tangere.* For upwards of a year and a half the patient has been subject to occasional attacks of pain at the pit of the stomach; and during these attacks, a quantity of clear fluid rises into the mouth, constituting what is usually denominated pyrosis or water-brash. Mr. Tyrrell prescribed various medicines without benefit. On the 9th of December, Dr. Elliotson saw the patient, and prescribed two drops of the hydrocyanic acid to be taken three times a-day. On the 12th, the amendment in the disease was but slight, and the dose was increased to three minims. On the 30th, the pain was rather more frequent, and Dr. Elliotson further increased the dose to four minims three times a-day. On the 6th of January, six minims were directed to be taken three times a-day. On the 13th, the report made on the case was, that no fluid had risen into the mouth during the week, nor had any pain been felt. On the 20th, the patient was reported perfectly free from any stomachic affection.

Case 2.—This patient, a middle aged man, was admitted into Abraham's Ward under the care of Mr. Tyrrell, on account of simple oblique fracture of the right humerus, near to its centre. About three weeks after admission, the man became affected with constant sickness on taking food; he did not complain of any particular pain at the pit of the stomach; he had no febrile excitement, nor did the appearance of the tongue denote any affection of the mucous membrane of the stomach. It appeared to be simple excessive irritability of the stomach, dependent on some unknown condition of the organ. After various means made use of by Mr. Tyrrell had failed in alleviating the distressing symptom, Dr. Elliotson was requested to see the patient, and he prescribed two minims of the hydrocyanic acid to be taken three times a-day. A few days afterwards, the dose was increased to three minims; the good effects of the medicine were soon rendered sufficiently obvious; the sickness was checked after a few doses had been taken; and, at the end of the week, the patient was reported as free from any gastric affection; the medicine was then discontinued.

There have been no operations performed at this Hospital for several weeks past. This was remarked to Mr. Joseph Henry Green; who replied that they (the surgeons of St. Thomas's) cured their cases, and THUS PREVENTED THE NECESSITY OF OPERATIONS.—Lord bless us!

RUPTURE OF THE INTESTINES AND MESENTERY, AND LACERATION OF THE KIDNEY; OCCASIONED BY A LOADED WAGON PASSING OVER THE ABDOMEN.

A poor boy, fifteen years of age, was brought to the Hospital about nine o'clock on Saturday morning, January 20, having received severe injury to the abdomen. He was placed in Edward's Ward, under the care of Mr. Travers. The accident occurred under the following circumstances:—The boy was riding on the shaft-horse of a team employed in drawing a wagon laden with coals, when he unfortunately fell, and not being able to extricate himself, the wheel of the wagon passed directly over his body. He was conveyed to the Hospital about half an hour after the receipt of the injury. We understand that when he was first admitted, he was quite sensible. The most prominent features of the case were, constant pain in the abdomen, and the low state of the vital powers,—the heart's beat being scarcely perceptible. It was about noon when Mr. Travers saw the patient, at which period also we first visited him. The following symptoms were then present: the face had the paleness of death, the lips were exsanguineous, and the whole surface of the body was cold; there was no perceptible pulsation in the radial artery, and that of the carotids was very feeble, whilst the heart was rather fluttering than beating. There seemed to be a disposition to sleep; but when spoken to, the poor boy readily replied to the questions put by Mr. Travers; he was quite sensible, and referred his pain to the abdomen, which was tense, and tender on pressure. He had taken frequently of brandy and water from the time of admission, but the stomach had uniformly rejected it; there was no vomiting at other periods. When Mr. Travers was examining the boy, he laid on his back; but soon as he had completed his inquiries, the boy *threw* himself on his left side; we say *threw*, because the movement was instantaneous, and, we may say, almost of a convulsive nature. There was something exceedingly characteristic in this apparently trivial circumstance.*

Previous to the visit of Mr. Travers, the dresser had very properly introduced a catheter, and drawn off a small quantity of bloody urine; but as the poor boy was complaining of a desire, with inability, to pass his urine, the catheter was again introduced. A few ounces only of bloody urine were drawn off; Mr. Travers imputed the symptom of a desire to make water, to hæmorrhage into the bladder, which he thought was going on.

The only further means employed in this case, were the occasional exhibition of brandy, and the application of warmth to the feet. The poor boy lingered until the evening, when he expired.

The body was examined on the following morning (Sunday). We were not present at the inspection, but learn from the dresser that the ileum was found to be ruptured in three places; the mesentery was torn, the right kidney was lacerated, as was also the emulgent vein. There was a considerable effusion of blood into the abdomen, but no perceptible feculent matter; an intestinal worm was, however, found floating in the extravasated fluid.

[Mr. Travers has presented the morbid parts to Mr. J. H. Green for his *private* museum, commonly called the museum of St. Thomas's Hospital. We are glad to find that the physicians of this Hospital, having been denied the use of the preparations in *Mr. Green's museum*, have determined on forming a collection, which is to be the property of the Hospital. We observe Dr. Elliotson particularly active on this occasion.]

ST. BARTHOLOMEW'S HOSPITAL.

Two operations were performed this week by Mr. Lawrence; one, the removal of an oblong fatty tumour, nearly as large as the pancreas, and somewhat of its shape, situated between the trapezius and inferior portion of the sterno-cleido-mastoideus muscles. Mr. Lawrence, supposing part of the tumour to be deeply seated, made the incision wider than its ultimate size warranted.

The other was the removal of an extraneous cartilage from the knee joint; it had been of two years formation, and caused but little pain; when it was between the articular surfaces it threw the patient down. Mr. Lawrence having secured the cartilage between the finger and thumb, and cut down upon it, it leaped out, about the size of a French bean, smooth, and of a white colour.

A man, æt. 43, was admitted into Luke's Ward, with disease of the testicle. At the time of admission, the testicle was considerably enlarged (as large as the head of a child of eighteen months or two year's old,) of a circular form, and of various degrees of firmness, in some parts hard and unyielding, and in others soft and fluctuating, the opposite testicle being of its natural form and situation. The patient was florid, and in a state of good general health; he had no other affection at that time. He stated, that seven years ago he had received a severe blow on the affected part, and that from this occurrence the testicle had gradually enlarged to the present period, when it had acquired the size above described, and during that period of seven years he had been thrice tapped. The patient was put upon a strict antiphlogistic regimen, and various local antiphlogistic means were resorted to, and persevered in for more than three months without success, either as to diminution in the size or firmness of the tumour. Mr. Vincent then determined on extirpation, the other surgeons having been consulted, and having decided in favour of it. The health of the patient had not suffered since his admission. The extirpated part was afterwards examined by the surgeons. On cutting through the tunica vaginalis, that cavity seemed divided into two parts by adhesion about its middle. Each cavity contained a small quantity of straw-coloured fluid. On making a section of the testicle, its substance had every appearance of scirrhus, being hard and inelastic, and divided into cells by numerous fibrous bands extending in every direction through it. In one of these cells was found a soft brain-like matter, with streaks of blood much resembling fungus hematodes; in a few places were found flakes of caseous or scirrhous matter.* The other surgeons considered it to be of a malignant nature, and their opinion was strengthened by the brain-like appearance of the substance in the cell.

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* Mr. Travers termed it a "*saltatory movement.*"

After the removal of the testicle, the patient experienced symptoms resembling those of enteritis, for which he was twice bled, together with other appropriate means. Seven days after the operation he died, without any apparent urgent cause.

Post Mortem Examination.

The incision made into the scrotum had suppurated freely, without the slightest adhesion having taken place. The inguinal canal contained some healthy pus; there was nothing remarkable with respect to the chord or internal ring.

On opening the abdomen, the muscles and fat had a most healthy appearance, as had also the viscera at first sight; but upon withdrawing the small intestines from the pelvis, a portion of about six inches was found highly vascular and red, and the internal surface ulcerated. Behind the transverse arch of the colon, below the transverse portion of the duodenum, and below the pancreas on the inner side, and attached to the pelvis of the left kidney by its adipose tissue, was found a tumour (as large, or even larger than the diseased testis) covered by peritoneum, cellular, filled with medullary matter, similar but thinner than that contained in the cells of the testicle above mentioned; there were two or three small osseous specks in the aorta, and the inner membrane of the vena cava was very red; the renal capsule retained its ordinary appearance, so did the mesenteric glands; the kidney was smaller and lighter than usual; there was slight adhesion between the convex surface of the liver and diaphragm; the vesiculæ seminales were much enlarged, and filled with a dark brown fluid; the left vesicula was lighter coloured than the right.

PARALYSIS NEARLY COMPLETE, OF THE LOWER EXTREMITIES, FROM A FALL ON THE FEET, CURED BY APPLICATION OF MOXAS.

A man, aged 30, was received into Rahere Ward under Mr. Lawrence. Seventeen days before his admission, being frightened, he jumped out of a window about twelve feet high; he states that he alighted on his feet, and subsequently fell forward; he was unable to move, and, consequently, was carried to bed. He remained insensible the first few hours, during which time he was bled; upon becoming sensible, (after the bleeding,) he recollected having great pain in his back and legs; he had not the slightest power over the lower extremities, and there was partial loss of sensation; the urine and feces were discharged voluntarily, and without difficulty; the pain during the first week was very severe, particularly when he coughed or sneezed, and extended from the back down the thighs to the feet; after this time it gradually subsided; and now, when lying quietly in bed, is perfectly easy; but on turning, or when pressure is made on the left side of the lumbar vertebræ, he complains of a dull, though not very severe pain. The sensation is nearly restored, but there is a sense of numbness remaining. He cannot raise or draw up his legs in the slightest degree. When some time had elapsed without any restoration of power in the limbs, the lower part of the spine was carefully examined, the patient being supported in the sitting position. A little bulging was observed in the lumbar region; some pain was experienced on pressing the part, and the patient was sensible of weakness in the same situation. A moxa was applied on each side of the spine, and the application was followed by considerable return of power in the limbs, as they still remained feeble; two other moxas were placed lower down, and a further great improvement was derived from them. As he was able to walk very well with a stick, he was discharged on the 13th of December.

ULCERATED CARCINOMA OF THE RIGHT BREAST.

This was a hopeless case of cancer, in a short thin woman, ætat. 64, of dark complexion. The right mammary gland was a hard incompressible tumour fixed to the pectoral muscle, and with a large ulceration on the surface. There were two smaller swellings of similar hardness: one in the axilla, the other above the clavicle. The original disease had begun some years ago; it ulcerated and became painful in the last twelve months. Palliation was all that could be attempted in this case; the liquor opii. sedativus was employed externally, and opium given largely, but without much relief.

On examination after death, the original tumour presented the usual very firm semicartilaginous scirrhous structure, with opaque yellowish streaks interspersed through it. The axillary tumour, and that above the clavicle were composed of lymphatic glands; exhibiting the same morbid structure as the breast. Other lymphatic glands behind the first bone of the sternum were in like manner diseased. A few small tubercles were found in the lungs, chiefly on their surface. The liver was studded, both in its substance and on the surface, with white and tolerably firm tubercles of various sizes. In other respects it was healthy. Two small tubercles were found on the external surface of the mucous membrane of the stomach, and a similar one in the corresponding situation of the small intestine. The sternum was sawed through, and two parts were observed very different in colour from the rest of the bone, but no change of texture could be detected.

SLOUGHING ULCERATION PRODUCED BY CONTAGION.

Mary Himley, aged 43, was admitted under Mr. Lawrence, September 1. A very painful inflammation and induration of the integuments took place on the middle of the calf of the leg, a month before she came to the Hospital, and slowly ulcerated. She was in good health, had never been similarly affected, nor had sores of any kind. When she came to the Hospital, the sore was inflamed from much walking. Rest, leeches, and aperient medicines, with milk diet, soon reduced the inflammation, and brought the sore into a healing state. Cicatrization was considerably advanced when inflammation took place in the upper margin of the sore, and a small sinus was discovered and divided; its surface had a dark colour; this unfavourable appearance increased until it spread into a foul sloughy sore, as large as a half crown-piece, with jagged edges and deep red margin of considerable extent; this unfavourable change in the sore did not begin until two patients with bad sores had come into the two adjoining beds; one with phagedenic ulcer of the foot, and the other an old woman with extensive mortification of the leg, accompanied with the most fetid discharge. As the sore of the patient Himley continued to spread, with a dark sloughy surface, great surrounding inflammation, and severe pain, she was removed to another ward.

November 9. Nothing was done but poulticing the sore, that the effects of the change of situation might be more accurately estimated; the pain was immediately relieved, the surrounding inflammation soon declined, and the aspect of the sore mended. As at the end of two days its surface was not rendered clear, cinnabar fumigation was used for about a week; it speedily removed all remains of sloughy character, and the ulcer healed rapidly.

TO CORRESPONDENTS.

Well might X.—R. L. E.—Z., and a host of others, ask for some explanation of the case of *Strangulated Hernia*, reported at page 495 of our 176th Number. It *was* our intention to have left it as another *trap* for Jemmy Johnson, but its peculiarities demand an early notice.

The "Experiments and Remarks on the Circulation of the Blood" by Mr. Davies, of *Hertford*, shall be inserted, if possible, in our next Number.

The announcement required by D. C. is an *advertisement.*

We beg to assure "*Amicus*" that no error or neglect has occurred relative to our Wrappers—the current number has *invariably its proper cover*; but the *back numbers* are stitched up with *any covers* that we happen to have by us, if their *proper covers* are out of print.

We are surprised that "A Friend to Reform" should persist in his hypothesis. If he can prove the words we formerly quoted to be "a nullity," we will yield the point. We ask him, if the words are "merely a form," why were they omitted in the clause relative to the rights of chemists and druggists?

"A....t" states that Mr. C. Bell has resigned the Lectures in Windmill-street. What! so soon after the appearance of his name in the advertisements? Impossible! We shall, however, look into this matter.

We thank an "Undergraduate of Cambridge" for the work on Cancer, but it appears to be a most wretched concern.

"E. G." is informed, that the poor devils never had a "Bequest."

The following Works *have been received.*

L' Agent immediat du Mouvement Vital, devoilé dans sa nature, et dans son mode d'action chez les vegétaux, et chez les animaux. Par M. H. Dutrochet, Correspondant de l'Institut, dans l'Academie Royale des Sciences, &c.

The author of the above work endeavours to elucidate the vital movement in the animal and vegetable kingdoms, by an explanation of the course that the juice takes in plants, and the causes of its propagation. M. Dutrochet thinks that the progression of liquids in vegetables, and in living bodies generally, is the result of a particular form, capable of accumulating them in a much greater quantity than could be done by simple capillary action. He establishes his opinion upon a series of experiments, in which, having placed in water a sac formed of an organic membrane, filled with very thick animal paste, he saw, after half an hours immersion, the solid paste in great part driven from the sac by the water, which traversing its parietes, introduced itself into the cavity of the sac. Different experiments led the author to recognise that every time an organic membrane is interposed between two liquids of an equal density, a movement of one of those liquids takes place across the membrane; the movement being in general effected from the liquid possessing the least towards that possessing the greatest density. The power by which the liquid is pushed into the interior cavities, M. Dutrochet calls *endosmose*, and the contrary action, *exosmose*.

The experiments of the author also show that alkalies placed in the interior of a membranous sac, always produce endosmose; while the acid under the same circumstances, produce exosmose, whatever may be the density of the liquids. This last circumstance leads the author to believe that the cause of such a phenomenon is purely electrical, and that the membrane in which it operates, holds the place of a permeable Leyden jar. In modifying his experiments according to this idea, M. Dutrochet placed an organic membrane in the inferior part of the tube, between two heterogeneous liquids, the one within the tube, the other without; by these means he succeeded in making the lowermost liquid pass into the tube, and in elevating it so as to make it pour over the sides. This effect is always maintained, up to the putrefaction of the membrane; all animal membranes, all vegetable textures have afforded, the same result. The author also remarked, that in making the two extremities of a galvanic pile communicate with each side of the membrane, the liquid is always carried from the positive pole, or the least dense, towards the negative pole, or the most dense. The elevation of the temperature sensibly favours the endosmose, on which account the author thinks that inflammation in animals may be considered as a perendosmose. Whether the theory be correct or not, it is not our intention at present to discuss; we have seldom perused a work possessing so much valuable physiological knowledge, and we strongly recommend it to the attention of our readers.

Pharmacopée Française, ou Codes de Medicamens, nouvelle Traduction du Codex Medicamentarius, sive Pharmacopœa Gallica. Par D. F. S. Ratier, et M. O. Henry, fils, &c.

This work is an able translation of the French pharmacopœa, and in addition, contains a synoptical table of all the mineral waters of France, with an account of their chemical properties, and the names of the chemists by whom the analyses have been made. This part of the work will be found interesting to most English readers.

The unnoticed Theories of Servetus; a Dissertation addressed to the Medical Society of Stockholm, by G. Sigmond, M.D., late of Jesus College, Cambridge, and formerly President of the Royal Physical Society of Edinburgh. London, 1826. I. H. Burn, pp. 72. 8vo.

Myology, illustrated by Plates on a peculiar construction, in Four Parts.—Part IV. containing Muscles on the Face and Eye, Anterior and Posterior Parts of the Neck, with the Muscles of the Perineum, completing the whole of the Muscles of the Human Body. By E. W. Tuson, Lecturer on Anatomy and Physiology, Member of the Royal College of Surgeons of London, and late House Surgeon to the Middlesex Hospital. London, 1826. Callow and Wilson. Folio.

Treatise explanatory of a Method whereby Occult Cancer may be cured, together with Observations and Practical Directions for its Treatment in the Ulcerative Stage. By W. Farr, Surgeon, M.R.C.S. in London, and late Surgeon to the Hospital in the Island of Anholt, Author of a Treatise on Scrofula, &c. Second Edition. London. G. Wightman, 1825. pp. 79. 8vo.

A Syllabus of Surgical Lectures on the Nature and Treatment of Fractures, Diseases of the Joints, and deformities of the Limbs and Spine, containing descriptions of the modes of applying Twelve New Apparatuses, illustrated by Twelve Plates, with Cases showing the advantages arising from the plans of treatment recommended by I. Amesbury, F.S.A. F.L.M.S., Surgeon to the South London Dispensary, &c. London. Underwoods. 1827. pp. 140. 8vo.

Crook's Manual of the Phrenological Organs. London. S. Leigh, 1827. 18mo. Folding Card.

THE LANCET.

No. 180.] LONDON, SATURDAY, FEBRUARY 10. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

On the Liver, Gall Bladder, and Gall Stones.

It is probable that there is a great deal of absorption from fluids that are secreted, and that secreted fluid does not immediately acquire its due properties; that it is undergoing chemical changes, and becoming more and more perfect as it passes through the excretory ducts of the glands. This opinion I am led to entertain, from what takes place in the liver.

Functions.—As to the function of the liver, it is a strange thing,—it is what does not occur in any other part of the body, that a vein should secrete. And we cannot wonder that the older physiologists thought, that there must be some peculiarity of the blood in the *vena portæ*, which qualified it for the secretion of bile: they supposed it came back from the bowels laden with oil and saline matter, and so on, and therefore was qualified for the secretion of bile. But the blood of the vena portæ cannot be distinguished from any other blood in the world. Then it was thought that the motion, that the current, was necessary for the secretion of bile,—that a regular current should be induced. And then some thought the vena portæ acquired the property of an artery, and so on.

Now all these opinions are completely quashed by a fact, which is, that it has been found, that the vena portæ, in some subjects, has not gone to the liver. I happened to meet with such a case as this; it was new to me then, and I believe to the public here. The history of it was this: there was a little subject brought into the dissecting room, thought large enough to make a vascular preparation of; I suppose it might have been a twelvemonth old; it was a fat and muscular subject. As nobody chose to take it to himself, it was thrown about; and I said to the person who attended to the dissecting room, at that time, you might as well throw a little injection into it, and just see how it will turn out; but when he opened the body with a view to inject it, this little despised thing turned out to be of the greatest value; for, upon opening the thorax, he found the heart, instead of pointing to the left side, pointing to the right. Now this happened just after Dr. Baillie published his paper with respect to the *transposition* of viscera; and Dr. Baillie suggested, that if there was a transposition of blood-vessels, there probably would be a transposition of viscera in general; but here was a case where the viscera were in their ordinary situation, except that the liver lay more in the middle than it usually does, and that the heart pointed to the right side: well, the person I refer to threw in an injection and proceeded to dissect the subject, but not at all aware that a still greater curiosity would be found in it. He took away the bowels, as we do in dissecting, to make a course of vessels along the vertebral column; and lo and behold! he found the vena portæ injected, the superior *mesenteric vein* filled with injection from the venous system! Why, this was most strange; and, tracing it, he found that it terminated in the inferior vena cava, just in a line with the *renal veins*, and that it never went to the liver at all. Then the question was, what vein supplied the liver? None; we could find none. What artery? None, but the *hepatic artery*, and that was one third larger than common; it went to the liver. The next question was, was there any bile? The gall-bladder was opened, and a little bile escaped out of it: the gall-bladder was not large, it was a third less than we usually expect to find it, and the little bile that was in it, was very healthy, and had all the qualities of bile to be found in the gall-bladders of children. The intestines were cut open, and their contents were died with bile. If no bile had been prepared, the gall-bladder would never have been as it was. I have seen many instances where there was no gall, and there the bag was almost in a solid state; the size of it, however, showed it had undergone distention from bile. But this is not singular, for the same thing was met with by the late Mr. Wilson; but I speak of more advanced periods: Well, if these old opinions respecting the secretion of the bile, are quashed as I have said, what opinions are we to adopt? Instead of saying it requires peculiar blood, and a certain regulation of blood for the secretion of bile, may we not now say, that in all probability it requires arterial blood for the preparation of every other secreted liquor, but that bile was a secretion that could be prepared from venous blood? And if this were true, you will see at once that an economical sort of purpose is answered by preparing the bile from venous blood, for by this plan, all the blood returned from the bowels, which otherwise would go unemployed and useless back to the heart, is made to pass through the liver, and to prepare the bile in its way to the heart? Well, but if this were so, could not other secreted fluids be prepared from veins? Might not nature have ordered any of the venous blood from the extremities to pass through glandular parts and prepare the fluid? Would not an economical purpose have been answered by this? Well, we are preciously ignorant there's no doubt, about that; of a number of things; but we must think—we cannot help it; people say we should not think, but I say, how can we help it? It's natural for us to think. Then the question is, since we *must* think, whether we had not better endeavour to form the most correct opinions we can of the things which are before us?

Well, then, I hold it to be a very very great curiosity, the variety that takes place in the biliary secretion: now if there's great variety in arterial secretion, we do not marvel, for an artery is a tube of acknowledged active powers. It may do more than ordinary, or less than ordinary, and by modification of action, prepare fluids of different qualities, which we do not wonder at; but is it not wonderful, that from a vein all this should take place? Do we not find that all secretion of bile is suspended for a considerable time, and then that copious secretion of unhealthy qualities takes place? That there is the same variety in the secretion, though it may be performed by the agency of the vein, which we observe when the secretion takes place from the arterial system, I say is curious, but it must be acknowledged as a fact.

Well, then, the bile so prepared passes on by the *ductus hepaticus* into the *duodenum*, for the course of the ductus hepaticus is continued in a staight direction into the duodenum.

The way in which the gall-bladder is replenished with bile has been spoken of; and it is a curious thing that the bile should be detained in the gall-bladder, for it is urged out with the greatest abundance at the time the digestion takes place, at the time when the digested aliment is passing downward into the pilorus.

[Mr. Abernethy described the structure of the gall-bladder.]

As to the intermediate structure, the *walls* of the gall-bladder, what are they? I don't know that any body knows what this part is; and the question is, is it muscular? It does not present any such appearance, so that Haller set it down as having no contractibility; but Haller's experiments in contractility are known to be badly advised. Haller opened the abdomen of an animal, broke the fundus of the gall-bladder, and then sewed up the wound; afterwards he found the animal died of peritonitis, that there was a small aperture in the bladder through which the gall passed, and that the gall-bladder was contracted to the least possible compass; so, I tell you, it is if the bile never gets into the gall-bladder at all. For my own part, I have an aversion to making experiments on living animals, but I have done this: I have got the bladder of a sheep recently killed, where the gall-bladder was duly distended; I have made an opening just in the part emerging from the bladder; put the whole into a basin of water, not very warm, but just warm enough not to be cold; left it there for a time, and when I came to it again, I found that the bile was all purged out, and that the gall-bladder was contracted. I then blew up the gall-bladder to the size it was before, that is, to do away with this contraction, which I may call the last contraction of life. I blew it up, left it again, but I never found it contract any more; therefore the contraction was not owing to the contraction of tissue, not owing to any property it had as matter, but the contraction was the contraction of the gall-bladder.—Now this slow, but powerfully acting, irritability, does prevail to the extent that is required for the functions of the gall-bladder; for what is required but to urge the bile slowly and gradually from the gall-bladder into the intestines, when the aliment is passing into them? And that is the contractibility which it seems highly probable is performed.

Qualities of the Bile.—Next I come, in physiology, to the qualities of the bile, and with the common properties of it you are all acquainted; it is a sort of soapy and viscid fluid, and this viscidity is owing to gelatine,—a sort of gelatinous property which it possesses. Now that may be precipitated by tannin or by alcohol. If you pour alcohol upon bile, you precipitate all that which gives it viscidity, and you will make what they call the *tincture* of the bile; you get rid of this gelatinous matter.

Now with respect to this tincture of bile, as I may call it.—But first let me say, it is evident that there is a good deal of *oleaceous* matter in bile, for it crystallises and forms stones. Here are specimens of gall-stones; they are composed of a sort of spermaceti, used as soap. If there be a kind of oil in them, why this incorporated with water will make a sort of soap, and then we see why gall may be employed to clean cloth with. It has been supposed that there was something peculiar in bile which gave it its bitterness and quality of colouring. Dr. Powell told me that which he was convinced of, and that which I am convinced of, that there was no peculiar matter in the bile which gave it its bitterness and colouring; for if you expose this tincture of bile, as I call it, to the air, it becomes white; and if you drop *nitric acid* into it, it also becomes white; so that it does not appear that the bitterness or colouring arises from any distinct principle, but from some arrangement which we do not understand, of course.

Well, now, I have said as much as seems to me to be requisite to say, for I would not ever go into the minute analysis of the animal fluids in this Theatre. It would be easy to tell you what is said as to the products of bile, and when chemistry shows any thing that is illustrative of physiology, then ought it to be mentioned here; but when it does not, then it is not with that that the anatomist has to deal in this Theatre. Well, this sort of fluid goes into the intestines, and I have told you that Mr. Hunter says, it does not seem at all to incorporate with the digested aliment. It cannot incorporate with it firmly, because the least quantity of bile will taste and tinge a very large quantity of other matter. The chyle is white; it does not taste bitter; they say it has a sweetish taste, that means, I suppose, that it is not sour, (laughter,) or of a particular taste; it cannot, therefore, formally incorporate with the digested aliment, and positively it does incorporate with the fæcal matter, it colours it; and some have thought it tended to purify the digested aliment, and that the gelatinous and resinous matter should mix with the fæcal matter.

Now this is all supposition, we know very little of it; in short, we are very ignorant, I am convinced, of the physiology of the liver. Some have thought it was an excrementitious matter, something that should be got rid of from the blood; and that's not improbable. It is said to be a proper stimulus of the bowels to keep up the peristaltic action of the bowels, and that any thing excrementitious and useless should be made to pass on. But we are exceedingly ignorant as to what the uses of the liver are; and therefore I come to this proposition, that I never could make my mind believe that nature would construct the very largest organ in the whole body for a trivial purpose, or that that organ could be materially altered in its functions without prejudice to the rest of the body. That's all I have to say with respect to it, and that being what I have to say respecting it, I would have you all to keep it in proper order if you can, and to pay proper attention to this, the largest organ in the body, in al respects.

Of late it has been said, that it goes to the preparation of chyle; but I do not know that that proof is given. I see patients whose biliary discharges have been suspended for months, and yet they seem to be well nourished; still I cannot believe but that they must suffer in some way or other, from the functions of the liver being suspended.

Sympathy.—Now with regard to the sympathies of these alimentary organs in general: that the stomach should be sympathetically affected from the state of the head, is a fact that every vulgar man is acquainted with, and which no medical man doubts, because the eighth pair of nerves proceeds from the brain directly to the stomach. But do not the bowels equally affect the brain? There is no question about it—no question about it. A very great change of feeling indeed, in the state of the mind, is produced by the relief of irritation in the bowels. The nervous system is amazingly disturbed by disquietude of the bowels. I tell you a story that was told to me by a London Doctor, who was coming home from the London Tavern Dinner: he felt his bowels a little uncomfortable; he had not ordered his carriage, for he thought it would do him good to walk home: he set out, but he limped and crept over the ground, and O, he was most excessively uncomfortable. He found a turmoil in his bowels, which called upon him to knock at a door, and fee the servant, to be admitted to the temple of *Cloacina*; (laughter;) and having cleared the bowels, *egad*, he said he leaped, and jumped, and walked home with boyish alacrity. (Repeated laughter.)

Now does not the liver affect the head? O, undoubtedly; there is the strongest proof of it; but I don't say it is merely the situation of the bile, it is the nervous, the hepatic irritation. And here I call your attention to what is as old as medicine itself, for the very first physicians who taught medicine as part of the natural sciences at the different schools at Greece, were persuaded of this fact, that dejection of mind, irritability, and fidgets, were produced from something wrong in the *hypochondrium*—*hypochondriasis*, that was the expression they used with respect to it. Now, how did those men get that knowledge? By adverting to the excretions of their patients. What came from their bowels was examined, and they saw that those discharges were not of the colour, or in any respect resembling those of the healthy state. Well, then, again, the very word *melancholy*, which they also used, from a fixed and settled despondency, clearly shows what was on the minds of those men, for melancholy means nothing but black bile, *μελαινα* being black, and *χολη* being bile. Now the question is, whether there is any truth in these things? For my own part, I am perfectly convinced, that hepatic irritation disturbs the head, and that, therefore, we, as medical men, ought to keep the functions of the liver as right as we can.

Morbid structure.—So much with respect to physiology; and next, with regard to morbid structure. Here I get over the ground rather lightly, for there are certain organs in the body which, if the vessels go into a state of diseased action, they seem to me to produce but one, or scarcely any thing else but one kind of morbid structure; it is an infusion of something into the interstitial parts, in larger, or smaller masses, and this we call *tubercles.* The liver is diseased—it is tubercular. There are divers specimens of this sort of disease; sometimes the tubercles are very large, and sometimes they are very small. But what is it that is deposited in the interstices? I am ready to grant, that the newly-formed matter may be so newly laid down, as to give a solidity to the whole mass, and that is *scirrhus*, not cancerous scirrhus, but a solid state of the liver; it is, however, generally in masses, so as to constitute tubercles. Now here is a liver (*presenting a large preparation*) where the tubercles are distinctly shown; they are very large tubercles. I am accustomed to introduce this preparation by saying, it is a very small slice off a very large liver; for positively the patient from whom it was taken, had the whole of the abdominal cavity filled with the liver; it went down even into the pelvis. Before her death, some speculated about the nature of this large hard substance. Some thought it arose out of the pelvis, and went up to the hypochondrium; and others thought that it proceeded from the hypochondrium down into the pelvis; I thought with the latter class. But what was astonishing was, that the patient never had any symptom of a diseased liver. There was no sickness, nor any thing that may be generally observed, as indicating disease of the liver. But you are to understand that these tubercles, to use the language of Mr. Hunter, may be considered rather as disease *in* a part, than *of* a part, for in this state the internal parts of the liver will secrete bile; and it does happen, that very diseased livers will sometimes secrete very good bile; I have known it very repeatedly.

Then, with regard to these tubercles, the question is, are they vascular? And that is a question we cannot determine: there are vessels going through them, but whether they are vascular or not, we cannot tell. This relates to the tubercles of the liver and lungs; and, in either case, it is notorious that the tubercles *suppurate.* You meet with abscesses there, and those abscesses are, no doubt, suppurated tubercles. I have seen numerous abscesses of this kind, which have discharged half a wash-hand-basin full of matter, and yet the patients have recovered and done well, the rest of the liver having been sound; and I have known, as I believe, one tubercle breaking in upon another, abscess after abscess forming, and the matter issuing from the side: I remember a man very well, who was a captain of a ship, and, of course, a man who drank a great deal of *grog*; he was in that situation, and the disease in the liver communicated with his bowels. Now I have seen this: the abscess has been dressed while the patient was lying in bed; a rumbling has taken place in his bowels, air has got into them, puffed them up, and actually blown off the dressing.

Hydatids.—Now there are hydatids found in the liver; and wherever you see these *animalculæ*, they form in cysts. You find them, however, in natural cavities, as well as in cysts; and the cysts are so large sometimes, as to occupy the whole lobe of one side of the liver. I say, wherever you meet with them, they are either found in natural cavities which have secreting surfaces; in the abdomen, in the bursæ of joints, in the bursæ of muscles, and so on; they grow to a considerable size, and burst.

Now, with respect to these things, some believe they are nothing more than coagulable lymph, and some believe they are a peculiar species of animalculæ. The latter opinion have I. You find them in the brain. A sheep has one in its brain, and it goes off in a fit of apoplexy. Now I have had the opportunity of opening the brain of a sheep that died in this manner; upon taking off the top of the skull, opening the brain, and making an incision into the cyst, out has leaped one of those globular hydatids. If you catch one of them in this way, in warm water, really you would think that there is undoubtedly vitality in it.

They grow to immense sizes, and there are *specks* upon them which seem to be young hydatids. Now there was a person in this hospital who had them in his belly; it was supposed that something else was wrong with him, and he was ordered to be tapped; and he was tapped, and that let out something like a sort of soapy stuff; he was punctured afterwards, from time to time, and then there seemed something to come out like onions. However, as this mode of going on was very painful to him, the wound was closed, and upon examining the contents of the abdomen where the pain from the disease had been most acute, there were found to be an immense number of hydatids in the fluid that was contained there, of all sizes. Afterwards I examined some of them with a microscope, but I could find nothing in them more than I could observe with the naked eye, which was, that as the bag was formed, there were specks found which were subsequently thrown off. Now, if they can live and grow,—if they can multiply and detach young ones,—if those can live and propagate, I think they have every right to be accounted as a species of animalculæ. Dr. John Hunter has published just such a cure as I have related, in a transaction of a society for the promotion of medical and chirurgical knowledge.

Well, you have hydatids, and you have the liver solid, and you have inflammation in the surface of the liver, and adhesions formed—adhesions between the peritoneal covering and the surrounding parts. But this is what does not require to be particularly dwelt upon, because it is what you naturally would expect.

Gall Stones.—Now, with reference to gall-stones, all I have to say is, that they are of a nature to crystallize, there is oleaceus matter in them; there seems to be some law of crystallization prevailing among them. Here are some that were taken from one gall-bladder, out of which were taken no less than 1500. Now very large gall-stones do pass through the gall-ducts, the ducts becoming proportionately large; but there are gall-stones voided so large, as to preclude the probability of their having passed through the gall-ducts; and it has been ascertained that there is another way in which an immense stone may pass, without getting through a gall-duct: you recollect that the arch of the colon does not lie far from the fundus of the gall-bladder; and irritation may be produced in the bladder by such a stone, inflammation may be the consequence, ulceration may follow, and through that ulceration the stone may pass into the colon from the fundus of the gall-bladder, and then its further transit is not interrupted.

LECTURES

ON THE

Diseases of the Nervous System,

BY

DR. CLUTTERBUCK.

Lecture IX.

On the Varieties of Idiopathic Fever.

I remarked to you, Gentlemen, in my last Lecture, that there were three varieties of *simple continued fever*, noticed by writers, under the denominations of *inflammatory*, *malignant*, and *low nervous fever;* that these were not *specifically* different, but rather different degrees of the same thing, the difference depending upon the constitution of the patient, and other circumstances foreign to the disease itself. Accordingly, you will meet with all the gradations between them; the disease being at times more or less *inflammatory*, more or less *nervous*, as it is termed, or with more or fewer characters of *malignity*; requiring, that the treatment should be accommodated to the particular case present. The subject will be best understood, however, by supposing we have before us an extreme case of each. First, then, let us consider what has been usually called, in this country, the *inflammatory fever*, the *synocha* of Dr. Cullen.

In this form of fever, the pain in the head is violent and throbbing, the face flushed, the heat of the body great, the skin florid, the pulse strong, full, and moderately increased in frequency, with a disposition to sweating; the urine is high coloured and scanty, producing a scalding sensation as it is passing; and the tongue is dry, and covered with a whitish fur. The *sensorial functions*, *sensation*, *voluntary motion*, and *mind*, are not disturbed in proportion to the other symptoms.

Causes.—Fever is apt to assume this character in temperate climates; in strong subjects, living in a pure air; and in the spring season of the year. It is commonly induced by exposure to cold, violent exercise, intemperance, or violent emotions of mind. I have known instances of persons having an annual attack of fever of this description; and that from causes which, in another, might have produced pulmonic inflammation or acute rheumatism.

Progress, duration, and *termination.*—The attack of this form of fever being violent, its duration is commonly short, namely, from one to three or four days, when it generally ends in profuse sweating. If it is continued beyond this period, it gradually changes its character, and either assumes more or less of the *low* or *nervous* kind, or degenerates into the *malignant*, as you will presently understand. With respect to the *prognosis*, the danger of this form of fever, when simple and judiciously treated, is but little. It may, however, terminate in apoplexy, by the rupture of a blood-vessel in the brain.

Theory.—The essential part of the disease, the *brain affection*, is in this variety of fever comparatively slight; as we judge from the little disturbance observed in the state of the *sensorial functions*. The violence of the disease is observed only in regard to the *secondary* symptoms, those which constitute the *pyrexia*, or febrile state of system. The general vascular action is much increased, which is itself a tolerable proof that the brain is not greatly suffering; for if it were, the heart and vessels would have their powers and actions diminished, as is the case in the really violent, or *malignant* form of the disease. The vascular action of the brain, however, being strongly excited, as is shown by the pain, heat, and throbbing felt in this part, it soon ends in more or less of an *oppressed* state of the organ; with the effect of impairing the energy of the whole system. And thus it is, that the duration of fever in this form is necessarily short; for it either terminates speedily in health, and that generally by sweating; or it degenerates into the other forms to be presently described.

The *treatment* of this simplest form of fever, is exceedingly simple, and for the most part successful. Quietude alone is, in most cases, sufficient; the inflammation, together with its consequence, the febrile state of body, subsiding spontaneously. In robust subjects, however, it is more prudent to take away blood from a large vein, to the amount of sixteen or twenty ounces, and which may be properly repeated, in case the symptoms do not give way. As in other cases, the more early *bloodletting* is had recourse to, the more likely it will be to succeed. *Purging* is next to *bloodletting*, in point of efficacy; and it may also be of use to excite nausea; but violent vomiting would be hazardous in this state of things. This is all that is essential in the case. But you may, perhaps, in order to satisfy the patient's fondness for drugs, be called upon to give a *saline draught*, or the *liquor ammoniæ acetatæ;* or which is quite as useful, a few grains of nitre, or any other of the *neutral salts*.

The *second* variety of fever I mentioned, is that termed *malignant*, from the danger that attends it. It has been called also by other names; as *putrid fever*, the *gaol*, *hospital*, and *ship fever*; with other appellations, derived from some particular symptom of the disease; hence the names *purple*, *spotted*, or *petechial fever*. You will find it described by Dr. George Fordyce, under the name of the *violent fever*; and with some propriety, for it is violent in regard to the *essential* symptoms of the disease, that is, the disturbance of the brain and its functions; but not proportionally so, (at least in the beginning,) as to the rest of the system. (*Typhus gravior*. *Cull.*)

Symptoms.—The *malignant* or *putrid* fever, as it is called, makes its attack in different ways. Sometimes the attack is sudden, the patient being seized with stupor and giddiness, so as to fall down, and be afterwards incapable of standing: more or less stupor or insensibility to external impressions, continuing throughout the disease. Or it may begin more mildly, and gradually assume its *malignant* character. Sometimes it sets out as *inflammatory* fever, (*synocha*,) which, after three or four days, degenerates into the *malignant* form, constituting what Dr. Cullen calls *synochus*.

In this variety of fever, the *special* functions of the brain are in a state of great oppression. The sensibility, and the voluntary and intellectual powers, are all nearly annihilated; so that it bears no distant resemblance to apoplexy, in which the *sensorial functions* are abolished; and it has been called accordingly the *apoplectic* state of fever. It may be distinguished, however, from simple apoplexy, by being preceded and accompanied with the signs of cerebral inflammation. It resembles also in appearance the state of *intoxication* produced by spirituous liquors, and indeed has been mistaken for this.

The eyes are red and watery, the cheeks turgid and sallow, the features dull and inexpressive. The tongue is covered with a brown and dry crust, which by degrees becomes absolutely black in many cases; while a similar black incrustation collects about the teeth and lips. The skin is pungently hot and dry, and of a sallow dirty hue. The pulse is soft, and not in general much changed in point of frequency, fulness, or strength, at least for a time; but as the disease proceeds, the pulse becomes more frequent, while its strength and fulness gradually diminish. *Stigmata*, like flea-bites, or *petechiæ*, often appear on the skin; sometimes there are *purple spots*, of different sizes, from extravasated blood; or *vibices*. The *urine* is high coloured, turbid, like that of animals, and of an ammoniacal odour; as are the *sweats* also. *Hæmorrhages* of dark-coloured blood frequently take place from the bowels or urinary organs. If blood be drawn from a vein, its surface is observed to be remarkably florid, while the lower part of the coagulum is very black in colour. The surface of the crassamentum is flat and extensive, and its texture exceedingly loose and fragile.

Fever in this degree, and with such symptoms as I have now enumerated, generally proves fatal within eight or ten days, and often in a much shorter time. It arises in hot seasons; where a number of persons are crowded together, with a neglect of cleanliness and ventilation, or who are much excited by stimulant drinks or medicines; while it is very rare in other circumstances. This accounts for its comparative rarity at present, when the treatment of fever is simple, and for the most part *antiphlogistic:* whereas formerly, when the *hot regimen* was in vogue, the patient being confined under a load of bed clothes, the curtains closely drawn around him, and *camphor*, *hartshorn*, *snake-root*, *wine*, and *brandy*, liberally administered, (for the purpose of producing sweating, which was thought necessary to bring on a *crisis*, as it was called, and thereby carry off the disease,) fever of the *putrid* kind was exceedingly frequent, and scarcely more frequent than fatal.

When the brain is inspected after death in persons dying under this form of fever, the veins on the surface are observed to be greatly distended with dark-coloured blood, while innumerable smaller red branches ramify from these over the convolutions, giving the whole external surface of the brain a dark red hue. If the *pia mater* is peeled off, its under surface presents a uniformly bloody appearance. The *medullary substance*, when cut through, is found to be traversed by numerous trunks of veins, which oose out large drops of blood. There is considerable firmness and freshness in the cerebral substance, at a time that the rest of the body has run into rapid putrefaction.

Theory.—This state of the brain has been called *congestion*, or *venous congestion*; the supposition being, that such a turgid state of the veins existed during life, and was the cause of the symptoms that appeared. But no anatomist will, I think, admit of this being the case. It is not because the *veins* are found turgid with blood after death, that you are to conclude they were in this state during life. On the contrary, there is nothing here that does not take place in other parts of the body at the time of death; the arteries, by their greater contractile power, forcing their blood into the veins; for where the latter are in this state of extreme turgidity, there is very little blood found in the great arterial trunks at the basis of the brain. This unusually distended state of the *veins*, is only an evidence of a more violent action of *arteries* having existed during life, and of which there is every proof in the violent throbbing of all the arteries of the head and neck, and the suffusion of the eyes and cheeks, with the increased heat of head, that both precede and accompany this apoplectic state of fever. The *veins* themselves are passive on the occasion: they cannot *draw* the blood into them; the blood is not *congested* in them, (to use a barbarous term,) in such unusual quantity, by their own agency; they are merely the recipients of what is sent into them by the *arteries*, which are the only active agents in the matter. Such a state of *veins*, therefore, is but a proof of the increased activity of the *arteries*, which empty themselves into the veins as the last act of life, similar to what takes place in all other parts. It is the *arteries* then that are in fault in this case, and not the *veins*; and we are mistaken in supposing that what is seen after death, is that which exists during life: the very reverse being rather the case.

The *arteries* of the brain throbbing violently, and becoming distended in consequence, press upon the *veins* on the surface, notwithstanding the remoteness of their situation; for the medium between them (the cerebral substance) being incompressible, the effect is readily transmitted to the *veins*, which, in this case, are the only compressible parts. Thus, then, in the state of the brain now described, the circulation through the organ is necessarily impeded; and to this impediment, or stagnation, (the result of previous arterial excitement,) is to be attributed the interrupted state of the *sensorial functions* that marks this variety of fever, and which may take place in any degree, according to the violence of the arterial action, in other words, of the inflammation that is going on in the brain.

In this way, you will have no difficulty, I think, in understanding the state of oppression in which the brain is in regard to its functions, in this peculiar form of fever. There is no pain complained of, for there is no sensibility. It is not a state of *general debility*; for the heart and arteries continue to act for a time with little or no diminution of power, as may be gathered from the pulse. By continuance, however, the influence of this apoplectic state of brain, comes to be felt throughout the system. First, the *muscular* power gives way; and next the *vascular*, especially the extreme parts of this system. The prostration of strength and convulsive movements of the *voluntary* muscles, are succeeded by an almost paralytic state of the *involuntary* ones, the *sphincters* of the different excretory organs; which allow their contents to escape, from their want of power to contract. There is a want of vitality also, and consequently of contraction, in the extremities of the vascular system; which serves to account for the hæmorrhages, both external and into the texture of the skin and other parts, which mark the worst cases of this disease. The *blood* itself appears to be deficient in the vital principle, as may be concluded from its imperfect coagulation, and its greater tendency to decomposition. This defect of vitality in the extremities of the vascular system, is further shown in the tendency to *gangrene* that appears where the skin is slightly injured by pressure of the simplest kind. The black and putrid *sordes* that collect about the mouth, are a sign of the general tendency to death and decomposition. *Respiration* is difficultly carried on, from the want of muscular power; the patient being only able to breathe when lying on the back, a position which leaves the muscles of respiration free to act. And as it is, this function is very ill performed, if we may judge from the unnatural kind of breathing, the deep sighing, and the dirty sallow hue of the skin altogether.

The *prognosis* in this kind of fever is unfavourable, because an organ that is essential to life, and upon which all other parts more or less directly depend, is rendered nearly incapable by disease, and that of the most active kind, of carrying on its functions. Few, accordingly, recover from the worst cases of fever of this description. The degree of danger is to be estimated chiefly from the degree of oppression of the *sensorial* or *special* functions of the brain; but partly also from the state of the general circulation; in reference, however, rather to the state of the capillaries or extreme vessels, than to the state of the pulse, which may preserve a tolerable share of strength and fulness where the danger is great and imminent.

The *treatment* of this form of fever is difficult, and for the most part unsatisfactory. If we could rely upon most that has been written on the subject, it would be a very easy matter; for little appears to have been thought of, but how to counteract *putridity* by *antiseptics*, and to *support the strength*, as it is absurdly termed, by *bark* and *wine*, *ammonia*, *camphor*, and other *stimulants*. Now such practice is neither good as a matter of experience, nor is the principle upon which it is founded deserving of any attention. As to correcting putrefaction by *antiseptics*, the notion is too chemical to be physiologically true: there is nothing so simply chemical as this idea supposes, taking place in living bodies. There is no actual state of putrefaction in the fluids of a living animal; such a state would be incompatible with life. The utmost that can be allowed in this case is, that the *secretions* and *excretions* run rapidly into putrefaction; and that there is a more than usual tendency to decomposition observed both in the solids and fluids altogether (with the exception of the brain itself, however, which in these cases is less disposed than ordinarily, to decomposition and decay). But this tendency is a consequence of the disease, and not the disease itself; nor a cause of it. It is an effect of the want of vitality that exists throughout the system, arising from the oppressed state of the brain, and the consequent interruption to the supply of nervous energy to the rest of the body. I need not remind you how much the general system depends for its activity, and even its vitality, upon the brain, as the great centre of the *nervous power*.

If, then, the putrescent tendency (and there is evidently nothing beyond this) is merely a consequence of defective vitality throughout the general system, it is plain that much is not to be expected from the use of chemical agents, under the name of *antiseptics*, for correcting putrefaction. They can have no such effect in the blood vessels; and their application to the secreted fluids, after their formation, and when they are about to be discharged from the body, can be of very little use. *Diluted acids*, acescent fruits, and the like, are unobjectionable; but if they are really useful, it is by their *refrigerant* or *sedative* operation, and not strictly as *antiseptics* or *antiputrescents*. Such medicines as *camphor*, *bark*, or other *stimulant* means, are in most cases positively injurious, as tending to aggravate the inflammatory state of brain, in which the disease primarily and essentially consists.

The employment of *wine* and *bark*, and other *stimulants*, in this variety of fever, is founded on a false indication, arising from a misconception of the real nature of the disease, namely, that it consists in a general debility of system, requiring excitation for its relief. But even admitting that *debility* were the essence of fever of this description, it would be difficult to understand how *stimulants* should relieve it. *Stimulants* increase *action*, not *strength*: they give no new power to the system, but merely occasion a greater exertion of that which already exists; with the effect, rather, of exhausting it, by the over-exertion thus occasioned. The language usually held on these occasions, "of supporting the strength," is absurd; for it implies no less than that we have the means of increasing the *vital power* by drugs. And as to increasing *action*, this is already in excess, as far at least as regards the vascular system, upon which *stimulants* exert their chief influence. If *stimulants* are really useful in these circumstances, it is upon other principles than those now stated that their usefulness is to be explained. It is altogether a question of experience, and to be decided by observation.

Now if you ask me, what is the result of my own experience on the subject, I must answer with some degree of hesitation, and in a qualified way. At the outset of this, as of fevers in general, I believe the use of *stimulants* to be highly injurious; because at this period, there are the most unequivocal proofs of violent arterial action going on in the brain; and the tendency of such remedies to increase this, is quite obvious. But in an advanced stage of the disease, the treatment proper to be pursued, is not so easily determined. Admitting that the brain is in the state I have supposed—that the circulation there is impeded, almost to stagnation; and that this is occasioned primarily by excess of arterial action, producing its usual effect, distention, and, as a necessary consequence of this, compression of veins; it does not follow of necessity that *bloodletting* is the proper remedy, at least in the more advanced stage of the disease.—The object, I apprehend, in such cases, is to restore the circulation in the brain, in order that the organ may resume its functions, the interruption of which is the cause of the leading symptoms. But this requires a two-fold condition; *first*, the return of the distended *arteries* to their natural calibre, in order to give the *veins* room to expand, so as to be able to transmit the blood from the arteries; and *next*, the restoration of the action of the arteries that are to propel the blood into the veins. But where the action of the heart and general vascular system is so much enfeebled, as is the case in the advanced stage of this disease, the taking away blood seems calculated to prevent that restoration of action in the arteries of the brain that is essential to a renewal of the circulation there. Loss of blood to any great extent, under such circumstances, seems more likely to accelerate death than otherwise. This objection applies only, however, to a copious abstraction of blood. I have reason to think, from observation, that the abstraction of small quantities of blood from time to time, to the amount, for instance, of not more than three or four ounces, in cases where the pulse still preserves a moderate degree of strength and fulness, is really serviceable; and I have not observed it to be prejudicial in any case, when employed only to this extent. It must not be forgotten here, that hæmorrhages often occur spontaneously in these circumstances of fever, and apparently with the best effects.

But does it follow, because large *bloodletting* is injurious, that a directly opposite mode of treatment must be beneficial; namely, the large use of *wine*, *camphor*, *snake-root*, and other active *stimulants*?—I think not. Such practice is not reconcileable to the apparent nature of the disease; nor is it, I believe, supported by experience. If the circulation of the brain be in an almost stagnant state, and this arising from violent action of its arteries, as the early symptoms lead us to believe, it is difficult to conceive that such a state could be relieved by violently exciting the action of the heart and arteries altogether, and thereby determining a greater flow of blood to the brain. Such practice seems rather calculated to aggravate the essential part of the disease.

It must be confessed, at the same time, that many practitioners of no small celebrity, have advocated the large use of wine, as well as other *stimulants*, in the state of fever mentioned; and that upon the alleged ground of experience. This has been so confidently asserted, that I have been induced on different occasions to make trial of such means, and have still more frequently watched their employment by others. But after the most attentive observation, I have seldom seen reason to believe in the efficacy, or even the safety, of such practice. On the contrary, it has often evidently done harm: the patient has become more restless, the heat of skin has been increased, the pulse quickened, the tongue rendered more dry and discoloured, the *sensorium* more distended, and the disease altogether rendered worse by such treatment. Patients so treated, have, no doubt, now and then recovered; but by no means in such proportion, nor with such circumstances, as convinced one of the propriety of the practice altogether.

The treatment which has appeared, according to my observation, to be unequivocally useful, in the form of fever usually termed *putrid* or *malignant*, is very simple, and may be briefly stated. At the outset of the disease, and within a day or two of the attack, *bloodletting* ought not to be dispensed with; and it should be employed with freedom; recollecting, that the disease is both more liable to occur, and is attended with greater danger, in robust subjects, than in those of more feeble habits. By such a measure, we anticipate the coming evil, and preserve the brain from the overwhelming influence of the continued inflammatory action going on: we prevent, in fact, as far as possible, the state of oppression in this organ, with all the other consequences proceeding from this source. It is a common opinion among practitioners, that *bleeding* in fever is dangerous, from its tendency to induce what is called the *typhoid* state. They seem to think, that a person in health might be thrown into *typhus*, by mere loss of blood. This is totally without foundation: the directly reverse is rather the case. Early and copious bleeding (proportioned, of course, to the habit and strength of the patient,) is, as far as I have seen, an effectual preventive of such symptoms; which arise only from excess of vascular action in the brain, not from debility, either local or general. I am so convinced of the truth of what I am now stating to you, that whenever I meet with what are termed *typhoid*, symptoms in fever, I consider the case, nine times in ten, to have been either neglected, or improperly treated, in the beginning.

In the advanced stage of the disease, when the functions of the brain are almost annihilated, and the general vascular system greatly reduced in its action; and when the symptoms termed *putrid* or *malignant* have actually made their appearance; such as *petechiæ, vibices, hæmorrhages,* and the like; little, I believe, can be done with effect by the aid of medicine. *Cold* should be applied to the head, upon the same principle that we use it in a case of intoxication, that is, with the view of diminishing arterial action within; and, at the same time, as the most probable means of producing constriction of the distended vessels. The heat of the surface, which is generally in excess, should be reduced by cool air, by moistening the skin, or by the still more effectual mode of *cold affusion.* This, by constricting the external vessels, is calculated to support a better action in the internal organs, and to afford a more effectual supply of blood to the brain; at the same time that the excessive action of its vessels is diminished, and brought within moderate bounds. A very limited employment of wine, and that diluted, is, I believe, also serviceable in such a state of things; provided it is not found to flush the cheeks and increase the restlessness, as it often does. *Blistering* is an equivocal remedy. *Purging* by the more irritating cathartics, such as *calomel,* is highly objectionable, as being likely to be followed by inflammation in the intestinal canal, an occurrence that, however slight, adds greatly to the danger of the case. Inflammation, wherever seated, in such a state of fever, is sure to assume an unfavourable character, so as quickly to end in the destruction of the part. The daily evacuation of the intestines is proper, but it should be effected by the mildest means.

Tonics, as they are called, the *Peruvian bark* and the like, have been strongly recommended by some practitioners, and were for a long time largely employed in these cases. But as their use was founded in the hypothetical notions of *putrefaction* of the *fluids,* and *debility* of the living *solids*; and as they failed, for the most part, to produce the effect expected from them, they have become now nearly obsolete for such purposes. To a certain extent, however, they appear to be really useful. In cases where the pulse has become soft and weak, and where the skin and the tongue are moist, a slight preparation of the *bark* or *bitters,* may be employed with advantage.

In our next, Gentlemen, we shall have to consider the *third* variety of *simple continued fever,* the *low nervous fever,* or *typhus mitior* of Dr. Cullen.

FOREIGN DEPARTMENT.

SURGERY.

Case of complete Extirpation of the Carotid Gland, by Lisfranc, *at La Pitie.*

The extirpation of the parotid gland may be ranked among the boldest attempts of modern surgery, and exhibits another proof of the many advantages which an accurate anatomical knowledge confers; a knowledge which enables the surgeon to dissect his way among the most intricate and important tissues without injury, and enables him to throw aside, as idle declamation, the rules which had been so long admitted in practice, as the immutable dogmas of the science. So many well-authenticated cases of the extirpation of this gland are now recorded in surgical history, that to persevere, as some still do, to contend for its impossibility, would evince an obstinacy impregnable to all rational evidence. We may just mention that Goodlad of Bury, Carmichael, Klein of Stuttgard, Walther of Bonn, Beclard of Paris, and Prieger of Bavaria, have all performed the operation successfully, as regards the immediate consequences of the operation. Gensoul, principal surgeon of the Hôtel Dieu at Lyons, has extirpated two parotid glands; one of the patients died, but in neither case was the carotid previously tied. In the *Revue Medicale* of December last, the following history of a similar operation having been performed by Lisfranc, is recorded.

It appears that the patient was sixty years of age, and that he entered the Pitie on the first of June 1826, for the purpose of being relieved from the inconvenience which a large tumour, on the side of his face and neck, had occasioned. The side on which the tumour was formed is not stated, but its size is said to be about that of a man's fist, extending forwards to a line drawn vertically from the inner angle of the eye, reaching upwards as high as the zygomatic arch, and downwards as far as the inferior part of the thyroid cartilage, being buried beneath the sterno-mastoid muscle, and carrying the lobe of the ear outwards. It was elevated irregularly, hard in some places, and gave a feeling of fluctuation in others; the skin was red and adherent to the whole surface of the tumour; it was moveable enough in front, but it was at the same time easy to discover that certain parts of it projected beneath the lower jaw, and in the direction of the external carotid artery. The patient was operated on on June the fifth. He was laid upon the right side, (from which we learn that the tumour must have been on the left side,) and properly secured; two semi-elliptical incisions were made, commencing on the summit of the tumour and meeting at its lower extremity. The effusion of blood that followed this incision was abundant; the transverse facial arteries, the mastoideal and auricular were divided and immediately secured. The two flaps were then dissected back sufficiently to expose the tumour, which was taken hold of with a large forceps and pulled outwards, whilst the operator tried to separate the adhesions existing between it and the masseter; this attempt was ineffectual, as it appeared fastened to the neighbouring parts by a mass of firm fibrous bands, which required the aid of the bistoury to sever. The tumour was then dissected from before backwards to the posterior edge of the ascending plate of the lower jaw, and it then became necessary to proceed in a different direction. The cancerous swelling was drawn forwards, and at the same time outwards, and the same sort of fibrous bands were found on its back part, which required to be separated by the bistoury. This dissection was very difficult, and, as might be expected, very painful; the sterno-mastoideus was relaxed as much as possible, and drawn outwards. Toward the lower part of the wound the sheath of the common carotid artery was exposed for about two inches, and the fibrous bands were so firm that they required almost every moment the use of the knife; some of them reached almost to the transverse processes of the two first cervical vertebræ, and to the styloid process of the temporal bone; these required to be divided with the greatest caution, and the tumour was almost separated; on reaching, however, almost to the condyle of the lower jaw, some processes of the tumour were seen to pass inwards toward the pterygoid fossæ, and on putting the finger on one of these columns the trunk of the temporal artery was felt pulsating. This it was found necessary to divide; a jet of blood immediately spouted forth to the height of several feet, and, as soon as possible, an assistant made pressure on the mouth of the divided vessel. The whole of the tumour was laid hold of with a large pair of forceps, and pulled so forcibly outwards that the peduncle by which it remained attached to the deeper-seated parts was torn through. An abundant flow of blood issued from the cavity, apparently from the internal maxillary artery, which Lisfranc arrested by placing his finger on the bleeding vessel.

The patient, who had supported the operation with great courage, now grew faint, and all the bleeding vessels were compressed with the greatest care; the wound was at least four inches long by three wide; some wine was given to the patient.

The vessels were compressed, and the patient, thus secured from the further danger of hæmorrhage, was allowed to remain quiet about ten minutes, to regain a little vigour; the arteries were then secured by ligatures. The wound was dressed with charpie, and secured by compresses and an appropriate bandage.

Examination of the Tumour.—On its upper part was found a portion of the trunk of the trifacial nerve, which had been cut through, and all its ramifications. The tumour was of a fibrous character throughout, harder in some parts than others, and in a state of cerebriform degenerescence (et à l'état de dégénérescence cérébriforme) rather an obscure phrase. The day after the operation the patient complained of pains in the head and neck; the side of the face from which the tumour was removed is quite paralysed; the eyelids could not be closed; the mouth was slightly drawn to the right side; there was some difficulty in performing deglutition, but it was more difficult to the patient to speak. On the 9th, suppuration was established, and the pus appeared of a good character; the dressings were now removed for the first time. On the 17th, all the ligatures came away. The case appeared to have gone on very well up to the 10th of July, when the patient was seized with violent gastric affection, and died on the 16th of that month.

Lisfranc presented the preparation to the Academy of Surgery, and dissected it in the presence of the members, to show that the parotid gland had been almost totally removed.

Description of an Instrument for inspecting the Urethra and Bladder.[*]

M. Segalas has lately invented an instrument by means of which the interior of the bladder and the urethra may be examined by the eye; to this instrument he has given the name of *speculum urethro-cystique.* The apparatus consists,—1st, of a cylindrical tube polished in its interior, and open at its extremities, intended to be introduced into the urinary passages, and, consequently, varying in length and size according as it may be required to examine the urethra or bladder in one sex or the other; 2dly, of a conical mirror having a base of two inches and a half, and a height of three inches, truncated at its summit, and forming part of tube before named, so as to constitute with it an infundibuli-form extremity; 3dly, of a concave and circular mirror of four inches in diameter; 4thly, of two small tapers; 5thly, a gum elastic canula of a sufficient size to fill exactly the cylinder first mentioned.

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[*] Revue Medicale, December, 1826.

The mode of using the speculum is as follows: the polished cylinder is to be introduced like an ordinary catheter, which introduction will be assisted by the tube of elastic gum in its interior, through which the contents of the bladder are emptied; the elastic catheter is to be immediately withdrawn. Place the two tapers lighted in front of the conical reflector, so that their flame may be parallel to its base.

The description which follows this is not very clear; but it appears that the light of the tapers being reflected from the conical mirror along the polished surface of the metallic tube to its extremity, and that tube being brought almost into a straight line, the light is again reflected from whatever substance may be at the bottom of the tube upon the concave mirror, which is attached in a proper direction at its anterior or exterior extremity.

M. Segalas informed the Institute that the light accumulated at the extremity of the urethral tube, would enable a person to read the smallest printing type at the distance of fifteen inches, and that in the most obscure place. By varying the dimensions of the speculum, the same sort of apparatus may be used for the inspection of the rectum, vagina, and ear; and with a trifling modification, M. Segalas observed, it would enable the surgeon to examine the nasal fossæ and pharynx in a more satisfactory manner than with any other apparatus.

Amputation of the Neck of the Uterus.

At a recent sitting of the Academy of Medicine, Lisfranc mentioned a curious case of amputation of the neck of the uterus that had fallen under his case. The patient became *pregnant in fifteen days* after the operation; and at the time Lisfranc mentioned this fact to the Academy, gestation had advanced to the ninth month without any remarkable circumstances. The wound had not completely healed until the expiration of two months.

THERAPEUTICS.

*Employment of the Acetate of Ammonia in Cases of Difficult Menstruation.**

Jules Cloquet, surgeon of the Hôpital St. Louis, has inserted the following observations on the use of acetate of ammonia in dysmenorrhœa.

Mdlle. B., of a nervous temperament, had experienced for the seven or eight years that the menses had appeared violent colic-like pains about these periods, which continued for six or eight hours. The sufferings of the young lady were so great, that she was frequently obliged to roll herself on the floor; her countenance was pale and anxious. Many practitioners had been consulted for the removal of these symptoms, but without success.

M. Cloquet having heard that the acetate of ammonia had been used in such cases by Professor Mazuyer of Strasburg, determined to try it in the present instance; he gave the patient fifty drops of the acetate at twice, the interval being half an hour, in a glass of *eau sucrée*; (sugar and water;) after the first dose the pains began to abate, and after the second they disappeared entirely. These circumstances not appearing satisfactory to stand in the relation of cause and effect, M. Cloquet determined to try the same remedy at the very onset of the pains on the next occasion. He then gave the patient *thirty-six* drops of the solution of the acetate in a glass of the sugar water, and the pains, far from continuing to increase as they had been accustomed to do, instantly began to diminish, and, in half an hour, disappeared altogether, on the administration of a similar dose. From that time, she had never experienced any difficulty or inconvenience on such occasions.

Case of a Pulmonary Affection, accompanied with Hemoptysis, cured by Animal Magnetism.

Every practice may be said to have its cures and victims, as every faction its defenders and opponents. The *Hermes* appears as the defender of the Mesmerian fooleries, and continues to proclaim the triumphs of animal magnetism, with a pertinacity difficult to resist. It has always appeared to us an extraordinary circumstance, that a man possessing such extensive erudition as the conductor of that journal has evinced, should be weak enough to be the dupe of a band of medical fanatics. The case now published in the Hermes, (November, 1826,) was furnished by Dr. Chapelain, who regards it as an irrefragable proof of the salutary action of animal magnetism, as a therapeutical agent. The patient was a young lady aged twenty, affected with a disease of the chest, which Dr. Chapelain has forgotten to describe, but which he says was accompanied with a dyspnœa, pains in the right side, a constant cough, with an abundant sanguineous expectoration. Having tried the usual remedies without benefit, she consulted a Mr. Dupotet, who recommended magnetism, and who put it into practice. Immediately after, the patient felt a severe nervous agitation, followed by tranquillity and sleep; but for some reason or other, the young lady preferred to be magnetised by Dr. Chapelain, who appears to have inspired her with great confidence from his previous attentions. After the third magnetisation, the sanguineous expectoration disappeared; the cough and the pains in the head had sensibly diminished, and the patient took as a drink some *magnetised water*. A thing very worthy of remark, says the Hermes! Each time that Dr. Chapelain presented his hand before the epigastrium of Miss C., she felt an extremely painful impression, which was only to be removed by his making a number of transverse passes on the same parts. Whenever this able magnetiser passed his hand any where else, the young lady experienced the greatest benefit. This sort of ceremony was carried on for about eight days, when the cough and expectoration entirely ceased, and the health was completely restored. The young lady then went into the country, where she continues to enjoy the best possible health.

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* Archives Generales de Medicine, December, 1826.

In the same number of the *Hermes*, is a sort of formal protestation in favour of animal magnetism, made by the last man we should have thought capable of committing such folly, namely, by M. Broussais, of gastro-enterite notoriety, together with some Dr. Fraport. This document is a curious one, and considering the respectable source from which it emanated, we shall transcribe it at length:—

"The undersigned having been made acquainted with a fact in appearance, at least very extraordinary, attributed to animal magnetism, thought that they ought not to refuse to certify it. The undersigned learnt that the Dame Dorothée, decorated with the cross of the legion of honour, for brilliant military feats during the imperial dynasty, had been put by Madame Touchand into a state fit for magnetic sleep; that during that sleep, she declared that she had seen a pin in her stomach, which, as she declared, she was altogether ignorant of having swallowed; and moreover, that she had predicted the moment of the expulsion of this pin by the aid of a half a pound of little fish, which she had ordered; lastly, that the event had verified the prediction; and, strange to say, the stomach, which had before rejected every species of aliment, had, under the hands of the magnetiser, digested without inconvenience this half a pound of fried fish. It was announced to them, (the undersigned,) moreover, that the same patient, in a state of pretended somnambulism, had also distinguished in her stomach a long hair, to which, with the pin, she attributed the serious disorders which she had experienced in this organ; it was announced to them also, that she had foreseen at what hour she should pass the hair by the intestinal canal, which was to take place on the 17th of November, 1826, at seven in the evening. The undersigned, in consequence of the announcements, visited Dame Dorothée on the 17th of November, at two, and were informed of the manipulations employed by Madame Touchand, to bring the patient into this pretended magnetic sleep. These manipulations consisted of different movements of the hand carried repeatedly along the trunk and lower extremities from above downwards. Madame Touchard fixed one of her hands several times on the epigastrium, or hypogastrium, whilst the other hand was applied on the forehead, the thumb being placed just at the root of the nose, and the index finger on the coronal suture. After this manœuvre had been repeated for a few minutes, the patient appeared to sleep; the pulse was quickened, and the respiration slow and stertorous. When asked if she slept, she said, yes. When asked if she should void the hair that evening at seven, she confirmed her former prediction with more precision; she said it would happen at half past seven. She announced moreover, that there was a mass of black flesh in her uterus, and a thread tied to it. On being asked if it were always in her uterus, and if she could predict the day and hour of its expulsion, she said that it had now fallen on the anus, this was her expression, and that it would be voided the day after to-morrow, at three o'clock. In the evening, at half past seven, and on the 19th at three, it happened as she had predicted in the presence of the undersigned, who took every precaution to prevent the chance of being imposed upon; nor, in point of fact, was there any reason to suspect that any such attempt was made. The hair was involved in a little mass of fish bones, in the midst of a considerable quantity of a bloody serosity, without any admixture of fecal matter. The piece of black flesh was about the size of the finger, and had a thread of about three inches in length attached to it; it was covered in part by a sort of envelope, and appeared something like a false embryo, with a portion of its umbilical cord.

We have forgotten to say that the manipulations used to awaken the soi-disant somnambulist, consisted of movements of separation, as if the person who magnetised wished to remove from the body a quantity of fluid which had been accumulated upon its surface. We state further, that the patient asked to drink during the state of artificial sleep, but that she was only capable of swallowing little at a time, and that with great difficulty. Now, how is this fact to be discussed? We give it only for the purpose of exciting to more ulterior researches. We leave it to fools to laugh at that which is extraordinary, and who reject only contradictory things."

Paris, Nov. 25, 1826.

Signed E. Broussais.
D. Fraport.

If the *physiological* physicians, as the French call the followers of Broussais, make common cause with the *magnetisers*, we shall perhaps find, that ere long we shall have *des irritations magnetiques* instead of the *gastro-enterites*; and shall have the leeches, the diet absolute, and the gum water, superseded by the vertical and transverse strokes of the disciples of Mesmer. For our parts, we are content to be one of these fools at whom M. Broussais has affected to sneer, and cannot help thinking that he has been juggled by Dame Dorothée, although a member of the Legion of *Honour*.

EXPERIMENTS AND REMARKS ON THE CIRCULATION OF THE BLOOD, BY JOHN DAVIS, ESQ. SURGEON, HERTFORD.

To the Editor of The Lancet.

Sir,—Perceiving, from the several reports inserted in The Lancet, that the "syphonic theory," which owes its revival to Dr. Barry, is very warmly and ably discussed at all the medical societies in the metropolis, and as it is connected with a subject to which I have paid some attention, I beg to lay the *result* of a few, out of many, experiments which I have performed on the blood-vessels, before your readers. It would occupy too much space in your valuable publication, to give the history of these experiments at large, as they may appear in another form; but any one, who may be desirous of doing so, may satisfy himself of the truth of the *results* which I shall mention:—

1st. The heart will continue to act, not only when entirely removed from the body, but even when all its cavities are laid open.

2d. The aorta, to nearly as low as the diaphragm, contracts and dilates alternately, with the contraction and dilatation of the left ventricle of the heart; but, below the diaphragm, and throughout all its branches, the vessel is perfectly at rest. This contraction and dilatation of the vessel, at its origin, is quite passive, depending upon the blood forced into it by the heart; because, when a ligature is placed round it, close to the ventricle, the action of the artery ceases, though that of the heart continues.

3d. If the current of blood, in any part of the arterial system, be stopped, and a ligature be placed on the vessel at a little distance between that point and the heart, when the first obstruction is removed, that portion of the column of blood which was obstructed will not move on again, provided it be not placed in a position for gravitation to act upon it.

4th. The only kind of motion which the arteries exhibit, is that of gradual dilatation and gradual contraction, according to the quantity of blood contained in them at the time. *They are always full.* We here except the root of the aorta, whose alternate contraction and dilatation is, however, very trifling.

5th. The diameter of the arteries is greater after death, than it is under ordinary circumstances during life. Hence, their calibre is not regulated by their *elastic* property during life. It is unnecessary now to inquire what other property regulates it.

6th. If an animal be allowed to bleed very gradually to death, the calibre of the arteries diminishes so much, as to render their tubes very nearly, if not quite obliterated. A short time after the animal is dead, the arteries begin to enlarge again, which they continue to do till they arrive at the *passive* point of their elasticity.

7th. If a ligature be applied round the root of the aorta, similar effects to those described in the last paragraph occur; but the arteries here do not quite empty themselves, for the animal dies in consequence of the chest being open, before they have had enough time to reduce their calibre to an obliteration. Under the above circumstances, the blood is very gradually squeezed forward into the veins. This property of the arteries is rather an impediment than an assistance to the heart, because it must render the friction greater; but the obstruction is rendered less, by the form of the arterial system being conical.

8th. If a ligature be applied round a vein, so as to take off the influence of the left side of the heart upon it, the blood in that vein, between the ligature and the next branch above, will remain quite at rest, provided it be not in a position to be moved forward by gravitation. Moreover, if the blood be pressed forward with the finger, it will fall back again against the ligature, if it be not pressed beyond the next valve.

9th. A ligature being placed on the inferior *vena cava*, the right auricle of the heart will not empty the vessel above the ligature by suction, or by any other power.

10th. A ligature being placed on the *cava* close to the heart, the thorax, of course, being open, the vessel becomes considerably enlarged below the obstruction, owing to the blood being forced against it from behind. Every one knows that when a vein is opened in the arm, the blood flows out generally with great velocity, though the vessel is intercepted between the orifice and the chest.

11th. If the chest be laid open, and the right auricle of the heart be also slit open, the heart will continue to act, and the blood will continue to flow out at the opening till the blood-vessels become empty, or at least as empty as they are found when an animal has bled to death.

The above experiments were chiefly performed upon rabbits, and it may be right to mention that the animals were previously deprived of sensibility; by dividing the spinal marrow where it leaves the skull. As opening the chest would have put a stop to respiration, there was nothing lost in the experiment by depriving the animal of sensibility, as the action of the heart continues the same.

Now let us inquire into the validity of Dr. Barry's theory, taking the above facts, as well as some others which may suggest themselves, as the foundation of our inquiry. His theory appears to hinge entirely upon two facts which he assumes; viz. 1st, a vacuum is produced in the chest; 2d, the surface of the body is exposed to the pressure of the atmosphere,—*ergo*, the blood must be driven from the surface towards this vacuum; supposing, of course, that the pressure extends through the medium of the muscles, &c. to the deep seated veins. Admitting the above mentioned facts for the present, there is another condition of things necessary before the blood can move towards the vacuum, namely, *a collapse of all the venous branches.* Let fluid be put into a bottle, or into any other tubular vessel, whose sides will not collapse under the pressure of the atmosphere, a vacuum produced over that fluid will make it rise but a very little way; for, as is evident, there is nothing to drive it up. The difference between a vacuum produced over fluid in a tube open only at one end, and that produced in a tube open at both ends, one of which is plunged in fluid whose surface is exposed to the atmosphere, is very evident. In the latter instance the fluid is driven up by the pressure of the atmosphere on its surface, whereas, in the former, the sides of the vessel, when unyielding, will protect the fluid from that pressure.

Every one knows that the blood is not *directly* exposed to the pressure of the atmosphere, in its passage from the left ventricle to the right auricle of the heart: the question then is, *do the vessels through which it moves, collapse under the ordinary pressure of the atmosphere?* It must be answered in the *negative*; for neither the arteries nor the veins, when exposed during life, show any tendency to collapse, until they are deprived of their contents. When the blood moves in a vein against its own gravity, that vein becomes enlarged, but its form is cylindrical; on the contrary, when the power of gravitation is allowed to act in assisting its motion, the vessel suddenly contracts very considerably, *but it still preserves its cylindrical form.* The fact appears to be that the vessels are constituted in such a way, as to be capable of sustaining the ordinary pressure of the atmosphere without collapsing. If the weight should be increased they would collapse, and their contents would, of course, be expelled towards a vacuum; on the contrary, when the pressure is diminished, as, for instance, under an exhausted cupping-glass, their calibre becomes preternaturally enlarged. The pressure of the blood within the vessel is equal to that of the atmosphere without, and the vessel itself is destined to preserve a particular form, size, &c. between these two pressures, due regard being paid to the power of gravitation on the blood within it.

In philosophical inquiries, it is difficult to attribute to each agent all that belongs to it, and no more. That difficulty presents itself in our present inquiry. From all experiments which have been performed on the veins, it is clearly proved that the supposed vacuum *alone* in the chest, will not move the blood forward in the veins; for, when the force from behind is taken off, the motion of the column instantly ceases. But the question then is, does this supposed vacuum contribute in *any degree* towards that motion? We will state the question thus: B is situated between A and C; B is influenced either by A or B, or by both; take away A, and let C remain, the influence on B ceases altogether; take away C and let A remain, the influence on B is as strong as when both A and C were present. In this case, the relation between C and B is null, because A influences B just the same, whether C be present or not. Now, as the motion of the blood proceeds in the veins just the same (we have no proof of its altering,) whether the influence of this supposed vacuum be intercepted or not, (which is done by applying a ligature above, and opening the vein below, or by cutting a vein across,) the influence of that vacuum on the blood cannot be necessary to the motion of the fluid. Reverse, as the blood remains unaffected, when the influence of the vacuum is allowed its full scope, provided the *vis a* *tergo* be removed, the relation of such a vacuum with the blood is proved to be null.

We next come to the point of inquiry, whether or not there be a vacuum produced in the chest during *inspiration*?

The above question may, perhaps, be answered in a very short way, by asking another; namely, *Is there a vacuum produced between the outside of the chest and the surrounding atmosphere during* EXPIRATION? In fact, *no time* expires between the elevation of the ribs and the chest being filled with air. The elevation of the ribs is an involuntary act, caused, of course, by necessity, or, in other words, by a process of causation, for the preservation of the individual, like any other involuntary movement of the system; and at the very instant the ribs are raised, the lungs expand with atmospheric air. There is no more vacuum produced here, than there is when a body is moved from one place to another. Does the pendulum of a clock leave a vacuum behind it each time it changes its situation? *The chest is always full*, during both inspiration and expiration, so that the pressure on the roots of the veins must be the same; at least, differing so little as not to affect the motion of the blood in them. It may be noticed, that the motion of the blood is a little influenced by the quantity of air in the chest at the time; but this only proves that the *cells* through which the blood passes in the lungs, are expanded mechanically during inspiration, so as to allow the blood to pass through them more freely than when the lungs are in a collapsed state.

With respect to the right auricle of the heart, a vacuum is prevented there by the left ventricle acting at the *very instant* that this auricle dilates. The blood is the same to the cavities of the heart, as the atmospheric air is to that of the chest.

In conclusion, the following fact, known to most, proves that a vacuum is by no means necessary to the circulation of the blood:—The blood moves as freely through the veins when the chest is laid open, as it does when the animal breathes. If it can be proved that *absorption* also will go on when the chest is open, it will follow that the relations of the absorbent vessels with the atmospheric pressure, are similar to those of the veins and arteries.

Hertford, January 30, 1827.

MEDICAL SOCIETY.

St. Thomas's Hospital, Feb. 2.

DR. RILEY presented to the Society, in the name of DR. WILLIAMS, the organs of generation of a female, in which a fistulous communication existed between the lower extremity of the colon and the uterus.

The patient, a woman of very irregular habits, had died of erysipelas of the face, complicated with arachnitis and entero-gastritis. Although incapable of returning a satisfactory answer as to her sufferings, she manifested some uneasiness when the hypogastric region was pressed upon.

The great omentum adhered to the left appendage of the uterus; a small quantity of yellow serum was found in the cavity of the pelvis; the subserous vessels of the fundus of the uterus and appendages were much injected with blood.

The right fallopian tube was pervious from its fimbrious extremity to within three-fourths of an inch of its uterine extremity, where the tube became of a very dark red colour; the obliteration of the ovum appeared, its place being occupied by a collection of pus of the size of a pea; the peritoneum was here of a dark red, and presented a very minute perforation; the left tube, at the same distance from the uterus, was also of a dark red colour, obliterated and softened, but its peritoneal coat was not perforated.

The fundus of the uterus red, but of a lighter shade than the above mentioned portions of the tubes, more globular than common; adhered to the great intestine at about 9 or 10 inches from its usual extremity. The mucous membrane of the intestine was of a dark red, mixed with a number of blackish specks, thicker and firmer than ordinary. At the point where it adhered to the uterus, was a cavity of a circular form, half an inch in diameter, it formed by the destruction of the coats of the intestine; from the bottom of this cavity a body of the size of a small goose-quill could be pressed into the cavity of the uterus along a fistula running parallel to and at about three fourths of an inch to the inner side of the left horn of the uterus. No fæces were found in the fistula, nor in the uterus, but its inner surface resembled in colour, the uteri of women who die during menstruation, (which was not the case however, in the present instance.) The mucous membrane of the vagina was of a livid red; the nymphæ were much swelled, and covered with a number of irregularly circumscribed yellow spots, of a semi-membranous substance.

A number of livid venereal vegetations were seated around the meatus urinarius and fourchette.

THE LANCET.

London, Saturday, February, 10, 1827.

If the efforts of the Surgical Reformers were directed against the existing Charter, merely for the purpose of effecting the dismissal and humiliation of the "Ruling Powers," they would merit little notice, and less support. The Members of the College have more enlarged views. It is true, their personal wrongs have been numerous, and that they are anxious to escape from the yoke of their present tyrants; but they are too magnanimous to require that this emancipation should be evidence of their persecutors' degradation. Feelings of animosity should ever be alien to the promoters of legislative enactments, otherwise greater injustice might be inflicted than that which it is proposed to remedy. When men descend to the gratification of feelings of revenge, they are always reduced to the level of their enemies, and frequently far beneath them in moral delinquency. The Charter renders the government of the College despotic in its most comprehensive sense—the Council are absolute in power—have *unlimited authority*—and are irresponsible. If, then, the Members are unceasing in their endeavours to remodel such a constitution, shall it be said that their conduct is prompted by feelings of revenge? Is there not in such a form of government sufficient to excite from a dread of the *future*, without even bestowing a thought on the past? Assuredly there is. In truth, it is so pregnant with mischief, and is so decidedly opposed to the welfare of the public and the best interests of the profession, that every Member of the College who does not energetically co-operate in the attempt to accomplish its reformation, must be deficient in either honesty or understanding. That by far the greater part of the *toad-eaters* that crawl around our Hospitals will refuse to attach their names to the Surgeons' Petition, is more than probable; because these reptiles, stupid as they are, can discover clearly enough that a liberal system of competition would be destructive to their hopes of advancement. They foresee that if there were *reform*, the "turning" of the College "wheel" would produce no *grist*; hence, such as they are, their labours are opposed to a change. These *toad-eaters*, with few exceptions, either are, or have been, apprentices to surgeons of the London Hospitals, and the identity of the latter with the Council of the College, we need not demonstrate.

There are other Members of the College who object to sign the petition, simply because they are too ignorant to estimate the advantages which it contemplates; these persons are of opinion, that our medical legislation is in excellent trim, and that they are right worthy and *learned* members of a most learned profession; hence they suppose that any alteration in our College would be attended with a loss of professional consequence; and being unable to comprehend *why* a change is required, they consistently, if not wisely, advocate "things as they are." As an index to this class of individuals, we will present the reader with a paragraph from one of their letters; and those who are acquainted with the nature of the examinations at the College, will feel no surprise that it should have been written by a *Member*; *we have ascertained the authenticity of the document beyond all doubt*, and as we use it in a good cause, rely on the forgiveness of the author:—

"*To the Editor of* The Lancet.

Sir,—I disaprove of your prosedins alltogether in that matter of the Colledge. You say they are not strict,—I say they are, and I can prove these words. When I was hexamined, they were werry severe. The late Mr. Chandler it was that hexamined me; and when it was over, (it lasted exactly thirteen minutes,) he said my answers were werry cridetable. It seemed to me a werry awfull business; and all the hexaminers looked so serous, that I was werry frightened. Now you talks about haberrogating the Charter, and I suppose if you do this you will pull down the Colledge;—now this I think would be a great pity, has it is a werry fine building, and is a monnement of our respectability. I shall not sign the Partition, and all my friends will do as I do. I think it would be a werry great shame, to give the wenerrable hexaminers any more trouble.

I am, Sir, &c. &c.

——— Street, Feb. 1st, 1827.

We can assure our correspondent, if his friends were as numerous as the preparations in the Hunterian Museum, that the reformers would have no desire to see their names appended to the Petition; and whether there be subscribed to it *five*, or *five thousand*, signatures, it matters not,—the allegations remain the same; their truth or falsehood is not to be established by a stroke of the pen; *there must be inquiry*. As there is no doubt that a parliamentary committee will be appointed; as it is our wish that the fullest investigation should take place; and as it appears that our correspondent has given the subject a portion of his valuable attention, we will not omit to have him and a few of his friends who object to sign the Petition, summoned before the Committee. *Their* evidence would be exceedingly important, and of itself sufficient to satisfy any twenty-four rational gentlemen, that the government of the College of Surgeons requires some *little alteration* at least.

THE GRAND COMMITTEE of St. Bartholomew's Hospital, roused at length by the repeated notices we have taken of the imposition, have issued an order which directs that the BOX CARRIERS shall extort no more fees from the students, when they attend *post mortem* investigations. This was a most odious tax, and we congratulate the pupils on its repeal.

IT is with regret we observe that the MEDICO-CHIRURGICAL SOCIETY in LINCOLN'S INN FIELDS, which for at least twelve years largely contributed by its *meetings*, its *library*, and its *transactions*, to diffuse useful knowledge, and to stimulate its members to professional investigations, has been gradually falling into decay from the period of its opposition to the publication of the reports of its proceedings in the pages of this Journal. Practitioners of talent and eminence were naturally suspicious of the veracity of statements of cases, and declarations of opinion, promulgated by men who dreaded PUBLICITY; hence they have deemed the discussions unworthy of notice, and neglected the periodical meetings; and it may with truth be now said, that the Society is one of comparative insignificance. This is strongly exemplified by the complete dearth of "Papers," by the paucity of its "Transactions," (and we hear that no more are to be published,) and by the most fatal symptom of all, the late resignation of many of its members. If more proof were wanted, it might be found in the circumstance that many eminent surgeons have refused to fill the office of President for the ensuing year!

Who can reflect on the approaching death of this Society, without endeavouring to trace the cause and course of its malady? On its birth, all the most respectable of the profession in the metropolis, as well as many in the country, enrolled their names amongst its members; we should only omit most of the *Odd Fellows* of the College of Physicians, Baillie excepted, who was its first President. A list of distinguished men, such as Cline, Cooper, Blane, Abernethy, Pearson, and many others, afterwards filled in succession that once honourable chair, whilst the important offices of Librarian and Secretary, were admirably executed by Bateman, Roget, Samuel Cooper, and Lawrence. The period when these men resigned their different functions, we may date as the *first* fatal symptom of the disease which has now so nearly destroyed the constitution of that once excellent body. A different *grade* of persons has since come into office. The "Council," like their neighbours on the opposite side of the square, have become self-elected, and, we fear, corrupt. Papers of the lowest order of intellect have been admitted into the "Transactions," whilst others, infinitely their superiors, were either delayed or altogether rejected as unfit for publication—no doubt for the *wisest* of purposes.

The febrile disturbance has daily increased since the first attack of the distemper, and the severity of the now existing putrescent or *typhoid* symptoms, can be easily imagined, when it is told that the "best nights" they now have are "got up" by JEMMY COPLAND, whose *resurrection* from the *Mausoleum* appears to have been effected with a view to the performance of this duty; by *Doctor* JEMMY JOHNSTONE of *Carrickfergus, surgeon* and *libeller*; by ANTHONY TODD THOMSON, of loquacious notoriety and perversity; by poor RODERICK, the YELLOW GOTH, and editor of the Hole-and-Corner Case Books; by AUTHOR GUTHRIE, (at the serene age of 52,) *assistant surgeon* to DOWAGER LYNN, notorious for his eloquence, his grammar, and the pathos of his periods! and by those celebrated supporters of Hole-and-Corner Surgery, LITHOTOMIST SHAW, (who never forgets to ejaculate that he is the *brither* of Mr. CHEELS BILL); and COCKNEY MAYO.

DIED at his house in New Broad Street, on Monday, the 29th ult., THOMAS ROBSON ELLERBY, Esq. Surgeon, ætat, 37.

Those who had the pleasure of Mr. Ellerby's acquaintance, will long regret his loss; he was a man of considerable talent in his profession, and his conduct was characterised by strict integrity in the practice of it. He was an ardent friend, and an agreeable companion.

Mr. Ellerby was a valuable Member of the COMMITTEE of Surgeons, who will experience some difficulty in adequately filling up the vacancy occasioned by his lamented death.

In the pages of THE LANCET we have often recommended, as a means of removing from the public mind a portion of the prejudice against human dissections, that SURGEONS, who, of all others, are the best acquainted with the utility of the practice, should insert a clause in their "last will and testament," directing the dissection of their bodies. Mr. Ellerby was a warm approver of this proposal, and frequently expressed his admiration of it in the most public manner, at the same time declaring that it was a practice he should adopt in his own will, and that he sincerely hoped his relatives would see that his wishes were fulfilled. That he strictly adhered to this resolution, the following extract from his will, executed only two or three days before his death, will abundantly show.

"For the guidance and instruction of those whom I may appoint as the executors of this, my last will, I do here set down what my wish is, concerning the disposal of my body:—After my decease, I request to be placed in a very plain shell or coffin, with all possible dispatch; that my friends and acquaintances be assembled as soon as convenient. Preferring to be of some use after my death, I do will, wish, beg, pray, and desire, that at the conclusion of such meeting of my friends and acquaintances, and at which I particularly wish those medical friends who have so kindly attended me through my long illness to be present, that the shell or coffin in which I may be laid, be placed in a plain hearse, with directions for it to be taken to Mr. Kiernan's, or some dissecting-room of an approved anatomical school, followed simply by the medical men in one or two plain coaches, and that they do there examine it to their full satisfaction, taking away such parts as may be of pathological utility. After which, that the remains be dissected, or made whatever use of the anatomical teacher at such school may think proper.

"This I do as a last tribute to a science which I have delighted in, and to which I now regret that I have contributed so little; but if this example, which I have set, and designed for my professional brethren, be only followed to the extent I wish, I am satisfied that much good to science will result from it; for if medical men, instead of taking such care of their precious carcases, were to set the example of giving their own bodies for dissection, the prejudice which exists in this country against anatomical examinations, and which is increasing to such an alarming degree, would soon be done away with, and science proportionably benefited as the obstacles were thus removed. Nay, so far do I think this a duty incumbent upon every one entering the profession, that I would have it, if possible, framed into a law, that on taking an examination at a public College for license to practice, whether physic, surgery, or pharmacy, it should be made a *sine qua non*, that every one taking such license should enter into a specific agreement that his body should, after his death, become the property of his surviving brethren, under regulations instituted by authority."

He was attended during his illness by Drs. Clutterbuck, Armstrong, Davis, and Blundell; and as Doctors generally disagree, they presented no exception to the general rule, in the present instance. The three first however agreed that the heart and its investing membrane were principally involved, although there was a difference of opinion respecting the nature of the affection. Dr. Blundell, singularly enough, pronounced the case *hysterical;* aware of their opinions, Mr. Ellerby directed that his brain should be presented to Dr. Clutterbuck, his heart to Dr. Armstrong, his lungs to Dr. Davis, and if a *uterus* could be found, he desired that Dr. Blundell should have it.

On Wednesday next, February 14, at four o'clock, the HUNTERIAN ORATION will be delivered by Mr. THOMAS. We have received several communications relative to the *back-door* on this occasion; and as the following, although short, points well to the subject, we select it for insertion:—

"Mr. EDITOR,—As we are to have an *Oration* soon, pray can you inform me if the *front door* is to be opened to *all members*, or must the greater part still go in at the BACK-DOOR?

A PURE SURGEON.

Harrow, Feb. 27, 1827.

P.S. If you don't know, apply to SIR VILLIAM BUZZARD."

We are sorry that we have no plea for obtaining such an interesting interview as the postscript suggests, being already in possession of the required information. The tickets are issued, and, lo! *Portugal-street* has disappeared! The front of the card bears the usual inscription, but on the reverse side there is *not* the usual inscription; it is of the whiteness of mountain snow, pure and undefiled, no longer bedaubed with a back-door invitation. The Members will now walk in as they ought at the front door of their own College, and they should bear in mind, that this privilege is the result of their spirited opposition to the mean and paltry measures of the COUNCIL. We last year, in the theatre of the College, told Sir Villiam Buzzard and Mr. Abernethy, that the Members had passed through the back-door for the last time.

Let not the Members be deceived by any signs of contrition on the part of the "Ruling Powers;" REFORM must come from WITHOUT, and not from *within* the College. There can be no security for us, while the Council are irresponsible, and so long as they are allowed to *elect* their colleagues. An application to Parliament is the only measure that can have the effect of *establishing* and placing upon *a secure basis*, the RIGHTS of the Members. This is now the universal opinion. It was but on Thursday last that a most numerous meeting of the surgeons of BRISTOL took place at Reeves's Hotel in that city. H. Daniel, Esq. in the chair. Our correspondent states that it was *unanimously* resolved to *petition Parliament*. Thus following the example of the surgeons of London and Winchester. The aspect of our cause brightens daily.

UNDER the head ST. GEORGE'S HOSPITAL at page 495 of our 176th LANCET, we printed the report of a case of STRANGULATED HERNIA. It was inserted without note or comment, and thus rich in its naked beauty, it was our intention to have left it until after the appearance of JEMMY JOHNSTONE'S *April* MEDICO-FUDGICO. The motive for this will presently be obvious enough. As the case occupies but little space, and as this Number may fall into the hands of many persons who had not an opportunity of seeing that in which it first appeared, we will here reprint it:—

ST. GEORGE'S HOSPITAL.

Strangulated Hernia—Operation—Strangulation not relieved—Death—Dissection.

Mary Burnett, aged 32, admitted with strangulated femoral hernia on the left side; she has been subject to rupture for two years, and thinks that she had not reduced it during this time. Since Wednesday last, the 4th inst., it had been more full, and she has had no motions since that day. On her admission she was afflicted with hiccup, sickness, tenderness over all the abdomen, and anxious countenance; the pulse about 108. She was bled, and put into the bath. A small tumour of the size of a walnut was felt in the usual situation of femoral hernia; this was cut down upon; and, on the sac being opened, was found to consist of a portion of omentum, much compressed, presenting the appearance a good deal resembling one of the common conglomerated glands in two small lobes. It had contracted slight adhesions every where to the inner part of the sac, and had a very narrow neck. The stricture over it, by Poupart's ligament, was not very tense; it was divided, and the mass returned into the abdomen.

Since the operation, leeches, weak solutions of Epsom salts, and, lately, a little castor oil, have been employed; as yet she has had no evacuation, nor have the symptoms abated. Her countenance is more unfavourable, expressive of more distress; the hiccup continues; the tenderness of abdomen is increased; a sense of fullness is experienced; pulse about 100; tongue deeply coated; vomited once just now, and continued in the same state till the 15th, when she died.

Sectio Cadaveris.

On opening the cavity of the abdomen, the stomach, duodenum, and jejunum, with the first part of the ileum, were marked with inflammatory appearances on the posterior coat.

It was found that she had been affected with double hernia; a portion of peritoneum had descended under the crural arch to the extent of about an inch, or an inch and a half, and a contiguous portion of peritoneum had got entangled between the fascia running up, and from the pubes inside the rectus abdominis muscle, forming a sac of about one-third that extent; into the latter a small portion of the ileum had been protruded and strangulated, forming the cause of death.

The piece of intestine adhered to the sac about three-fourths of its circumference, and was confined by the stricture formed by the fascia, and in a very high state of inflammation. Every part of the contents of the intestine was arrested by the stricture, and below it the intestines resembled a large *worm;* another portion had been strangulated in the sac, and had descended below Poupart's ligament, and which had been reduced during the operation; this portion showed the marks of compression it had undergone.

This report is so very satisfactory, so unequivocally lucid, and so particularly consisteut, that at first sight one might almost imagine it had been written by either GIMBERNAT, ASTLEY COOPER, or LAWRENCE; but the *archives* whence it was extracted, are scarcely less celebrated than the works of these authors, which will at once be confessed, when we announce that the above report was carefully copied from the *Case Books* of St. George's Hospital; consequently, it is an "AUTHENTIC REPORT!" There are, however, a few omissions in it which we will supply, whilst there are a far greater number of omissions that old Nick himself could not supply. The patient was admitted under the care (care?) of Mr. ROSE, the *operator* was Mr. ROSE, the conductor of the *post-mortem* examination was Rr. ROSE, agd the *writer* of the report was Mr. ROSE —what a Rose! what an astonishing Rose! "Many a flower is doom'd to blush unseen;" but such has not been the fate of the ROSE of St. GEORGE'S. His wishes, however, are far otherwise, as have been manifested by his "Hole and Corner" propensities. Men of great wisdom are generally diffident, attached to solitude, and derive their chief enjoyment from the intellectual pleasures afforded by retirement. It is often said that modesty and genius ever go hand in hand; hence it occasionally happens that the most celebrated of the "Hole and Corner" surgeons, when before the public, carry with them more of the appearance of simpletons than of men of learning, and this merely from their extreme bashfulness. The hostility then of these gentlemen to the publication of LECTURES and HOSPITAL REPORTS arose from no other cause than the disrelish of *vulgar approbation*, always entertained by great minds! Convinced of the elevated character of their surgical exploits —conscious of the superiority of their professional attainments, they seek not the empty applause of the learned; and yielding to the impulse of their inclination, naturally retire to "Holes and Corners," for the purpose of avoiding the vulgar gaze of the wondering and "admiring million." But men of weak minds pursue a different course; thus we see that CANNING—BROUGHAM—PEEL — ROBINSON — LIVERPOOL — LAWRENCE—WARDROP — CLUTTERBUCK—CARMICHAEL—COOPER —ARMSTRONG —MACARTNEY, and many others, embrace every opportunity of presenting their offerings at the temple of science, and of submitting their mental fruits to the ordeal of public scrutiny, for the gratification of the public taste, and for the improvement and happiness of mankind. These, however, are simple men; and ought, from their ignorance, to dread the influence of public opinion; their reputation, they well know, must perish with their bodies; whilst that of the Council of our College, and the rest of the "Hole and Corner" Surgeons, will "live for ever in the records of 'Hole and Corner Surgery.'" Relinquishing irony, the use of which is scarcely warrantable on such an occasion, let us in sober sadness ask, if it be possible that the Report just read, is from the pen of a London Hospital Surgeon? And that such an operation, (taking into view the post-mortem appearances,) was the performance of a London Hospital Surgeon? Unfortunately, both must be answered with an affirmative. As to the Report, who ever beheld so much botheration, so much downright nonsense, within a similar space? and this is an "AUTHENTIC Report;" written, we presume, for the instruction and guidance of young gentlemen educating as surgeons! Fortunate pupils, to have such an instructor!

"A small tumour, the size of a walnut, was felt in the usual situation of femoral hernia; this was cut down upon; and on the sac being opened, was found to consist of a portion of omentum." * * * * * (Very well.) "The stricture over it by Poupart's ligament was not very tense; it was divided, and the mass returned into the abdomen." The *mass*! What mass? A mountain of omentum of the size of a *walnut*! A precious mass, truly! But what of the intestine? It does not appear that any was seen *during the operation*; the *post-mortem* examination, however, exhibited quite enough. The stricture over it BY *Poupart's ligament*! Why not have said, BY the "man in the moon?" The last description would convey about as accurate an idea of the *real* situation of the stricture, as the first. Under the head *sectio cadaveris*, we are informed, that the poor woman had been "affected with *double* hernia;" and having discovered that there is another case of this description on record, and as it is *rather* curious, we will publish a report of it in our next; meanwhile we will endeavour to learn *on what day it was* that MR. ROSE operated, and having ascertained this, we will attempt to render him some little assistance in a further exposition of the *post-mortem* appearances.

We have been alive to the manœuvres of certain Accoucheurs, who are hard at work to get themselves created a Committee by the College, to examine their candidates in the *mystic* art. As these gentry *work* in the dark, we shall not fail to watch their proceedings, —apply probably an occasional *moxa*, and, finally, if necessary, give them a "discharge." So inveterate, then, are the Council against General Practitioners, that rather than admit them to a seat in the Court of Examiners, they would erect an Extra Court. But let them refer to their Charter, when it will be seen *they dare not do it.*

In another part of this day's Journal will be found a letter from Dr. Granville, which we should not allude to in this place, were it not for the *apology*, contained in the first paragraph, for the Doctor's perusal of The Lancet. As this extreme politeness is not altogether congenial to our climate, we do not know how we can better dispel the mystery in which it seems to be involved, than by informing our numerous readers that Dr. Granville was born and bred in the polite atmosphere of Italy. We beg to assure the Doctor, that we require no other *apology* from any man for perusing The Lancet, than the one so substantially and bountifully supplied every Saturday morning.

THE COLLEGES OF HENRY VIII. AND CHARLES II.

In honorem Collegii, or the Licentiate's Oath.

To the Editor of The Lancet.

Sir,—It delights me, even when I cannot approve the doctrines or opinions maintained, to see the Press discussing freely every subject of human concernment, but more especially the important science which consists in a knowledge of the means of preserving life and restoring health, and the manner of exercising professionally the healing art. Under unrestrained discussion, truth and error will always ultimately, and soon find their proper level; and all private interests will be sunk in, or identified with, those of the community. It was a noble saying of Dr. Akenside, that he liked to see striking manifestations of freedom, if he was even occasionally knocked in the kennel. Of late years, the difference between the results of the discussions of an unfettered press, and the infallible dogmas which were wont to be issued authoritatively from colleges and schools of physic, has become particularly apparent. The public journals, whether daily or weekly, whatever may be said to the contrary by dignitaries who consider such channels of communication as *infra dignitatem,* are now regarded, by unbiassed and sensible persons, as both the most ready and the fittest arenas for settling disputes in the medical, as well as in other departments.

That an appeal to the tribunal of public opinion in this matter has become indispensable in this country, we have by far too many proofs to allow us any longer to doubt. The champions of the different branches of the medical profession, and of their opposing ramifications, have, for some time, been in the field; and much skirmishing has already taken place between them, with a view to establish the exclusive right of each to the privilege of bleeding the purse and person of that renowned capitalist, John Bull, Esq., who has for centuries evinced a notable docility, and unparalleled power of sustaining most inordinate evacuations, by every possible outlet. The system of the physicians, whether ordinary or extraordinary, of this celebrated personage, appears to have been a continued course of depletion, as if disease consisted in nothing else than vigour in excess. They have sought to strengthen his frame, by detaching portions of it to distant quarters of the globe, to invigorate his vessels by shedding his blood, and to enrich his treasury by emptying his pockets; and it now only remains for the patient and his friends, if he have any disinterested ones, to ascertain how much more of this superlative treatment he can bear, without absolutely giving up the ghost. For the description of persons who are thought, by their respective partisans, to be the most fit candidates for the situation of performers in chief, on the purse and person of the aforesaid productive patient, I refer you to the papers of some recent contributors to your own columns, and to those of other journals. Of these writers, some give the preference to fellows of the College of Charles II., some to its licentiates, and some to graduates of universities, who are neither the one nor the other; whilst others prefer pure surgeons, and others general practitioners. From their total silence respecting the patient, one would think they were of opinion that he ought not to be regarded in this matter, any more than if he were dead, and already laid out for dissection. All this contrariety of opinion, will, however, get us in time into the right path, and work out his salvation.

Entertaining these sentiments, you will readily believe that I am in no common degree rejoiced to observe the skirmishing of the videttes or outposts of the different branches and ramifications of the medical incorporations of London, gradually assuming the character of regular warfare. And when I say that I hope soon to see the battle generally raging, and the patient himself personally engaged in the combat, I do assure you, Sir, it is not from any abstract love of contention, but because I conceive it to afford the best chance of early obtaining a permanent beneficial settlement of all the points and questions now at issue. It appears to me indispensible to this end, that the public first, and afterwards the parliament, should become conversant with the whole of the subject; and this they can only do in consequence of the elucidations which may be elicited by the pretensions and dissertations of the various contending parties.

Allow me here to observe, that, having the diplomas of both physician and surgeon, I cannot, in any opinion which I may express respecting these branches, be presumed to entertain an undue preference. I do not see why they should be at all opposed to each other. It is certainly rational, and this point, I believe, is almost universally agreed upon, that their education ought to be the same; and that whether an individual practice in the one capacity or the other, or both, ought to depend upon his own selection, situation, and the choice of the public. Inasmuch, however, as cases requiring medical treatment are greatly more numerous than those requiring surgical treatment, so ought the number of physicians, where the subdivision of labour exists, to exceed that of the surgeons, as we find to be the case in France, and other countries, where monopolies do not prevent the due adaptations of the supply to the demand. Monopolies, therefore, whether medical, chirurgical, or pharmaceutical, which do prevent the due adaptation of the supply to the demand, and enhance proportionally the expenses incidental to sickness, ought, as being the chief cause of all the existing evils in the profession, to be forthwith abolished. And with respect to the general practitioner, it is self-evident that, in order to bring the members of the medical profession under their natural and proper divisions, he should become physician, surgeon, or pharmacien; so that, by discontinuing either the occupation of prescribing or dispensing, his interests may cease to be at variance with his duties.

Happily for the public, things have now arrived at that state, that peace can no longer be maintained amidst the monopolies and various pretensions of the different medical corporations, and their sub-divisions. The Devil may be said to have fairly got among the doctors. The corporations are in open hostility. They are individually in a state of civil war. Pupils are driven into revolt against their teachers. Schools are placed in opposition or collison. One would think that old Chaos was come again. But out of darkness cometh light. The results of the recent dramatic exhibitions at Bartholomew's Hospital will illustrate what I mean. The temporary confusion, and bloodless suspension of order, which have been so well described in your pages, were accompanied by a display, amusing, salutary and instructive, of the latent views and motives of all the principal performers, the disclosure of the hitherto well concealed tortuosities of a self-proclaimed straight-forward-man, and a prospect of the abolition, at one public Institution at least, of the law of primogeniture, or at any rate, of hereditary succession, in matters of medical instruction. The students, in this affair, deserve the highest praise. The young mind is prone to the straight-forward course, without proclaiming it. They will have their reward in the establishment of that superior system of education, and improved organisation of the medical profession, in which the present disturbances must necessarily terminate.

The first campaign of this *Bellum Medicinale* was regularly opened, as every one knows, by the corps of surgeons taking the field against the governing members of their College. The physicians had in the course of ages been repeatedly embroiled in wars, foreign or civil; and they are now again in a state bordering upon internal commotion. In the Medical and Physical Journal of last month, a fellow of the College of Physicians, under the signature of "Socius," adverts to "the hostility which *is said* to exist between the fellows and licentiates, *and to threaten some great disturbance in the profession.*" "*Said* to exist!" It *must necessarily* exist, either open or latent. The licentiates would be base indeed, if they could be contented with their lot. These reports "Socius" deprecates as tending to excite "*useless jealousies between those who ought to live upon good terms with each other.*" But, with all deference, their jealousy is, to the public, infinitely more useful than their harmony. Some of the circumstances connected with this civil war of the physicians are in themselves so curious, and involve principles of so important a nature, that it is my purpose here more particularly to examine them. Although the real and long accumulating causes of dissatisfaction are numerous, extensive, and deep, the privilege of visiting the Hunterian Museum has, on this occasion, by the College of Physicians, as well as by the College of Surgeons, been mad the ostensible apple of discord. As trustees of that Museum, the late censors of the College of Charles II. very properly wished to contribute to procure increased facilities of visiting it for the profession generally. But they found that, consistently with the terms of their trusteeship, they could not effect this for the licentiates on the same footing as the fellows of their own College, or the members of the College of Surgeons. This was taken in offence by the licentiates; and their complaints were promulgated by Dr. Macleod, also a licentiate, in the London Medical and Physical Journal, of which he is the editor. I do not mean to enter into the merits of such parts of this controversy as regard only the parties, but to examine such features as either involve a public principle, or regard the interests of the community. It is necessary, however, to this end, succinctly to state a few of the leading facts. One of the late censors, Dr. Elliotson, in the name of his colleagues, makes a reply. "The censors," he says, "were recommended to transmit some observations to the Yellow Journal (Dr. Macleod's). But, for them, as fellows of the College, to send *any* communication to the Journal of a man, who, *totally unprovoked*, has attacked the highest officers of the College in the faithful discharge of their duties, and cast a severe imputation upon the whole body itself, after solemly promising, before the whole College, on receiving his license, to do every thing *in honorem Collegii*, is evidently *impossible*." This brings me to the marrow of my subject, or the interpretation that ought to be given to the words "*in honorem Collegii*," which I have taken as the motto to my letter. But first I must observe, that the obligation, on the part of the licentiates, "*to do every thing in honour of the College*," is not in virtue of a mere "solemn promise," but in virtue of an *oath*; which oath, if I be not misinformed, is administered to the licentiate *on his bended knees!* Accordingly, Dr. Macleod complains, in an explanatory letter addressed to the President, that, "it is held up *as a violation of his oath* that he should presume to say that the censors have acted injudiciously, or that any of their brethren think so." I may here observe, *en passant*, that it is not a little curious, at this period, to see Dr. Macleod, a licentiate, mounting the very stilts of incorporative intolerance, whilst the highest officers of the College are meekly descending into the vale of liberal principles. The subsequent part of this letter will show with what propriety the licentiates consider themselves *members* of the corporation. But let Dr. Macleod speak for himself: "In the remarks alluded to," says he, "and which have given so much offence to the late censors, I commented on the questionable policy of their interfering with the Hunterian Museum at all at such a time; because I regarded their co-operation with those surgeons whose avowed object was the abrogation of the charter of their College, as calculated to embroil the two corporate bodies, and therefore as injudicious;—as contrary to all established etiquette in the profession, and therefore as in bad taste. And, I ask, in the event of public meetings being held by the licentiates to overthrow the authority, and destroy the charter of that learned body over which you preside, I ask whether, under such circumstances, it would not be regarded as a most ungracious act were the council, or any other officers of the College of Surgeons, to avail themselves of any influence their official situations might accidently give them, and to volunteer their services on the side of the licentiates?" If Dr. Macleod believes the supposition which he has here made possible to be realised, it only shows his total unacquaintance with the nature of incorporations. Besides, it was not to overthrow the authority of the College of Surgeons, but to facilitate admission to the Hunterian Museum, that the late censors of the College of Physicians co-operated, on this occasion, with the body of surgeons, if they can be said to have co-operated with them at all.

But to return to the obligation imposed by the licentiate's oath, to do all things *in honorem collegii*; it appears to me to be equivocal, and susceptible of different interpretations. If it be taken to mean that a licentiate is bound, indiscriminately, to support all the measures of the College, *per fas et nefas*—through thick and thin—then it is such an oath as it would be virtue in him often to violate, or such as it is impossible for any honest man always to observe. If the meaning, on the contrary, be taken to be, that the licentiate is bound, upon all occasions, to support the *real* honour of the College, this, so far from implying the necessity of approving the immoral or illegal acts of its members, would seem to enjoin the duty of opposing them. I should be glad to be favoured with the opinions of legal and other casuits on these points.

The truth is, that the licentiate's oath, as I conceive, is doubly illegal and doubly immoral. It is illegal, because no authority to administer such an oath was granted by the statute of Henry VIII., or any subsequent law, and because the licentiateship itself is wholly illegal. The oath and the licentiateship were both introduced in the reign of Charles II. (See an Exposition of the State of the Medical Profession in the British Dominions, &c. p. 186.) If either of these measures be authorised by law, let the College point out their legal sources. It is immoral, because the applicant for a license knows no more of what will be required of him, in consequence of his oath, than of what is doing in the moon; and because most of the obligations, which he *afterwards* finds are thereby incurred, are both illegal and immoral in the highest degree. Can any thing under heaven, for instance, be more immoral than to administer, or to take an oath, the obligations imposed by which are carefully concealed by those who are to administer it, and cannot possibly be known to those who are to take it? One sweeping specimen will illustrate and include the whole. The statutes or by-laws of the College are assiduously concealed by the governing body, and consequently utterly unknown to the licentiates, who are yet required by their oaths to obey them; "Though a licentiate," says Dr. Wells, "is obliged to give his faith that he will observe their statutes, *he is never furnished with any opportunity of knowing what they are.*" Dr. Stanger swore that he had applied to the President and Registrar of the College for some information respecting their laws, but that both these officers had refused to give it to him? "There has been some difficulty, *even for the fellows* of the College," says Dr. Ferris, "to obtain the use of them."—(Exposition, &c. pp. 163, 4.) These gentlemen were all licentiates of long standing, and much experience of College affairs.

The fact is, and a very curious fact it is, that there are actually two Colleges of Physicians in London, the one legitimate, the other spurious; the one by statute of Henry VIII., the other a bastard of Charles II.; the one consisting of doctors in physic, *homines facultatis*, on an equal footing, the other of an arbitrary gradation of ranks, with a new and illegal stile, an illegal and immoral administration of oaths, illegal and immoral examinations, limitations, restrictions, and regulations; in short, with numerous illegal and immoral powers, self-conferred or usurped.

In order to be a member of the one, it is only necessary, simply, to be a doctor in physic, *homo facultatis*. You take your seat, by virtue of your degree, without swearing any immoral and illegal oath, encountering any unfair and supererrogatory examination, or paying any exorbitant admission fee.—Before Henry V., the common law of England gave degrees in physic a liberty to practice *per totam Angliam*. A statute of Henry V. gave them the same. All University privileges, of which this was one, were confined by statute of Queen Elizabeth. (See "Exposition," &c. p. 180.) By the charter of Henry VIII., six physicians by name, *et omnes homines ejusdem facultatis*, were formed into a College. For members of the faculty, then, admission into the College was not conditional, but imperative. They came in of course, and were of the corporation as they settled in the district. It was only recognising their right, by entering them in the College register; by admitting them to their *negotia*, &c., which they claimed *ex debito*, as their right and property, not *ex gratia*, or by favour. There was in their case no examinatien by law; for it would have been ridiculous that members of the faculty should be examined by members of the faculty; and what applied then to the medical graduates of Oxford and Cambridge, applies now equally to those of the other Universities of the United Kingdom.

In this legitimate College of Henry VIII., therefore, every doctor of the faculty, who lives in London, is, *ipso facto*, incorporated, without so much as the ceremony of admission, and may demand his voice as one of them when he pleases, as much as doctors of the Universities, whilst they continue there, are of the faculty *by their degrees*, and have their voices in the senate without further form. If the register in the University should not enter a degree, yet due proof of it would equally entitle the holder to its privileges; and it is quite clear that no private College can, by virtue of its by-laws, supersede the legal rights of the Universities.

The *admissi*, in the legitimate charter, as confirmed by act of Parliament, are what, in University language, are termed *practicantes*, and the same who before, by the 3d Henry VIII., were to be admitted by the Bishop of London or the Dean of St. Paul's, if approved by four doctors. In the University, their admission is *ad practicandam in medicina*, as in the charter *ad exercendam facultatem*; and with the Bishop and Dean it was to "practise." These persons were admitted to practise, after examination by the faculty, on account of the insufficient number at that time of regularly educated physicians. They took a degree, in a manner, in the College; but they claimed *ex gratia*, and had no right to be admitted unless the faculty thought fit. The *admissi, practicantes in medicina*, or *exercentes facultatem*, of the College of Henry VIII., have long ceased to be necessary. These have evidently been confounded, by the College of Charles II. (whether purposely or otherwise is of no consequence) with the *permissi* or *licentiates* of their own creation, although they obviously possess nothing in common. The licentiates are as much *homines facultatis* as the fellows of that College.

But, in order to obtain admission into the spurious College of Chales II., either as a member or an appendage to the Corporation, it is by no means sufficient to be a doctor of physic, *homo ejusdem facultatis*. You must undergo an examination, which supercedes the duties, violates the rights, and insults the dignity of your University. You must swear (if a licentiate, upon your bended knees) to do all things *in honorem collegii,* without the possibility of knowing what obligations you thereby incur,—an oath which it is impossible to fulfil, and a duty to violate. In order to obtain the highest, or the second rank, you must have been educated at one of two Universities, in which *scarcely any medical* education exists. To be educated in any of the *best medical* Universities in the world will only entitle you to the *lowest* rank in the scale. You do not become a member, but are only a *licensed appendage* of the incorporation, and for this honour you have to pay an exorbitant admission fee. There are other degradations and indignities incidental to a dependence upon this body, which are too numerous to be here specified, but equally contrary to reason and to law with those which I have enumerated.

It could only then, I am persuaded, have been for not sufficiently adverting to the circumstances that the College of Henry VIII. is still in legal existence, and open for the unobstructed reception of all doctors in physic, *omnes homines ejusdem facultatis,* according to the phraseology of the charter; that the College of Charles II. could not, in virtue of its by-laws, abrogate the rights of the Universities; that it is not necessary to be attached, in any shape, to that body, in order to be able to practise in London; and that to take an oath without a full knowledge of the nature and extent of the obligations which you thereby incur, is both immoral and illegal:—it could only, I say, have been from not sufficiently adverting to these and other important considerations, that so many otherwise respectable men, *homines facultatis,* could have been induced to sacrifice their own rights, and those of their Universities, by submitting to the degradation of becoming inferior appendages to a disgraceful monopoly; and now that this matter is so much better understood, I should think that those graduates who have already joined, would be anxious to withdraw themselves from so humiliating a connexion; and that all young candidates for medical practice, being duly forewarned, will take special care to avoid a similar calamity. I see no insuperable reason, indeed, why the governing members of the College of Charles II. themselves should not (making a bonfire of their odious and illegal by-laws) prefer the honour of spontaneously resuming the original, simple constitution of Henry VIII., to the disgrace of being compelled from without to return to first principles; this, however, is their own consideration.

But, as to you, Doctors in Physic, *homines facultatis* of the United Kingdom, you have only, without apprehending the least obstruction, to walk in and take your places in your own hall, which for three centuries, although you have not known it, has remained legally open for your reception.—Under the circumstances in which you are placed, it would, in my opinion, be a wrong course to take any legal measures with a view to oblige the College of Charles II. to receive you, for it would be only seeking to become members of a spurious body, whereas your own legitimate hall, which has been long empty, has its doors wide open inviting you to enter. You are an immense body, ready formed: the site of your hall you may place any where; that in Warwick-lane would for the present answer the purpose: take possession; enter *en masse* by right of your degrees; elect your President and *Supervisors,* according to the old custom, and the legitimate charter and statute of Henry VIII., and see whether the College of Charles II., with its *Censors,* and other arbitrary deteriorations, will venture to try or will be able to eject you. This would be a much more regular and decorous, as well as a more legal proceeding, than that of the licentiates on a former occasion, when they knocked at the College door and demanded admission, and I do not see by what chicanery it would be made to fail of success. You are far more numerous than the College of Charles II.; your resources are greater than theirs, which depend principally upon the admission fees of the licentiates, and which, by your success, would be lost to them; and you are at least as highly gifted. Having right, law, justice, humanity, and even power on your side, I do not see what danger is to be apprehended from the assertion, in the manner proposed, of your undoubted privileges. It will be for the College of Charles II., if they should prefer it to joining you, afterwards formally to question your rights, and you will have the advantage—a great one in such a case—of being the defenders. I would even be judged by lawyers, although it would diminish the chances of litigation, whether, under all the unfortunate circumstances of our profession, this would not be our best course to pursue; and I am persuaded, that in a military point of view, the Duke of Wellington would not say that we had placed ourselves in a false position.

I am, Sir, your obedient servant,

MEDICO-CHIRURGUS.

London, Dec. 19, 1826.

HYDROCYANIC ACID.

To the Editor of THE LANCET.

SIR,—I am not one of those who affect a total ignorance of what is inserted in THE LANCET, and who declare that they never read such a Journal. At all times I am glad to avail myself of any, and every, channel of information; and as long as your Hospital Reports are given with fairness, and convey mere matter of fact, unalloyed by erroneous opinions and unjust personal allusions, and stand, as most of them have stood, uncontradicted, I cannot but look upon the periodical that contains them as, so far, valuable and instructive. But when Reports are ushered in by preliminary observations, founded on error or misrepresentation, the value, as well as the instruction of the details that follow, must be greatly diminished. This is the case with respect to your hospital report on the efficacy of hydrocyanic acid in derangements of the stomach, contained in this day's Number of THE LANCET, which report is prefaced by two assertions betraying either ignorance or want of candour. I allude, first, to the expression of the reporter's belief, that the medicine in question *has fallen into disrepute*, and *indeed almost into disuse*, in pectoral diseases; and, secondly, to the reporter's declaration, that Dr. Elliotson is *the gentleman to whom the profession is indebted for the introduction* of the hydrocyanic acid into practice, as a valuable remedy in derangements of the stomach.

With respect to the first assertion, I can at this moment appeal to some of the most respectable members of the profession in London,—nay, to one or two at the head of that profession, as well as to some practitioners in the country,—further, I can call on not a few of the medical officers of public institutions, to contradict it in the most unqualified manner. Let an inquiry be made at the principal chemists in the metropolis, and many of the provincial towns, for the purpose of ascertaining whether or no the quantity of hydrocyanic acid prepared and sold by them has increased ten-fold since I first had the honour of introducing it to the notice of the medical profession in this country, in consequence of its being more generally prescribed in those pectoral diseases for which it has been recommended as a powerful means of cure, as well as in those for which it is administered as a mere palliative superior to many others, and you will have a strong collateral evidence that your reporter is wrong. I may also be permitted, in corroboration of my counter-statement, to allude to the fact of two editions of my work on that medicine being exhausted, as a proof that it has not fallen into disrepute, much less into disuse. I have no hesitation in stating it to be my honest conviction, that such an event is neither at hand, nor likely, very soon, to take place. But your reporter having expressed his erroneous opinion on which I have so commented, under a mere *belief*, it is fair to attribute that opinion to ignorance only, and not to any improper feeling.

As to his second assertion, it is not easy to account for its fallacy on the same ground. That a reporter, who undertook to speak so decidedly of Dr. Elliotson's priority of application of the hydrocyanic acid in certain cases of dyspepsia, should not have been aware that the claim which that gentleman himself set up in his pamphlet on that subject, had long ago been controverted, and clearly proved to be groundless, by Dr. A. T. Thomson, in the second edition of my treatise on the use of that medicine, (p. 386,) is a circumstance scarcely credible. That contradiction has never, to my knowledge, been refuted by Dr. Elliotson, although Dr. Thomson then called upon him so to do, in the most explicit manner. On that occasion it was shown, that inasmuch as Dr. Elliotson himself had admitted having read my first edition, in which Dr. Thomson had detailed a case of dyspepsia cured by the hydrocyanic acid, given, *not in a mistake*, as was the case at first with Dr. Elliotson, but on purely scientific and inductive principles; he could not have been ignorant of the effect of that medicine, and of the success with which it had been used by another practitioner, in that class of complaints, long before him.

Now, either your reporter knew all this, or he knew it not. If he knew it not, then neither ought he to have hazarded the assertion he has put forth, tending to mislead your readers, particularly those for whose immediate use THE LANCET is intended. If, on the contrary, he knew it all, then . . . . but it cannot be. THE LANCET will not, intentionally, misrepresent facts. It must have been mere inattention on the part of your reporter; and that inattention I deem it necessary to point out to your notice, as the responsible editor of that publication.

And now, Sir, having been candid with you, I confidently anticipate that you will be proportionately fair towards the public, and just towards Dr. Thomson and myself, by inserting the present contradiction to two unsupported assertions, in the same Journal which gave them promulgation.

I have the honour to be
Your obedient servant,
A. B. GRANVILLE, M.D.

Grafton Street, Berkeley Square,
February 3, 1827.

HOSPITAL REPORTS.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

The following cases of cancer afford illustrations of the history and anatomical characters of that disease, as well as those points deserving particular attention in a practical point of view.

CANCER IN THE NOSE.

T. S., aged 40, was admitted into this Hospital, with two ulcers occupying the right and left sides of the nose. These ulcers covered both alæ, and extended to a considerable distance over each cheek. They had all the characters of true cancer, having irregular very hard jagged edges, and a polished surface, the adjacent integuments hard and thickened, there was also a copious discharge of thin ichor, accompanied with a fœtid smell. He complains of extreme itchiness in the sore; that on the left being the largest, and at the lower part nearly coalescing with the one on the opposite side.

The patient stated, that about four years ago a pimple formed on the left cheek, and after scratching the part, the pimple was frequently removed. One year after the commencement of this affection on the cheek, the patient became anasarcous in the lower extremities, but by the use of remedies he recovered.

About the same time the sore extended, and has been extending ever since. He states, that previous to the appearance of the pimple, as well as since, he has had his nose several times severely bruised, by falling on his face while in a state of intoxication. About ten weeks after his admission into this Hospital, he was attacked with gout in both knees, for which he was bled both generally and locally with very marked and decided relief.

On his admission, 6th of December last, his lower extremities a second time became œdematous, for which he took the following pill:

℞. *Mass. pil. hyd.*, grs. xii.
Pulv. fol. digital., grs. iv. Mix.

formed into a mass, and divided into pills xii. One to be taken thrice a day.

Operation.

To-day, Mr. Wardrop made the incisions, considerably beyond what appeared to be the limits of the disease; leaving such a portion of sound integuments as was likely to ensure the success of the operation. Considerable hæmorrhage took place during the performance of this operation, but only one vessel was tied. A small piece of lint moistened with water, was the only dressing applied to the wound.

Immediately after the operation, the patient became extremely faint, was put to bed, and two grains of opium administered. At 4, (p. m.) complained of thirst, with stiffness in the wound. To be kept on tea and water gruel.

18. At 10, (a. m.) has passed a pretty comfortable night, but complains of headache; pulse 90, softer than on the preceding day; tongue white, thirst increased; has had no alvine evacuation during the last 24 hours.

℞ *Infus. sennæ*, ℥ii.;

to be repeated every three hours, until the bowels are freely opened.

9. (p. m.) The bowels have been opened twice, headache nearly gone, pain in the wound increased.

19. Has passed an indifferent night, there is some puffiness about the face; increased swelling, accompanied by smarting pain at the edges of the wound.

Habt. ℞. *Infus. sennæ*, ℥ii. at 3 p. m. bowels have been opened.

℞. *Pil colocynth comp.*, ii.
Calomel, grs. ii. Mix. To be taken immediately.

20. Swelling of the face greatly diminished; tongue clean; bowels have been opened several times.

21. Swelling of the face quite gone; bowels regular; to have a little broth to day.

January 10. No alteration of importance has taken place in the state of the patient, sufficiently interesting to continue a report; of late the wound has begun rapidly to fill up by healthy granulations, and there is every reason to conclude that the object of the operation in producing a cure has been completely accomplished.

CANCER OF THE HAND.

A coachman applied to the Hospital, with a warty tumour on the skin, situated between the metacarpal bones of the thumb and index finger, having all the usual characters of a cancerous ulcer, with a very hard base; the extent of the tumour being distinctly limited, he was advised to have it removed.

CANCER OF THE LIP.

An old man applied for advice on account of a cancerous tumour on the upper lip, the limits of which were also well defined, and as no contiguous glands appeared to be affected, he was recommended to have the diseased part removed.

CANCER OF THE BREAST.

Mary W., ætat. 43, married, but who has had no children, perceived seven years ago, an oozing of a limpid serous fluid from the nipple of the left breast; this was followed by a gradual retraction of the nipple, which has now receded so far as to form a concavity on that part of the breast; the skin covering this concavity is thickened, hardened, and can be felt attached to a hard, very large, irregularly shaped, and knotty tumour, occupying the greater part of the mammary gland. On the skin, at the base of the mamma, there is a scirrhous tubercle, quite insulated from the diseased breast, and in the axilla there is an enlarged and hardened lymphatic gland. The catamenia are regular, her general health is good, and she complains of little pain.

From the contamination of the lymphatic glands, Mr. Wardrop considered that an attempt to remove the diseased parts by an operation, would be improper. Besides the use of evacuants, she has been advised to apply a few leeches at some distance from the diseased parts of the skin, at intervals of four or five days, from which practice she has already received considerable relief, the size of the tumour being lessened, and the sensation of tension and fullness mitigated.

CANCER OF THE BREAST.

M. B., ætat. 60. The right mamma is very considerably enlarged; the diseased mass being of an irregular form, composed, as it were, of a number of different tubercles. The anterior portion is in a state of ulceration, the edges of the sore being irregular, everted, and of a very florid colour; its surface is covered in some parts by dirty yellow looking sloughs, and in others by exuberant and unhealthy granulations; there is a copious discharge of a thin fœtid sanies; the skin covering the tumour is very much discoloured, being of a dark purple hue; and she experiences most acute lancinating pains.

The tumour has not that degree of hardness and knotty feeling usually met with in scirrhus; it is extremely moveable, having no adhesion to the pectoral muscle; the adjacent skin is perfectly healthy in its appearance, and no diseased glands can be detected in its vicinity.

She attributes it to a blow received twelve months ago, soon after which she perceived a hard lump as big as a marble in her breast, which she could move to any part of it, and which has since gradually increased to its present size. About a month ago, the tumour being tense and painful, she applied several leeches to it, soon after which the ulceration commenced, and has made most rapid progress. She has, from its commencement, suffered considerable pain, which of late has become more intense. She says that her previous health has been good, and that she feels very well at present. Her complexion is of a leaden colour; her rest at night much impaired by the pain, and she cannot lie down.

The favourable circumstances of this case, contrasted with those of the former, have induced Mr. Wardrop to recommend the patient to submit to the excision of the diseased mass, to which she has consented.

The operation was performed on Sunday last, by including the whole of the diseased mamma within two elliptical incisions, and removing not only what was changed in structure, but a considerable portion of integuments and adjacent parts which appeared healthy.

The dissection was made expeditiously, and Mr. Wardrop considered it proper to tie with ligatures a considerable number of bleeding vessels, as he conceived the patient not a fit subject to lose much blood, on account of the feeble state of her constitution, depending, no doubt, on the copious discharge, and the excitement of the local disease.

The tumour, on dissection, exhibited all the striking characters of scirrhus, and appeared limited and imbedded in sound parts.

The patient got one grain of opium half an hour before the operation, and two grains immediately after it.

Second day. No bleeding or pain; has had a good night; slight fever; to have five grains of calomel.

Third day. No pain or bleeding; all febrile symptoms gone; bowels open.

COLLECTION OF MORBID PREPARATIONS.

Mr. Wardrop has sent his private collection of preparations to this Hospital, as a proper appendage to such an establishment. Though small in number, each specimen illustrates some important diseased change; and as the present preparations are not only valuable, but as there are almost daily contributions made to it, we shall from time to time give an account of any which we may deem more particularly worthy of notice.

GUY'S HOSPITAL.

CASE OF VENEREAL SLOUGHING OF THE LABIUM PUDENDI, SUCCESSFULLY TREATED BY THE APPLICATION OF UNDILUTED NITRIC ACID, (*Wine and brandy, quinine, ammonia, and opium, being given to the patient.*)

MARY WILSON, ætat. 19, a woman of the town, pale and unhealthy in appearance, was admitted into the Female Venereal Ward on the 10th of January, under the care of Mr. Morgan. At the time of admission, the whole of the upper surface of the right labium pudendi was covered with a black slough, from beneath which there was a slight sanious discharge. The skin, to some extent above the slough, was affected with a dark coloured inflammation; the glands in the right groin were much enlarged, painful, and very tender to the touch. The constitution sympathised with this state of parts; the pulse was small and quick; the tongue was furred and the skin hot. The girl complained of a burning pain in the sore, which entirely prevented her from sleeping. The history which she gave of her case was briefly as follows:—She said that she had been living eighteen months as a prostitute in the neighbourhood of the London Docks, where she had frequent intercourse with foreign sailors, and, as she freely confessed, was in the habit of drinking large quantities of spirituous liquors. She had had a purulent discharge from the vagina for several weeks prior to her admission into the Hospital, but about ten days previous she observed a small sore on the inside of the right labium pudendi, which was, according to her account, very superficial at first, but gradually got deeper; and as she was still compelled to pursue her ordinary abandoned habits, at length proceeded to that state of sphacelus which we have described.

January 10. *Lemon juice* to be applied to the part by means of pieces of lint, and over these a linseed meal poultice. Twelve leeches to the right groin.

Sulphate of quinine, five grains;
Carbonate of ammonia, five grains;
Opium, one grain;

to be taken three times a-day.

11. The febrile excitement is somewhat lessened; the appearance of the parts is much the same as described yesterday. Mr. Morgan directed the *undiluted nitric acid to be applied to the slough*. Continue the medicine, and six ounces of brandy allowed daily, with generous diet.

12. There is a line of demarcation forming between the dead and living parts; the slough appears not to extend to any great depth.

Repeat the application of the nitric acid.

13. The black portion of the slough has separated to its whole extent, leaving a sore covered with yellowish slough, intermixed with bloody spots. The surrounding inflammation has much decreased; the enlargement of the glands in the groin is less, and they are now free from pain. The constitutional disturbance has greatly subsided.

Ordered to apply the lemon-juice to the sore, with the linseed meal poultice, as in the first instance. Continue the medicines.

16. The surface of the sore covered with healthy granulations, and the subjacent inflammation entirely gone. There is an evident improvement in the patient's appearance; the pulse has acquired more tone; rest is obtained, and the appetite is good. The application of the lemon juice occasions much smarting pain. Mr. Morgan to-day directed it to be diluted, and used in this state.

18. The sore is healing fast. Ordered simple dressing, and to omit the use of the lemon juice, and also the poultices. Wine is now allowed instead of the brandy.

20 and 24. The sore is healing rapidly.

28. Nearly well.

INCONTINENCE OF URINE.

J. Hill, æt. 13, was admitted into Luke's Ward on 29th of November, under the care of Mr. Morgan, on account of incontinence of urine. He gave the following account of his disease:—about fifteen months before he came to the Hospital, he was standing upon a post, when his foot slipped, and he fell astride some railing, which thus very forcibly struck the perineum. Immediately after the receipt of the injury, he had a desire to make water, but found that he was incapable of doing so. He was seen by a surgeon on the day after the accident, and repeated attempts were made to pass the catheter, but without success; at this time the boy was suffering much pain from the distended state of his bladder. The attendant surgeon, however, having failed in his efforts to pass the catheter, contented himself with prescribing the use of fomentations; a few hours after, the urine dribbled away involuntarily, and in this manner the boy was relieved. He continued to labour under incontinence of urine for the space of a fortnight, at the expiration of which period he was better, but not entirely rid of the symptom. He remained in this state for upwards of three months, when, after riding on horseback to a considerable distance, he found that his urine had flowed away involuntarily, and from this time, incontinence of urine continued to the date of his admission into the hospital. The boy stated that he had taken various medicines without benefit, but had never worn a catheter; his general health appeared to be good.

Mr. Morgan, on the day of the patient's admission, passed a sound into the bladder with some difficulty; the obstruction was in the membranous portion of the urethra, at which part it appeared as if the point of the instrument passed into a sacculus. Ordered to apply a blister to the loins, and to take *half a drachm of the subcarbonate of soda* in a wine-glassful of the infusion of cascarilla, three times a-day.*

Nov. 30. We find the patient this morning labouring under *retention* of urine, which Mr. Morgan attributes to the irritation produced in the urethra, by the attempts which were made to pass the sound. An elastic gum catheter was introduced with some little difficulty, and a considerable quantity of urine drawn off; the catheter was retained in the bladder by means of tapes.

Dec. 6. The catheter has been kept in the bladder since the last report; it occasioned some pain at first, but this soon subsided. A portion of the urine passes by the side of the instrument. Continue the medicine.

9. The catheter was withdrawn yesterday, and has not since been introduced. He can now retain a considerable quantity of urine, but occasionally suffers much pain in passing it, and has tenesmus, with involuntary evacuation of the rectum.

15. The patient is progressively improving; micturition is not so frequent, and the pain experienced about the neck of the bladder is much less. A catheter is introduced every morning; there is still some obstruction to its passage, at the membranous portion of the urethra.

20. Much the same. Ordered to take twelve drops of the tincture of cantharides in each dose of the mixture prescribed on the patient's admission.

30. Sounds are passed into the bladder occasionally; the obstruction is much lessened. He continues to take the mixture.

Jan. 20. The same plan of treatment has been continued, and at the date of this report the boy is able to retain his urine, and passes it with a moderately full stream, suffering but little pain. He remains in the Hospital, in consequence of having had a return of ague, under which complaint he laboured a few weeks before admission.

30. Dismissed quite well.

CASE OF COMPOUND, COMMINUTED FRACTURE OF THE CRANIUM, WITH DEPRESSION OF BONE.

Charles Ward, a spare lad, about twelve years of age, was brought to the Hospital about two o'clock, (p. m.) on Friday the 19th of January, having received severe injury to the head, occasioned by the kick of a horse. He was placed in Cornelius Ward, under the care of Mr. B. Cooper.

On examination, there was found to be an irregular wound of the scalp, over the upper part of the left parietal bone—that is, at its anterior superior angle. The bone was denuded, and was so much comminuted, that several distinct portions were driven in, and were evidently pressing upon the brain. The symptoms present, were those indicative of compression of the brain, the breathing was stertorous, the pulse slow, the pupils dilated and immoveable, and there was an absence of all consciousness. The boy having been taken into the operating theatre, the wound of the scalp was first enlarged, and then by means of Hey's saw, and the elevator, Mr. Cooper succeeded in removing the depressed portion of bone. The patient very shortly experienced relief; in the space of a quarter of an hour the pulse had risen considerably, and there was a return of consciousness. In the evening, it was thought proper to abstract ten ounces of blood from the arm, and ten grains of calomel were given.

20. The state of the patient is highly favourable:—he answers questions rationally, the pupils are obedient to light, and he has no pain in the head. The pulse is 120, and small; the tongue dry, but not furred; the skin natural; the bowels have been moved twice. A dose of house medicine (salts and senna,) was given this morning, and the patient vomited shortly after.

21. The patient is entirely free from bad symptoms; the pulse has now subsided to 90. With a view of keeping up an action on the bowels, the following mixture was prescribed:

Sulphate of magnesia, 4 drachms;
Solution of acetate of ammonia, 1 ounce;
Solution of tartar emetic, half drachm;
Water, 5 ounces. Mix.

A large table-spoonful of this mixture to be given every four hours.

27. From the date of our last report, we have visited the patient daily, and have found nothing material to note. With the exception of the wound in the scalp, the boy might indeed be pronounced in perfect health.

The wound has a healthy appearance; poultices have been applied during the last three days.

Feb. 3. The patient is in every respect doing well, and the wound is fast healing.

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* In the application of blisters, Mr. Morgan invariably adopts an old-fashioned mode of practice, in order to prevent strangury; it consists in the interposition of a piece of silver-paper between the blister and skin.

THE LANCET.

No. 181.] LONDON, SATURDAY, FEBRUARY 17. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

On the Lungs, and Respiration.

You may open one lobule of the lungs, introduce a blow-pipe, blow into it, and fill the whole of the lobules of the lungs with air; there is, however, no communication between the air cells, and the interstitial or common connecting cellular tissue. The air you blow into one lobule, will pass on into another, and from that into another, until you have blown up the whole. You may do the same thing with an injection of quicksilver. It appears, therefore, that the air vessels terminate in cells, which are air tight. In blowing up the lungs this way, you never can fill also the interstitial substance. So, again, you may fill up the interstitial substance, or common connecting cellular tissue; but by doing that, you can never get the injection into the air cells at the same time. In short, the lungs are a sponge, with the air vessels leading into the sponge; and the parts of the sponge are conjoined with one another, but the conjoining substance has no connexion with the sponge itself.

I have represented these air tubes to be *mucous membrane*, and they are mucous membrane throughout; there is great secretion of mucus from them, as every body knows, for it is coughed up, and produces great irritation.

Irritability of the *air-cells.* With regard to their irritability, these air-vessels are primarily irritable; and the question is, whether these vessels which permeate the lungs are irritable or not? Now who can tell that? It is believed that all the mucous membranes of the body are irritable. I don't believe that any body can demonstrate an irritable mucous membrane in the urethra, and yet that part has been known to be of considerable irritability. Now it has been a question among surgeons and physiologists, as to the irritability of these vessels in the lungs; and you may ask my opinion upon the subject, or I may at once tell you, that I have no doubt of the air vessels of the lungs being irritable. What is to be our guide? Our senses are insufficient to inform us; why, then, observation of course must. Ordinarily, respiration may be said to be a mechanical process; we enlarge the capacity of the chest by the *intercostal muscles*, and the air is forced into the lungs: we diminish the chest, and the air is forced out of the lungs, just as if you were using a pair of bellows. Ordinarily respiration is carried on merely as a mechanical process; but, extraordinarily, do we not find manifestations that air cannot get into the lungs, though we do endeavour to enlarge the chest? You know you never could lift up the board of the bellows, if you were to stop up the holes that admit the air, and why? On account of the immense weight of the atmosphere. Just so, if you were to put a rope about a man's neck, and stop the air from entering into the *trachea*, it is not the strongest man that ever lived that could afterwards enlarge that man's chest; to do that, would be to lift up an immense load of air. A man having irritable lungs, may be sitting comfortably enough at the fire-side, but a little smoke comes into the room, and he can breathe no more: he gasps for breath, he cannot enlarge the chest, and he finds the utmost difficulty in respiring; but where's the difficulty? Where's the sensation of pain and contraction? Why, in the lungs themselves; the hindrance is there; I believe it is all irritability. And it is very curious to observe, where you find an irritable state of the lungs disposing to contraction, what slight things affect, what slight things bring on, and relieve, this asthmatic breathing: pure air generally relieves it. People who have asthmatic lungs in town, go about the streets with their shoulders hitched up to their ears, and using every auxiliary to enlarge their chest; and the advice that is generally given is, why, take them into the country. I remember a neighbour of mine perfectly well, whom, upon my life, it was painful to see walk about the street, or breathe any impure air, for you would have thought it would have suffocated him. He had a house in the country; he used to get into his carriage in Bedford Row, to go to it, and as soon as he got to the end of Gray's Inn Lane, he drew in a mouthful of fresh air, and then breathed perfectly well. Now, *vice versa*, there are people, who cannot live in the country, but who come up to London, and live very comfortably here: and I remember once being a little deceived by a case of this kind; it was the case of a man whose lungs were so asthmatical that he could never lay down in his bed at night, and really his case was so distressing that his physicians advised him to go the South of France, and winter there. He came to London, in his route to France, and, most whimsically, called on me. I told him, what I tell every body else, that the best thing he could do was, to take care of the state of his stomach. (*Laughter.*) The stomach and the lungs are supplied by the same nerves, and I shall boldly declare to you, that I believe the irritation of the lungs does proceed from the state of the digestive organs. (*Continued laughter.*) I told him thus, and that that was all I could say; if he chose he might attend to it. In about three weeks afterwards, he called on me again, and said, O, I have been living in London, I have been doing as you bade me, and I have not had the least difficulty in breathing since I saw you; and I begin to doubt whether I should go to the South of France at all; it is very inconvenient to me to go there; it is taking me away from my business, from the society of my friends; and what do you think? I said, I don't know what to think, nor do I know how you are to determine, except by going back to your own residence, and seeing how you are when you get there. He went back, and, *egad*, the very first night he got into bed in his own house, he was almost suffocated. Now, that man lived on the top of a high hill, where the air was of course fresh and pure.

I'll tell you of another case; it was that of a man who lived in a state which you would have supposed would have suffocated almost any body. His room was filled with sulphuric acid gas, and he found it relieved his difficulty of breathing in an amazing degree. I say that is whimsical; but all this leads to convince me, that there is a state of irritability in the lungs, and which proceeds from the state of the stomach too.

Now, I have done with what I may call the aerial structure of the lungs—the air-tubes, and air-cells; and I go on to the blood-vessels.

Bloodvessels.—Here are the ramifications of the great pulmonary artery supplying the lungs; but on injecting that artery we find certain discrepances between it and those of the other parts of the body; in others, we see them communicating with one another, but we do not see that in the pulmonary artery; the ramifications of this artery are distributed on the outside of the air cells of the lungs. The blood, as you know, returns to the left auricle of the heart by four pulmonary veins. With regard to the *bronchial* vessels, they unquestionably accompany the ramifications of the *bronchia* throughout the lungs, and are considered as the nutrient arteries of the lungs; but whether they are the sole nutrient arteries of the lungs, is matter of considerable doubt; when Ruysch first discovered these arteries, he naturally enough said, how could people be so absurd as to say—what, the arterious blood afford nutriment to the lungs! Is it not venous blood? Are there not the bronchial vessels of which I, Frederick Ruysch, am the discoverer? But it was said they were not large enough to afford nutriment to the lungs; he, however, said they were.—What creates the greatest doubt is, that you may inject the adhesions between the *pleura-pulmonalis* and the *pleura-costalis,* with subtile injection through the pulmonary artery; and these adhesions are formed by a gelatinous sort of matter. In short, I leave the matter in a state of uncertainty; but the argument that the blood of the pulmonary artery is unfit for nourishment, is, I think, not a very valid one, inasmuch as though it went for the venous blood, it became arterious blood in its branch through the lungs. Well, so much for the bronchial vessels.

Absorbents.—Now the lungs contain numberless absorbent vessels; these are deep-seated absorbents; they are very numerous, and they are not valvular. All these absorbents pass through a number of absorbent glands, which are seated about the primary ramifications of the bronchia. For a long time the nature of these glands was unknown; they were thought to be mucous glands for some time, but skilful injections have clearly proved that they are absorbent glands; the absorbents pass through them; and these are the bronchial absorbent glands, They have thin *capsules,* and when you cut them open they appear to be cellular, and you find a fluid in them that is black, and will soil any thing it touches. It is found that this black fluid is owing to *carbon*; and the question is, how it got there? Then it has been generally thought that it must be from the dirt of the atmosphere which we inhale. I know that there is a great deal of dirt gets into our lungs, we who live in this town at least; for those who are in the habit of spitting in a morning, spit up stuff as black as soot, so that it must get into the lungs from the atmosphere, in London at least. But I observe that, in London, if I open a child, I find no carbon in these glands; it is red fluid I find in them. Now I don't see why a child's absorbents should not be as active as an adult's; and I find, that if I open an old man in the country (and many have I opened there), I find this carbon in their lungs, just the same as I find it in the lungs of those who live and die in London; therefore I am puzzled about it, and I cannot tell you any more respecting it than that we find this black dirty stuff in them.

Functions.—Now with regard to the functions of the lungs, I have very little to say indeed; but formerly, a great deal was to be said, and I may affirm, that one of the most beautiful theories that ever was erected by human ingenuity has been completely overthrown, and that there is none other erected in its stead.

Physiology.—In speaking of the physiology of the lungs, there are certain facts we have to advert to, and one is, the change wrought upon the air inspired. Now what we draw in by inspiration, we know very well contains 27 parts of pure air, oxygen gas; 72 of *azote*, and one or so of carbon. Then we know that what we expire abounds with carbonic acid gas, and that a certain portion of oxygen is taken away from it; this is the change wrought in the air we inspire. And what is the change wrought in the blood by respiration? That which went forth by the pulmonary artery purple — dark-purple blood, returns by the veins scarlet-coloured blood. Then it is believed now that the change is wrought principally by parting with the carbon. I cannot however believe, that that's the sole cause of the change, because it is such a striking difference. It is said, that the blood is carbonised by the action of the air in the lungs. Now be good enough to be aware that what takes place in the lungs takes place also in a bason. You bleed your patient, and let the blood cool; you find the crassamentum with a bright scarlet coat on the surface; turn the clot upside down; O, you see the bottom of a black purple; but wait a little, and that black purple will change to scarlet. Well, all this as it were by the exposition of the blood to air, through the medium of the serum. It seems to be a chemical change that takes place—an action or a re-action of a chemical nature which takes place upon the blood in consequence of an exposure to the air; and a certain degree of medium does not prevent this. Then it is said that the carbon goes off from the blood, and makes the carbonic acid gas. Now that may be; those who are believed to be the most accurate experimentalists affirm, that there is no more carbonic acid gas thrown out in expiration than can be made by the diminished quantity of the oxygen which has been drawn in in inspiration; that there is no more oxygen consumed than what is adequate to produce the exact quantity of carbonic acid gas that has been given out. This is the opinion of the best experimentalists, and therefore it is the general opinion of the profession with regard to that subject. Formerly it was supposed, that oxygen was taken into the blood, and that thus it obtained its carmine colour; but all now say it is not so. Those who suppose oxygen to be taken into the blood thought that the lungs were a source of animal heat, and that the oxygen meeting with the carbon in its round, the carbon united with it, and thus did they account for the oxygen in the body; but if you deny the ingress of oxygen, all this falls to the ground. Again, there seems to be another circumstance which gives a death blow to the theory of oxygen being imbibed into the blood, and these are the theories of Mr. Brodie. You know that circulation will be continued if respiration be continued, even though the brain has no influence upon the body.

Le Gallois took away the brain of an animal, and continuing respiration, circulation was continued; that is, he did not take away the base of the brain, but removing the upper part of the brain to the base, circulation was continued. But Mr. Brodie divided the *medulla spinalis*; he pithed an animal, and by that means, as I may say, killed it. Afterwards he kept up artificial respiration for three hours, and the blood circulated all that time, and it underwent the change from scarlet to purple successively; yet that animal cooled quicker than another animal cooled which was killed in the same manner, where no inflation of the lungs had taken place, so that inflation of the lungs cannot be the cause of animal heat. But still people cannot get the idea out of their heads, that there may be some source of animal heat here, but requiring the action of the nervous system to render it efficient; that there may be some change wrought in the blood, which, under the influence of the nervous system, may be productive of augmented temperature. But we will say that is opinion.

Now you know I profess myself to be a great admirer of John Hunter, and of all John Hunter's opinions; for I know not any man who ever considered the different subjects of physiology with the same depth of reflection, and with so unprejudiced a mind, as he did. Never do I hear Mr. Hunter say a thing but as an inference from facts; he had no opinion that was not an inference from facts; he has given no opinion about the uses of the bile. What does he say of respiration? He says this; that it seems to impart life to the blood, which life becomes distributed to all parts of the body. What is the fact on which he grounds this opinion? Why, that if an animal did not respire, he would die; that's all. Well, life, some subtile principle, which he believed pervaded every part, and without which the body could not be supported. *Haller* came to the conclusion that this principle of life originates in, and is supported by, our food; now if Haller had gone a little further, he would have completely come up to my ideas; for I do believe that a principle of vitality is imparted to digested aliment, and that it is, as it were, resuscitated and kept up during life by respiration; that 's the notion I have of it. No animals will live without the exposure—without the ventilation, as I may call it, of the circulating fluids. You may drown a fish, by depriving water of all the pure air—boiling it, and depriving it of all the pure air; cork it up in a bottle, and cool it to the temperature that a fish would delight to live in; then immerse the fish, take up the gills, and you will see that the blood in the bronchia will become purple, and the fish will be drowned, but not quickly. Then it is as you please; you may account for respiration—for the use of respiration, by saying, that it decarbonates the blood, that it takes from it a principle which is noxious; or you may be inclined to believe, that some principle useful to the body is superadded at that time, but a principle that we cannot define. You may think as you please on this subject, you are welcome to do so; I have told you all I have to say respecting it.

Actions of the heart.—Now, with regard to the actions of the heart, Mr. Hunter says—for he made these experiments: he wrote upon the cause of death in drowned animals, and made numerous experiments; and Mr. Hunter says, that the chief dependance of the heart for its action is upon the lungs. He contrived a pair of bellows, by which he could continue a sort of artificial life in an animal; and he says, so long as I continued to blow with my bellows, so long was the life continued; but when I ceased blowing, the life seemed gradually to decline; when it had nearly ceased, resuming the operation by the bellows again, life seemed to renew, feebly indeed at first, but gradually increasing till it was brought up to its full action. Now that's John Hunter. There certainly must be considerable *sympathy* between the heart and the lungs. The eighth pair of nerves communicate branches to the heart, and there can be no doubt of this sympathy existing. Mr. Hunter could not find any case in which it was equally probable that a sympathy existed between the lungs and the heart; it seems to be difficult to meet with such a case, but that sympathy is reciprocal between these two organs, nobody can doubt. The old physiologists believed, when a man died suffocated, that he died because the blood could not pass from the right side of his heart to the left. Now a doctor who published in Edinburgh, and afterwards went to the West Indies, affirmed, that this was not a true view of the subject. I forget the name of the Doctor; I am very forgetful of names; but the way he took to show it was this: he put a cord round the windpipe of an animal, and stopped the ingress of air into the lungs; he then opened the chest of the animal, and he found that the blood did circulate through the lungs, though the windpipe was tied, and that the animal died with the left cavities of the heart full of the purple blood—blood that had not undergone the change by the reciprocal action that exists between blood and the air; and therefore, says he, now this is not the cause, but the cause is, because the purple blood is not a proper stimulus to the left side of the heart. Now I am inclined to think, that this gentleman omitted to notice the circumstance relative to the tenacity of irritability in the different parts of the heart, namely, that let an animal die when it will, the left cavities of the heart soonest lose their irritability. But *Bichat* has put all this in a clear point of view; he has shown that the animal dies from the circulation of purple blood, and that if purple blood is distributed to the brain, it is prejudicial to life. He injects purple blood into the pulmonary vein, and it immediately kills.—The true exposition is, then, that life cannot be supported without this pulmonary blood; the circulation of purple blood destroys life. But, then, persons getting this into their heads think, it is not necessary for the circulation of blood in the lungs: now, to me, it appears to be necessary. If I inspire, and hold my breath in, I can remain sometime easy; if I expire, and cease breathing, I immediately feel uncomfortable, and begin to look pale in the face. You may say—aye, but that's because your lungs contain less air. Now I observe, in that case, that the very veins of the forehead swell; and that seems to me to show, that there is an impediment produced to the circulation of the blood by expiration; and that inspiration produces a facility in the influx of blood through the lungs, I believe, will be generally admitted now. Inspiration creates a vacuum, or would create a vacuum, did not the air rush in to fill up the parts: it is an indraught to air; and the question is, whether it be not an indraught to blood also? Now observations have been made to this effect repeatedly; but of late a *Dr. Barry* has made experiments, and suggested a theory of his own respecting respiration, but the main experiment is curious and interesting: he immerses a tube in fluid, and inserts the tube into the jugular vein; he then observes, that when the animal draws in a deep chest-full of air, the fluid is taken up from the tube—that there is an indraught to the blood, both in the larger veins leading to the heart, and in all probability in the vessels of the lungs, so as to facilitate the circulation. And also, if that is of use, we may infer that pressure is also of use in urging on the circulating blood. That there is pressure in inspiration, seems undoubted, from what we observe in the head: if a person is trephined, we see the arterial pulsation. There may also be a pressure on the venæ cavæ, in a way to impede the ready return of blood, or to propel it in a degree into the jugular vein, for we see it very much distended.

Well, then, this pressure equally acts on the veins before they arrive at the heart, and upon the pulmonary arteries too; therefore I think it extremely probable, that inspiration does facilitate the progress of the blood through the lungs, and that deep inspiration does relieve the head. *Dr. Wollaston*, who is a very thinking man, has proposed, as an account of one good derived by sighing, that it relieves the vessels of the brain; we make a very great indraught of air, and as a good effected by it, the vessels of the brain are relieved. But, then, when done, you see how uncertain we are of all these matters.

Again, I should beg of you not to think of the lungs simply as effecting the changes which I have been alluding to; they produce many other good effects. There is agitation in the abdominal viscera, you know, which seems also to contribute to the circulation of blood in these organs. But what complicated uses do the lungs serve? Is it not by the indraught of air, that we draw in our first food by suction? Is it not by a kind of suction, at the back of the mouth, that we swallow? Is it not by the air passing up through the nose that we possess the sense of smelling? Is it not by the means of air, that we possess the voice? Those animals who have no respiratory powers, are very much put to it to communicate their feelings to one another: the *fly* makes a sort of drumming noise with its wings; the *crickets*, they make a sort of chirping noise. And they say the *death watch*, which produces so much alarm to many persons, is but an annunciation of the *amorous* propensities of a kind of *beetle*, which strikes against the table. (*Laughter.*) Well, then, there are many purposes served by the powers of respiration.

EXTRACT
FROM
MR. LAWRENCE'S
INTRODUCTORY LECTURE
TO THE
SPRING COURSE OF SURGERY,

At the New Theatre, Aldersgate-street.

Mr. Lawrence began by observing, that Mr. Wardrop and himself used the word surgery in its common acceptation, considering it to include, 1. Injuries of all kinds; 2. The greatest part of external and local complaints; 3. Such internal complaints as appear externally, causing swelling, change of figure, or colour, &c.; 4. All cases requiring external topical treatment, operations, and manual proceedings of all kinds. Such is the catalogue of subjects embraced in the writings of Mr. Samuel Cooper, in Richter's Elements of Surgery and the Treatises on Surgical Diseases of Boyer and Delpech. The work of the latter bears a title, which shows that the same uncertainty exists on the continent as in this country, in regard to the precise extent of surgery; it is called "Traité des Maladies *reputées* Chirurgicales."

The Lecturer continued: It must be confessed, that the boundary just indicated is obscure and uncertain; hence, as in the case of contiguous governments, with undefined possessions, disputes have arisen respecting the right to certain portions of territory. Injuries, operations, external local complaints, and manual proceedings, are undisputed possessions of surgery. But external and internal diseases cannot be clearly divided; here physic and surgery join; the former has occupied some of the external, while surgery lays claim to a part of the internal.

A person beginning to study disease, will have his attention excited by finding, on the one hand, that the cure of the injuries and diseases of the human frame is divided between two classes of persons, physicians and surgeons, that these are taught in distinct courses of lectures, and treated in different books, and that the education and training are so different, that two Colleges have been established, one for medicine, the other for surgery; while, on the other side, with the exception of a few places, the whole of medicine and surgery is practised by one set of persons, the surgeons and apothecaries, or general practitioners.

Viewing these apparent contradictions, he naturally inquires in what the distinction between physic and surgery consists. Whether in the nature of the diseases allotted to each, or in the mode of treatment? Whether there is any difference in the mode of learning the two? How and when the distinction arose? Whether it is well founded? Whether it tends to the advantage of the public, or merely to the benefit of physicians and surgeons?

Nothing like the modern distinction was made by the ancients; there is no trace of it in the Greek, Roman, or Arabian writers. Certain branches of practice were followed separately in Egypt, where there were persons who took care of the eyes, or of the teeth, even of some internal diseases; and similar distinctions in practice existed in Rome: but Hippocrates, Celsus, Galen, and others, treat indifferently of the nature and management of fevers, injuries, internal and external disorders. In adverting to treatment, Celsus divides it into three heads, the same which we still adopt, and mentions these under their Greek names, viz. *διαιτητικη* (diet, &c.), *φαρμακευτικη* (remedies), *χειρȣργικη* (chirurgical, or manual proceedings). But the notion of splitting medicine into two parts, and of teaching them differently, never seems to have been entertained by this elegant and philosophic writer, nor by those other founders and great promoters of medical science and practice, whose names and works are still regarded with respect and deference.

In the long night of barbarism and ignorance which intervened between the downfall of the Roman empire and the revival of learning in the west of Europe, literature and knowledge were confined to the Priests and Monks, whose stock was scanty enough. They embraced, with the rest, medicine. The council of Tours held in 1163, prohibited them from shedding blood, and thus they were obliged to desist from bleeding, tooth-drawing, and all curative proceedings that involved loss of blood. Thus Surgery, which then consisted of the fewest and rudest processes, was taken up by barbers, attendants on baths, itinerants, and mountebanks. The separation of surgery, or one branch of treatment, from that medical knowledge which is the indispensable guide to the time and mode of its application; and its association with the art of the barber, long outlived the circumstances which produced it. In England, it lasted till the middle of last century, when the company of barber-surgeons was legally extinguished. The union still exists in many parts of Europe.

Their ecclesiastical profession not only compelled the priest-physicians to abstain from shedding blood, but obliged them to neglect other parts of medicine. Guy de Cháuliac, the physician and chamberlain of Pope Urban V., in his Chirurgia Magna, written at Avignon in 1363, makes no mention of female complaints, as his profession forbade the necessary approach to the sex.

The rank of surgeons and physicians was at this time very different, though in point of real knowledge, and capability of rendering useful service, they were nearly on a par. The physicians depended entirely on the writings of their predecessors, especially those of Galen; whose authority in medicine was as implicitly received as that of Aristotle in philosophy. They were occupied in reading, expounding, and commenting on the works of Galen; and hence were obliged to study the learned languages, and belonged to the Universities. They who exercised surgery were men of the lowest kind, without any pretensions to science or literature. Yet the barber-surgeons, though jealously kept under by their masters the physicians, were led by their peculiar employments in performing the minor operations, dressing wounds, and taking care of accidents, to perceive the importance of anatomical knowledge. They began to study this essential foundation of all medical science, and thus acquired a description of knowledge which, by enabling them to render more important services, added to their respectability. Mr. Lawrence here alluded to the character and services of Ambrose Paré, who calls himself barber-surgeon, and who was confessedly illiterate; yet his writings are still read with instruction and interest, while those of the learned physicians, his contemporaries and opponents, have been long forgotten. The acquisition of a little knowledge leads to the desire of more; thus, by the continued study of anatomy and physiology, and the scientific principles hence derived, surgery has been freed from its long degrading alliance with the barbers, has effaced the stain of its ignoble origin, and gained an equality with physic in public estimation, if not in the ordinances of the Herald's College.

In order to judge whether there is any well-grounded distinction between physic and surgery, it would be necessary to advert to the nature of medical science and practice generally. The Lecturer here proceeded to point out particularly the branches of knowledge on which the practice of medicine is founded; viz. anatomy, physiology, pathology, and therapeutics; and adverted to the idle question, whether medicine is a science or art; and the absurd distinction that medicine is science, and surgery art.

The question, he continued, as to the real distinction between physic and surgery comes to this: In the general mass of knowledge just described, can you find out a portion insulated from the rest; a portion which is not connected with other parts, and which can be understood without a knowledge of them? Or, can you separate this mass of knowledge into two independent halves? Certainly not. The entire structure and functions are universally and intimately connected: no part and no function can be thoroughly understood by itself. There is one source of nutrition, one centre of circulation, and of nervous energy, for the whole body; and there are the further connexions between almost all parts of the body, called sympathies. Hence the various parts, although each exercising its own peculiar office, are not independent or self-subsistent. The causes of natural functions, and of those deviations which constitute disease, are not to be found in the part itself, but generally in the state of other associated parts and functions, and often of comparatively distant ones, and the means of cure are seldom to be applied to the very part diseased. These points were illustrated by reference to gouty inflammation of the toe, produced by causes acting on the stomach,—to paralysis of a finger from affection of the brain,—to disorder of the head influencing the whole body in idiopathic fever, and to febrile disturbance of the whole economy, caused by local injury or disease.

The Lecturer observed further, that although individual organs are numerous, the elements of organic structure are comparatively few. The various proportions in which they are combined make the differences, as the various combinations of a few letters make the infinite variety of words. The basis of nearly all parts is made up of the cellular, vascular, and nervous structures. Hence pathological principles are general, and, consequently, treatment must be similar throughout. When you have arranged all diseases in any form that you please, if you strike a line through, so as to divide the mass into two halves, you may give them different names, but, in essential nature, they will be exactly like each other; the causes, the origin, course and treatment of the affections, included in each division, will be the same; and this will hold true in whatever direction you may carry the division. If you must have a distinction of two parts, separate the diseases of the right and left side, or of the upper and lower half; this will at least be clear and intelligible!

If the anatomy and physiology of the several parts be similar, if the pathology be the same, if the treatment present no difference, the question as to the mode of learning physic and surgery is answered. There can be only one proper course of proceeding, though there may be various wrong ones. Mankind do not usually take the trouble of thinking for themselves; they are averse to new modes, and prefer adhering to ancient usages. In this country, there has been almost as great a difference between the education of surgeons and physicians, as between that of persons following occupations totally dissimilar. From the age of sixteen, surgeons have usually employed themselves for six or more years with pharmacy, with the actual study of anatomy and disease, and the practical application of the simpler parts of medical and surgical treatment, gradually advancing to the more complete exercise of the whole art. By a considerable body of English physicians, the corresponding most important years of life are usually occupied, for the greatest part, in academic studies; so that professional pursuits hardly begin until after the time when the tastes and habits have been formed, and probably directed, in great measure, to other objects. These two modes of proceeding are very different, and cannot both be right.

By those, who are induced to uphold the existing distinction of physic and surgery, various views have been taken of it. Frequently, it has been made to rest on the difference of internal and external disease. Unfortunately for this notion, Nature has connected the outside and inside so closely, that we cannot say where one ends, and the other begins. She has decreed that both shall obey the same pathological laws, and she has subjected them to such powerful mutual influences, that we cannot stir a step in investigating the diseases of either, without reference to the other. The continuity between the outside and inside, at the entrance of the various mucous membranes, presents a series of puzzling cases. How far is the surgeon to be trusted? He is allowed to take care of the mouth; where is he to stop? At the entrance of the fauces—in the pharynx—in the œsophagus—or in the stomach? May he meddle with the larynx, or have anything to do with the trachea? Polypus nasi and ozœna are entrusted to him, but he must not treat catarrh: although inflammation and increased discharge from the whole urethra, and even from the bladder, with all diseases of the prostate are surrendered to him; the anus, with its abscesses, fistulæ, piles, and excrescences; and the rectum, with its strictures and other affections, belong to him; but he must not ascend beyond the brim of the pelvis. When we look to the nature, causes, and treatment of diseases, the distinction between internal and external appears pre-eminently absurd. Internal causes produce external diseases, and external agencies affect inward parts. Erysipelas, carbuncle, gout, œdema, exemplify the former; pneumonia, catarrh, and many forms of rheumatism, the latter.

The eyes are entrusted to the surgeon as external parts. Yet the organ is the most complicated in the body, and many of its parts are highly organised, so that its affections are very much diversified, and require a greater insight into pathology and therapeutics, than those of any other single part. The eye, with its appendages, not only contains mucous, serous, and fibrous membranes, muscular nervous and glandular parts, but also several peculiar tissues. It not only exhibits the various affections of these produced by common disease, but it suffers from gout and rheumatism, from small-pox, measles, scarlatina and chronic cutaneous eruptions; from scrofula and syphilis, cancer, fungus hæmatodes, and melanosis.

Mr. Lawrence proceeded to point out that the distinction between local and general diseases is untenable; or, at all events, that nearly the whole nosology would fall under the first head.

Relying on the original nature and extent of the duties called surgical, some think that the surgeon should be confined to the cases requiring operations or other manual aid. Mr. Lawrence pointed out that this, which is a varying circumstance in particular diseases, would not be a sufficient ground of distinction; while it would leave in ambiguity the large class of diseases that require both chirurgical and internal means.

It has even been proposed, that surgeons should confine themselves to the actual performance of operations, the application of dressings, and similar duties. Were surgery restricted to this mechanical department, I should feel degraded in belonging to it, and very little inclined to teach such an art. Scientific principles would be unnecessary; it would be superfluous to study anatomy, physiology, pathology, and therapeutics: we might well resign to the barbers the contemptible remnant to which our profession would then be reduced.

In considering this subject, we naturally revert to the restrictions originally imposed by the physicians on their servants the barbers, and the long series of disputes which ensued between them. Surgeons have completely emancipated themselves from this degrading bondage: they have cultivated with the greatest ardour and success the scientific foundations of their art. They can adduce the rapid progress of surgery since the middle of the last century, and its present undiminished rate of progression, in proof that their claims on the approbation, support and confidence of the public, are not inferior to those of any other branch of the medical profession. They can point out in their modern annals the names of many who have been the largest contributors to the advancement of medical science;—of Cheselden, Sharp, Pott, and John Hunter; of J. L. Petit, and the other members of the French Academy of Surgery; of Desault, Bichat, Boyer, Dupuytren; of Richter, Beer, and Scarpa. Yet the pretension of thus restricting surgeons seems not quite abandoned: the recent fatal illness of an illustrious personage seems to have revived a little of the ancient jealousy. A statement obviously proceeding from authority, has been inserted in most of the public journals, in which it is plainly inculcated that the province of surgeons is to "administer to external ailments;" and that their duties include the important negative one, of "prescribing no internal remedy whatever." This attempt is too late by a century or two: it is only worthy of the era of barber-surgery, and Galenical medicine. In those serious cases in which external injury or disease is connected with internal more or less general symptoms,—as in compound fracture with fever, in injuries of the head with affections of the nervous system and fever, in erysipelas supervening on local injury or disease, in strangulated hernia;—it is the obvious interest of the patient to be under the care of one, who thoroughly understands the case in all its bearings. It matters not to him whether the person thus capable of rendering him service belongs to one fraternity or another, to this college or to that, or even if he should be of no college at all. The surgeon who understands only the local, and the physician who only knows the general treatment of such a case, are, each of them, only half informed; and the two together deserve much less reliance than one who is conversant with the whole. The mere local means in such cases are often of little importance, while the general management is every thing; so that a surgeon, ignorant of the latter, is incompetent to the practice of his profession.

The mere performance of operations is often the least important part of the surgeon's duty, even in cases requiring them. To judge whether the complaint is curable by other means, to perceive when operation is advisable or necessary, to prepare the patient for it, and to manage the case properly after it has been performed, are points of equal and often superior importance. It is a great mistake to suppose that any surgeon is principally employed in operating. The number of operations has been greatly diminished of late years; I think that twenty-five years ago there were three times the present number performed annually at St. Bartholomew's Hospital. The difference has arisen from improved knowledge of the nature and treatment of diseases acquired by the anatomical, pathological, and practical researches of surgeons.

Thus, whatever course we take, we arrive at the same conclusion; viz. that there is no natural distinction between physic and surgery; that they are merely parts of one science and art; that the scientific principles are the same, and the same means must be used both by the physician and surgeon, because they have the same ends to accomplish.

The distinction of physic and surgery appears then, at last, to be quite arbitrary, to be dependent upon and regulated by usage; founded on no fixed principles, and therefore fluctuating like all matters of custom.

These remarks apply only to the study of the medical profession, which must be learned as a whole. The various parts elucidate each other so materially, that he who confines his investigations to one department cannot understand even that thoroughly. I do not contend that every one should practise all parts; and I am fully aware that the field is far too extensive for one individual to cultivate the whole minutely with a view to further improvement. No doubt that one, who has received a general medical education, may improve a particular department, if he should have his time fully occupied with it; and that circumstances of taste, convenience, situation, and public opinion, may thus lead to subdivisions in practice with advantage to the public and benefit to science. This point, however, must be left to the free choice of individual practitioners and patients.

The great mass of the population in this kingdom is attended by general practitioners; such is the case in the army and navy, and with the middling and lower classes. No dispute arises about these; but the tender anxieties of those, who labour to keep up established distinctions, are reserved for the metropolis and a few large towns; that is, for those rich people who can afford to remunerate their professional attendants handsomely. A French minister seems to have judged pretty correctly of the matter. The propriety of separating physic and surgery was strongly represented to him: "I would elevate," said the advocate of the measure, "a wall of brass between them." "Pray, sir," rejoined the minister, "on which side of your wall do you propose to place the patients." The public can take no interest in such a controversy, if its absurdity does not amuse them; unless, indeed, its result should tend to abridge them of one power, which should not be infringed without some very urgent reason,—that of entrusting their limbs and lives to those whose talents and knowledge they hold in the greatest respect, whatever may be the designation under which they practise, or the fraternity to which they belong.

I cannot quit this subject without impressing on you most earnestly the advantages, nay, the necessity of studying medicine comprehensively. Every particle of information that you can collect will be found useful. I meet with none better acquainted with disease and its treatment than those who, after a good education, enjoy large opportunities of observation, as general practitioners. Surgeons in the army and navy have, in many cases, the same kind of advantage. From these two classes many individuals might be selected very well qualified to act in the conjoint capacity of surgeon and physician.

The nature and objects of medical education will be obvious from the foregoing remarks. Get as much knowledge as possible of anatomy, physiology, pathology, and therapeutics, and closely study the practice of medicine and surgery.

The necessity of anatomical knowledge as the basis of all medical studies, and its importance to surgeons, more particularly, are points now generally recognised. Not to speak of anatomy as the necessary foundation and criterion of all medical doctrines, it is most essential in the peculiar domain of the surgeon, to enable him to distinguish in doubtful cases the exact seat of disease; to understand the nature and extent of injury in fractures, dislocations, wounds of vessels, and other soft parts, and to guide his proceedings in all operations. If you ask how much knowledge of anatomy is necessary, the answer is, as much as you can get. You, I trust, will not attempt to calculate how small a stock of scientific knowledge will enable you to carry on the trade of surgery. Your more honourable aim will be to render yourselves accurate anatomists. The more exalted the point to which you direct your efforts, the higher will you ascend. *Altius ibunt, qui ad summa nituntur.*

The Lecturer proceeded to make some observations on the study of physiology, pathology, and therapeutics, and strongly enforced the advantages of clinical study in hospitals, comparing the exhibition of medical and surgical facts in actual cases to the mode of teaching anatomy by demonstrations. He observed, that such expositions might be called medical and surgical demonstrations. He spoke of lectures and books as important auxiliaries, considering the actual observation of disease as the matter of primary consequence, and leading to the clearest and most satisfactory knowledge. He recommended his audience to embrace in their studies the whole range of medical science; to begin with surgery, as affording the best pathological and therapeutic evidence, and then to proceed to medicine, in which the only clear light is derived from the observation of disease and treatment in the cases called surgical. This comprehensive study is obviously necessary to general practitioners; but it is equally so to those who mean to be surgeons only. They must apply in their own department the principles and modes of relief deduced from a survey of medicine generally. The term pure surgeon, as intended to denote one who knows nothing more than surgery in its strict sense, has justly become an object of ridicule. An eminent surgeon, who has the thorough acquaintance with anatomy, physiology, and the general principles of medical science, necessary to such a character, will be constantly consulted in all kind of circumstances, and more especially in cases of obscurity, difficulty, and emergency. If he says that he has not studied this, that he knows nothing of that, that he cannot direct the treatment of a case under such and such occurrences, what can he expect but to forfeit the confidence of those to whom his ignorance becomes thus exposed, and in whose estimation he must hereafter be contented to rank below a general practitioner.

The Lecturer proceeded to observe, that these truths were now fully recognised and acted on in France, Germany, and the United States, in all of which there is one and the same course of education for physicians and surgeons—one examination for both, and full liberty for each individual to practise whatever department may suit his inclination or advantage.

Mr. Lawrence entered on some short historical details; and concluded by speaking in strong commendation of the zeal and activity displayed by several young physicians and surgeons in France, and of the great advantages which the student possesses in that country in prosecuting all branches of his professional education. He had on the table, and recommended to the attention of the class, the fourteen first numbers of Cloquet's Manuel d'Anatomie, observing, that the execution of the plates corresponded hitherto with the high expectations founded on the first specimen; also, Blandin's Traité d'Anatomie Topographique, with most beautiful lithographic engravings; and Rayer's Traité des Maladies de la Peau, with coloured figures representing the various affections with great fidelity.

SKETCHES
OF THE
SURGICAL PROFESSION IN IRELAND.

No. XVI.

MR. WILMOT.

I REGRET the necessity of having to approach the subject of this paper through the portals of a tomb which claims no passing tribute of public approbation; and should, consequently, prefer any other course to one in which silence might be considered disrespect to the dead, if the plumes of the hearse did not point to an important moral on the way. It would seem to be with scientific bodies as with empires, the death of an individual often discloses their weakness or their strength, either of which will be manifested in proportion as folly or wisdom predominates in their respective constitutions. In a well regulated state, where competition exercises its salutary influence, and promotion is the unerring reward of desert, the inconvenience experienced by the fall of official personages is of short duration; the nursery which produced them, in all probability, will soon supply their place; and the last accents of sorrow which mingle over their grave, may be the prelude to the orison of gratulation with which some worthy successor is hailed to their seat. In communities, on the contrary, whose vitiated ordinances have paralysed emulation, where the sunshine of patronage is dispensed through the chilling medium of monopoly, there is some danger that the dwindled and degenerate crop of intellect, reared in such an atmosphere, may ultimately produce a famine of worth. A pertinent illustration of this kind occurred in the Royal College of Surgeons in Ireland, at the demise of the late Mr. Todd. The system which had chosen him for its centre had so vastly improved in those tactics, to which his own elevation was attributable during his short dictatorship, that it was with great difficulty his surviving adherents could procure an inheritor of his principles, with a sufficiency of other requisites, to fill the anatomical throne of York Street. Exertion had been so completely neutralised, and the ambition of the profession so successfully prostrated during his administration, that not a voice was heard to contend the highest honours to which genius could aspire. Mr. Carmichael contemplating, at the time, the founding of a new academy at the Richmond, and naturally imagining it more dignified and independent to lead in an orchestra of his own, than to play second fiddle to Mr. Colles in the theatre of Stephen's Green, very properly declined a canvass which his odious liberality, had he made the attempt, would have rendered a measure of more than doubtful success. Mr. Crampton, on the other hand, preferring the hunter's horn to the trump of fame, the clatter of the chase to the clink of boot-heels, and the saddle to the professor's chair, looked down from his elevation with contempt on the drudgery of didactic philosophy, and determined that the remainder of his life should be *legibus solutum*, free as the air of his favourite mountains. Mr. Kirby, on whom the eyes of the public were next turned, prudently withstood their challenging gaze without entering the lists, supposing that his laurels might wither if transplanted into a foreign soil; besides that, he had been meditating for some time the enjoyment of the *otium cum dignitate*, and the gout, in one of the shady glens of Wicklow, and had just turned over a new leaf in the book of "Genesis," in the cultivation of which, it is to be hoped, he has made some progress. Mr. Harrison alone performing the part of the fox in the fable, threw a longing look on the vacant chair; but the "grapes were sour," and facile as circumstances now made the capture of the prize, it was still immeasurably beyond the reach of his pigmy grasp. He alone destined not to succeed, pined in secret for the degraded office, unless report for once spoke the truth, and that Messrs. Porter and Auchinlech entertained some notion of becoming candidates; but the story must have been intended as a sarcasm on the better sense of this *par nobile fratrum* in science and politics. In this general slumber of the passions, or hybernation of Irish intellect, as if frozen into repose by the cold and heartless influence of College institutes, the sound of the die, which turned up a new professor in the cabinet, at length awoke the multitude, and rubbing their eyes with astonishment, beheld Fortune, as if to give another instance of the fickle dispensation of her favours, silently lowering the diadem on the brows of Mr. Samuel Wilmot, a gentleman of great private worth, much practical knowledge, but whose fame had not yet transcended the bounds of the Circular Road, except, perhaps, in the direction of Stevens' Hospital. Though residing in Dublin, and arrived beyond the middle term of life, his character had never been impressed by the stamp of publicity. His name was quite unconnected with books, extraordinary operations, and every other badge of distinction, by which the modern harlequins of the profession may be recognised in the crowd. Nothing could be more unexpected, than that a man of his retiring habits and extreme modesty, should have conceived an idea of abdicating the comfortable sovereignty of his Swiss car, for the laborious avocations of the lecture room;—of talking for an hour without intermission, whose powers of speech had previously been seldom extended beyond the Parliamentary standard of eloquence in saying "Yes" or "No," in a case of consultation. It was, therefore, with considerable surprise that it was heard a few years back, that he had embarked his taciturnity and his purse in a speculation of teaching in conjunction with Messrs. Cusack and Jacob, at the Park-street Academy. Where the lectures were to proceed from, or how they were to be elaborated by so unpromising a machine, were questions more readily asked than answered; for it was almost impossible to imagine how the more delicate processes of cogitation could be conducted within a cranium compressed by so much adipose substance; or how fingers, in such a state of obesity, could brook the fatigue of leading the pen through its wearisome evolutions. In doubt, like many others, of the compatibility of intellectual vigour with corpulence, I confess I felt anxious in the result of the experiment which was about to be tried, and accordingly hastened to the scene of action, with a fervent hope of witnessing another instance added to those of Johnson and Gibbon, of the triumph of the spirit over the flesh, a phenomenon exclusively evinced amongst the dignitaries of the church. In a short time the object of my curiosity entered, his lower extremities moving in melancholy cadence of a minuet, his arms hanging in lethargic perpendicularity from his shoulders, and his head as motionless on the trunk, as the apex of Sugarloaf mountain on its adamantine base. Not a muscle seemed to indicate vitality, or a feature to feel the mental impulse through their dense investment of fat, which was rendered still more conspicuous, by being squeezed into a shapeless rotundity by a sort of military undress, giving to the wearer the appearance of one of those half-pay lieutenants of fifty, whom rest and good quarters have pampered into a caricature on the heroic proportions of the hour-glass waist of our modern "men of war." Without any great stretch of fancy, you might suppose him to have come to perform the part of a somnambulist, and almost suppress your respiration, lest it might disturb his helpless tendency to sleep. With the exception of the eye, which has that cast of suspicious timidity, of fearful vigilance peculiar to hypochondriacs, none other of the senses manifested any signs of expergifaction.

At length, however, he did commence, but with such an infantile delicacy of voice; and faultering utterance, that one look exhausted your whole stock of commiseration. The exhibition instantly excited that painful species of sympathy which humanity feels for its kindred in cases of embarrassment, and you are half inclined to be angry with the temerity of an attempt to wield the passions, or command the attention of an audience, by such inadequate means. But his passive humility and look of imploration completely disarm your critical hostility, and you would as soon snatch a reed from a drowning man as entertain a harsh thought against him; and I should wish myself, that truth might for once be compromised in description, for the sake of feeling. At first you would suppose that his discourse was the product of extemporaneous inspiration—the efforts of a mind rich in the recollections of reading and observation, but unable to manage its own wealth—to reduce the chaos of facts, arguments, and theories with which it laboured into shape. In the course of a few minutes you will discover your mistake, and perceive that the speaker has not only reflected most profoundly on his subject, but that, with every appearance to the contrary, he has really distilled his meditations through the pen, though he left the receiver of the product at home, trusting to his memory to give some idea of its qualities. The endeavour to recover the sentential arrangement of the composition only adds to his confusion, out of which it has been said he was not unfrequently helped by one of the pupils turning prompter on the occasion. The practice, if generally introduced into our theatres, would certainly be a great improvement, and might be justified by the high precedent of the Roman Forum, when a *tibicen*, I believe, or flute-player, by the modulation of his instrument, always kept the orator in tune. Much time would thus be saved from consulting slips of paper, many unseemly pauses prevented, and a signal act of mercy rendered to the English language, which suffers such serious mutilations in the hands of maiden lecturers. From the fitful manner in which Mr. Wilmot's discourses were delivered, it was difficult to fix the value of the matter; but it may probably be fairly set down of average quality. In those specimens in which I heard him on unsettled points of surgery, his views did not seem to have transcended the known boundaries of the question—not to have penetrated farther than his predecessors, the *terra incognita* of the dispute—to have remained, in short, satisfied with a mere negative or affirmative adjudication of the difference at issue. Of the routine information on any given subject, and the capability of its application in practice, he appeared sufficiently possessed; but to the spirit of pathological enterprise, to that philosophical discontent excited by the inadequateness of therapeutic agency to the exigencies of disease, he seemed a total stranger.

In the other department of his duties as professor, it is not surprising that a man, not much in the habit of dissection, should be guilty of anonymous anatomy in his lectures upon that subject, and he might now and then be heard descanting very learnedly on "this artery which accompanies that nerve over the muscles which you see here," &c., from which descriptions much knowledge may of course be derived. In one of the requisites of a teacher, and not one of the least important, the power of communicating his ideas and of vividly impressing them on the minds of an audience, he is obviously defective; his other qualifications may be tolerated, but can never command admiration. When we contrast the place with the performance, the office with the man, the disproportion is too obvious to escape the notice of the most superficial observer. The private whom we admire in the ranks, if elevated to a command would sink rather than rise in our estimation from the apparent discrepancy between his fitness and the responsibility of his new commission. It is therefore in the capacity of lecturer to a national establishment, as the representative of the present, and the instructor of the future surgeons of Ireland, that Mr. Wilmot fails of giving satisfaction, and not as a private practitioner or hospital surgeon, for in either of these characters he has perhaps no superior in Dublin. This distinction may be the more necessary on the present occasion, as observations of a similar import made upon other individuals have been ingeniously tortured into constructions which were never dreamed of by the writer. Without the slightest reference, therefore, to the merits of this gentleman, the writer must persevere in thinking that it is an inauspicious omen to see the highest offices filled, the most confidential stewardships disposed of in the recipublic (?) of science without a concussion of intellect—a collision of the faculties by which the lightnings of genius might be elicited from its oftentimes clouded abode. Such, however, must ever be the case in all societies whose laws discourage competition, by placing the fate of merit in the power of a few, for it need scarcely be observed, that a scheme of favouritism may be more readily perpetrated by a dozen than by twice that number, and so on in proportion. Under such circumstances, few will take the trouble to contend for superiority where merit is at the mercy of a junto, where selection means congeniality of principles; and judgment is but another name for elective predestination. The evil does not terminate here, (though the disadvantage of inefficient teachers is sufficiently great,) it extends its malignant influence throughout the whole body—represses the energy of the pupil as well as of his master—and thus contaminates the professional embryo in his first moments of scientific existence:

> "For who would virtue of herself regard,
> Or wed without the portion of reward?"

Where there is no object there can be no preparation, no more than there can be imitation without a model; for human nature can rationally aim only at what is attainable by human means. Whatever is placed beyond its reach by a contingency over which it can exercise no control, excites no expectation, and of course the means of securing success are neglected, to the manifest injury of the public and the advancement of the science. It may, therefore, be of greater importance than the acts of the York-street legislators would as yet evince, that those prizes in the lottery of life, though few, should be generally understood as the invariable bounty of excellence; that all obstacles to ambition, which are but too numerous without the adventitious aid of cabal, should, as much as possible, be diminished, and that the humblest may hope to obtain the reward, if his strength carries him to the goal; as it is only by extending the circle of competition, procuring the highest standards of instruction and example, and scrupulously dispensing patronage, that science can be diffused, emulation excited, the profession raised to its destined elevation, and when lecturers are removed from their mortal toils and wept for their virtues, that worthy successors may be found amongst the living; as the rose, plucked at eve from the healthy stem, will be followed by another, as fresh and fragrant, ere the returning sun go down.

Erinensis.

Dublin, Jan. 14, 1827.

THE ART OF ADVANCING BACKWARDS; OR, REFORM OF THE SCOTCH UNIVERSITIES.

To the Editor of The Lancet.

Sir,—I learn that the Royal Commission for visiting the Scotch Universities, sitting in modern Athens, are playing the very devil, and are such adepts in the art of advancing backwards, that they bid fair, in their retrograde course, speedily to re-enter the enviable darkness of the monkish ages. With the medical department they seem determined to meddle the most, probably because they know it the least. In attending to the numerous and urgent demands of these left-handed reformers, the time of the professors, and especially those of the healing art, is almost wholly occupied. After having examined all the professors, and such other persons on the spot from whom they expect to get information, it is understood that the Royal Commissioners intend to call upon the learned public at large, for views and suggestions as to the means of *increasing the value* of degrees in all the departments of the Scotch Universities (i. e. of rendering them as costly as those of Oxford and Cambridge), and for the mode of *improving* (i. e. lengthening) education for each. If, with respect to medical education, their opinions were to be considered as laws, or their decisions as final, it would be unfortunate indeed, since there is not an individual among the whole set who is at all acquainted with the medical profession, or with the qualifications of the various classes composing it. They consist principally of legislators and lawyers, educated in the English Universities, interspersed with a few divines bred in those of Scotland. Their composition, even for general purposes, would be extremely faulty, if such a commission were not in its very nature objectionable; but for the consideration of matters connected with medicine, they must be deemed to be incompetent in the highest degree, an incompetency indeed which has been already fully evinced; for if the views which appear to be at present entertained should prevail, the effect will be to favour the Universities of one part of the United Kingdom at the expense of those of another. There will be an end of Scotch degrees in medicine; they will be inaccessible to Englishmen and Irishmen, and indeed to all who cannot afford to reside *eight years*—a great part of the life of a man—within the precincts of a University; and, in such a case, those Universities in which anatomical, medical, and surgical instruction is on the smallest scale, would, as they are suffered to assume peculiar privileges, be preferred. The scanty outlines or rudiments of medical education, which would be thus supplied in a period of eight years, might, it is true, fit the graduates of those favoured seminaries for being fellows of the London College of Physicians, but would by no means fit them for the skilful practice of physic or surgery.

The Royal Commission to visit the Universities of Scotland was the result of a petition from the University of Edinburgh for a royal visitation, to determine and fix the relative rights of the honourable patrons and the *Senatus Academicus*. Some circumstances connected with the other Scotch Universities having also been brought under the notice of his Majesty's Ministers, a Commission was issued with very large powers of inquiry, and to report before the 1st of January 1828. I am much mistaken if the University of Edinburgh have not discovered by this time that they have caught a tartar. Every professor of that University has been already examined at great length by the Commissioners, and different individuals have published pamphlets and articles in newspapers endeavouring to bias their judgment. Many persons also, not belonging to the University, chiefly surgeons, have been examined by them. With the exception of the medical professors, the prejudice that a doctor of physic should be learned in philology and philosophy has been the general opinion impressed upon the Commissioners. The inevitable consequence of acting upon it would be, that the number of physicians, already much too small, would be further limited, and almost entirely restricted to those whose parents reside in the seat of an university.

It has, in pursuance of these notions, been proposed that all the Scotch Universities should be rendered equal and uniform, both in the requisites for obtaining a degree and in the mode of teaching the profession, *not* by assimilating Aberdeen and St. Andrew's to Edinburgh and Glasgow, *but* by adding to the practical requisites deemed essential in the latter, the philological and philosophical attainments now required in the former, which have already, I believe, had the effect of putting a stop to medical graduation in them, and would, I am persuaded, soon produce the same effect in the others.

Another strange notion is, that the students should not be allowed to use their own judgment, or that of their friends, in the selection of the university classes they have to attend, but that they shall be bound to follow a certain *curriculum*, whatever may have been their previous education, altogether overlooking that if such a *curriculum* should be enforced, it must be complete, and embrace all that is necessary to obtain a degree, without paying any regard to the valuable instruction which, in the preliminary and fundamental branches especially, is often to be acquired from private teachers and other sources of information.

Another object of animadversion has been, the mode of teaching clinical medicine. While it is admitted that, in Edinburgh only, in the British empire, clinical medicine is systematically taught; Dr. Thomson argues, that there should be a separate professor of clinical medicine, who alone should teach it, and should teach nothing else. On the other hand, Dr. Clark, late of Rome, now of London, contends that the clinical teachers should be greatly multiplied, and that the *advanced students should have the treatment of individual patients*, under the superintendence of those teachers. But it is by no means probable that the managers of the Royal Infirmary will ever give their consent to such a plan, or that the philanthropists, who watch over the proceedings of all public institutions in Scotland, will ever permit that the medical treatment of the hospital poor should be committed to students. During this season a considerable improvement, it may be observed, has taken place in the mode of visiting the clinical wards. Two physicians, having different sets of patients in different wards under their care, make their visits at the same time, whereby only one half of the students attends each, but have access to the case books of both, and are required to attend the lectures of both, amounting to four, often five, per week; an advantage, probably, no where else to be found.

The honourable the patrons of the University have instituted, and are carrying on an extensive law-suit against the *Senatus Academicus*, praying that it may be declared that they (the patrons) have the sole right of originating and enforcing all regulations and courses of study for obtaining the various degrees in the University, and that the *Senatus Academicus* have not even a negative voice in the matter, but are bound to carry their dictates into effect. They even went the length of insisting, that a regulation of this kind should have a retrospective operation, with which the *Senatus Academicus* would not comply, and this law suit, which will not terminate until the retrospective period is long past, has been the consequence. Should the patrons succeed, the whole management of the University will be confided to the deacon of the College of Surgeons, who is the only individual of a liberal profession among them, and is at the head of a rival school, at least of surgery, and what is worse, is a functionary necessarily changed every second year, so that each would desire to distinguish his reign by some innovation or interference. It is singular that, by their charter, the Royal College of Physicians of Edinburgh is *interdicted from teaching medicine*, or interfering with the rights of the Universities, whilst no jealousy was entertained of the surgeons, who have since acquired such an ascendency.

Thus, notwithstanding the origin of this commission, and although it ostensibly embraces all the departments of knowledge, there is not a doubt, from the history of its proceedings thus far, that the result of its labours, by whatever biases or influences they may be directed, will tend, as far as medicine is concerned, to withdraw the public attention from the opposition, which has recently arisen, to the dreadful monopolies which disgrace that profession and destroy the people, and to fix it upon the universities, as if in the discipline of these was to be found the source of all the existing evils. Judging from the nature of the evidence sought, it seems to be the aim to assimilate the best medical universities of Scotland to the worst, and the whole of them to the worst of all possible medical universities—those of Oxford and Cambrige. This is at once a striking specimen of the art of advancing backwards, and beginning at the wrong end. Why are not the worst universities for medical education sought to be assimilated in discipline to those that are admitted to be the best in that department? Here, if we have not the influence of the London College of Physicians, and of the English Universities, actually in operation, we have at least the biases of an education received at these schools. Must it not be obvious to every person of common sense, that, unless the head of a medical student have an infinite capacity for knowledge, the less it is loaded with attainments not necessarily connected with medicine, the more it is likely to imbibe of strictly professional acquirements? The maxim of Hippocrates, "*vita brevis, ars longa,*" is, by this Royal Commission, reversed; and life is considered by them too long to be employed exclusively on the study of physic. Some part of it must, therefore, in mercy be bestowed on philology, philosophy, and other extraneous pursuits. One would think the political economists were here at work, in order, by indirect means, to obviate surplus population.

It is neither from a deficiency in the time of study at the principal Scotch Universities, of medical instruction, or of tests of fitness, that the public health at present suffers any detriment, but from the real organisation of the different branches of the medical profession throughout the British dominions, from monopolies of the most extraordinary and disgraceful kind! This, however, is a cause of evil, which, although palpable, there appears to exist no disposition to investigate, but a great reluctance to admit. The information which is now afloat upon the subject is, happily, too diffused and potent, to allow of its being any longer treated with indifference. The attention of the legislature and the people is imperiously called to its investigation. In the mean time, it is incumbent on the public, in the course of the inquiries that may arise, and the disputes between the universities, as well as those between the different branches of the profession, to watch over their own rights and interests, and more especially to keep a vigilant eye upon the proceedings of the Royal Commission to Scotland. Such tribunals, however intended, almost invariably become of the nature of secret inquisitions, and are, therefore, very much to be distrusted. When it is not the object, it is the general tendency of their measures to smother discussion, to direct inquiry into wrong channels, to misplace power, or to leave all things discretionary, uncertain, and arbitrary; whilst it is only by its agitation among the public, that an important and involved subject can be thoroughly ripened for legislation. I should be exceedingly curious to see the evidence and the reports furnished by this body to his Majesty's ministers, upon the present occasion. They will probably form the basis of some new laws, which, perhaps, some of our fellows have already prepared, but not digested, by anticipation. If we suffer from legislation, God knows, it is not from paucity of enactments.

The Scotch Universities, it is hoped, will entertain a due sense of the indignities which may be heaped upon them, whether by mistake or design, by this foreign tribunal, injudiciously called in, upon this occasion, to settle their civil differences, by one of themselves. It is also incumbent upon the whole medical profession, but more especially upon the graduates of those northern schools, and, most of all, upon the public at large, assiduously to watch its progress, throughout its *reforming* tour, and to guard against whatever may appear to be its machinations. "*Quis custodiat custodes ipsos*?" The press. With a view the more effectually to frustrate any insidious or erroneous designs that may be entertained or contemplated by this body, and to secure an efficient reform of the medical profession, which is the grand desideratum, not that of the universities, persons on the spot are intreated to communicate, through the public press, or private correspondence, with permission to give it publicity, the earliest possible intelligence respecting the proceedings of those Commissioners, in order that, if good, they may be promoted, if bad, opposed. At present, the very aspect of the case, I must say, is calculated to create the most serious apprehensions, if not of sinister designs, at least of disastrous results; disastrous, if they should be found to consist in the maintenance and perpetuation, by indirect means, of those most destructive of all monopolies, which regard the life and health of men, which in decency admit not of direct support, and which even the most profligate would now shrink from openly upholding under their proper designations.

AN ANTI-MONOPOLIST.

London, Feb. 8, 1827.

ROYAL INFIRMARY.

"*Clinical Report of the Present Epidemic in Edinburgh for the last Three Months.*"

History has been described by some ingenious person as "philosophy teaching by example." It were to be wished that this very flattering compliment to Clio was founded in truth, and that the utility of her labours had always justified so elegant a definition of her art. So far, however, as the historic muse has been concerned with epidemics, there is some reason for believing that her records have hitherto turned out as unprofitable to mankind, as her more dignified details of martial exploits. From the former, 'tis true, we learn the symptoms of a particular disease, its treatment, duration, relative mortality, conjectural causes, and the writer's name, just as we are informed in the latter, of the feuds in which the war originated, the general's name who commanded in the strife, and the number of the killed and wounded; but it yet remains to be demonstrated, that the knowledge obtained from the one has mitigated the evils of succeeding pestilence, any more than the perusal of the other has prevented the repeated horrors of war. In this respect the efforts of Lucan and Charles Maclean have been reduced to a sad parity of result; the plague still depopulates as if the one had never prosed, and the scenes of Pharsalia are daily renewed, as if the other had never sung. Nor is this surprising; for the rise of epidemics is so involved in obscurity, so lost amidst the invisible agents of nature, so much beyond the ken of our comprehension, so diversified in their kind, and variable in their occurrence, that it is scarcely to be expected that the information which we derive from the progress of the last, will be available in the next; since, to differ in the circumstances of time, place, and peculiarity, would seem to be the only point in which these visitations agree. Yet every year, in some country or other, makes a new addition to the stock of our unavailing knowledge on this subject, and it has just now fallen to the lot of Edinburgh to afford ample materials for the history of an epidemic, which, in extent and singularity of character, has not perhaps been surpassed by any of its predecessors,—in the uncertainty of its cause, certainly by none.

In vain, indeed, we search for its origin amidst those elements which pathologists have made subservient to the generation of disease. The most genial summer which ever blessed this climate, was followed by an autumn as fine, which, in turn, introduced a winter unusually mild. As long however as our senses retain their present imperfections, it is idle to look on those occasions to the atmosphere—to a shower more, or a shower less—to a few degrees of higher, or a few degrees of lower, temperature. In the next place, the situation of Edinburgh clashes with the supposition of a morbific locality, few cities standing on a more elevated site; and as for ventilation, Mr. Canning, though the usurper of the Eolian sceptre, dare not cross one of its highways without a chin-stay to preserve his diplomatic beaver from the omnipotence of the blast. The gossip of professors, therefore, who attempt to account for every phenomenon about the stagnant air of "Wynds," is a mere gratuitous assumption to amuse their pupils, as the etymology of these lanes plainly shows, their names being obviously derived, and, as Horace has it, only *parce detorta,* from the word "wind," one of the most common attributes of these places at all seasons of the year. The next step in adjusting the etiology of an epidemic is to consider the diet, clothing, and sleeping apartments of those persons whom it attacks; but the only circumstance of this kind which tends to the resolution of the Gordian knot on this occasion is, that some of the poor happened to be unemployed at the time the disease commenced. In this dearth of predisponent causes the agency of contagion was included in the explanation of the difficulty; and certainly the facts connected with this feature of the subject as they occurred in the Royal Infirmary and Queensbury House, were at least very remarkable. Of the clerks and nurses in these establishments about twenty were seized with fever, besides a great number of the students; while, of seventy-two patients admitted into the male wards of the Infirmary under the superintendence of Dr. Home, and from whose cases the following report has been principally compiled, one half were exposed previous to their admission to the supposed influence of contagion; in one-fourth the circumstances were doubtful; and, in the remaining fourth, nothing decisive on the origin of the disease could be ascertained. In the female wards, under the charge of Dr. Duncan, where the cases of fever were still more numerous, the results were nearly similar. The writer, however, has no intention of grappling with such a mass of contradictory evidence, and must only observe on this part of the subject, that the doctrine of contagion is maintained and zealously inculcated by the professors of the school of Edinburgh.

After its causes, the character of the disease itself forms the next topic of consideration. As far as could be ascertained, it commenced, in most instances, by rigors, pain of the head, flushing of the countenance, acceleration of the pulse, increased temperature, and was fully established between the third and fifth days after accession. The headach, however, seldom indicated any serious affection of the brain, though commonly accompanied by delirium, and in only two cases could it be positively pronounced that phrenitis was present. Coma was also an unfrequent occurrence, three patients only having fallen into this state. In the majority of these cases the chest was affected, the symptoms varying in intensity from catarrh to pneumonia, and in one or two only did the abdominal viscera seem to be engaged. The febrile heat in all was considerable, rising, in some, to a hundred and five and six; and, in one patient, while the temperature was at this height, he complained of a painful sensation of cold. The pulse and respiration frequently doubled their natural standard; but there were many exceptions to the supposed proportion between the frequency of the pulse, and the elevation of temperature in the body; for while the former was as low as seventy-six, the other was as high as one hundred and four. There were but two instances of well-marked petechiæ in the whole seventy-two patients, and these of the rosaceous description; others were said to have been affected with this symptom; but the efflorescence was really produced by the proboscis of some esurient fleas. From these phenomena, it would appear that the present epidemic in Edinburgh may be referred with more propriety to the synochus of Cullen, than to any other of the classified fevers of nosologists.

The treatment of course varied according to the nature of the symptoms, and it would be consequently difficult to embrace it within a sufficiently short space, besides its being foreign to a general view of this kind to note the specific effects of each particular medicine and the order of their exhibition. Bloodletting being now adopted and taught by this school, forms the principal feature in the scale of treatment, and was therefore employed whenever the symptoms indicated its propriety, and without any reference to the stage or time which the disease had existed. Cathartics, generally speaking, were sparingly used, and consisted principally of the vegetable kind and neutral salts, calomel, as formerly, being seldom exhibited in the first instance. Mercury, indeed, would appear to be in some measure in a state of abeyance in the Royal Infirmary, and is seldom spoken of except in conjunction with a sneer at Mr. Abernethy. There are no Abernethys, however, at present in the Royal Infirmary—that's certain. Diaphoretics of the antimonial preparations were extensively administered, without making any very remarkable impressions on the progress of the complaint. The tepid bath, and ablutions of hot water, with acetous acid on some occasions, were repeatedly had recourse to, and if any opinion of their utility could be founded on the sensations of the patients, they may be said to have been at least agreeable adjuvants to other more active remedies. In the local affections, other means for their removal or alleviation were adopted. When the head-ache was slight, it was entirely neglected; but when more severe, the hair was depilated, cold applied, and in the cases of phrenitis, leeches and general bloodletting. For delirium, camphor was preferred, but with what efficacy it is not easy to decide; and in coma, sinapisms and other external stimulants were ordered. In the pectoral disorders which accompanied almost every case of fever, the urgency of the symptoms were also the rule of practice, and the remedies of course varied from the opiate linctus and mucilaginous mixture in catarrh, to the ointment of tartrate of antimony, blisters, leeches, and phlebotomy, in the more aggravated derangements of the pulmonary organs. Independently of thus meeting each symptom by its usual remedy, an attempt was made to test the truth of an hypothesis long entertained by medical men, namely, the possibility of cutting short the duration of fever by certain agents.—With this intention, venesection, cold affusion, emetics, and cathartics, were severally and collectively employed in various cases. The number on whom the experiment was tried is too limited to warrant any general conclusion, but except in one or two patients, in whom the progress of the disease (?) was impeded, it turned out a complete failure. Professing, as this school does to the fullest extent, the doctrine of contagion, there is an obvious inconsistency in the preceding attempt; for, if the contagion of fever bears any analogy to the other contagious exanthems, why endeavour to shorten the term of its existence any more than that of small-pox, measles, scarlatina, which, it is well known, cannot be abbreviated? Yet there is scarcely a day in which the irreconcilable doctrine of contagion and fever cut short is not uttered from the clinical chair. Even Dr. Graham, in his excellent lectures, has fallen into this error, so much at variance with the astuteness and intelligence of this highly accomplished practitioner. Wine and bark, which formed such important items in the management of fevers of former times, were partially administered, their exhibition being chiefly confined to cases of extreme debility and of sloughing of the nates from pressure.

Under the preceding line of practice, when successful, the first indications of recovery were, an improved state of the tongue, restored secretion of the skin, diminished pain of the head, return of sleep, &c., and mostly taking place between the eleventh and fifteenth days of the patient's illness. In very few could the termination of the disease be traced to a critical discharge; in three or four only, the urine having deposited the lateritious sediment; and in one, hæmoptoe was followed by a cessation of all the previous symptoms of fever. The period of convalescence was various, being extremely protracted in five or six cases, in one of which the pulse sunk to forty-four, and in another to forty beats in a minute. The mortality, viewed in the most favourable light, must be considered very great. Of these seventy-two patients, eleven died—a proportion never, perhaps, exceeded in any modern epidemic. In Queensbury House, however, the result was quite different, for, according to Dr. Home, out of 250 patients admitted there in seven weeks, no more than ten died. The filthy, crowded, unventilated wards, and general inaptitude of the Royal Infirmary for the purposes of a fever hospital, may probably help to explain this discrepancy. Out of these eleven fatal cases, three only were examined, the friends of the remainder having refused permission. In these three dissections, and the few others which the writer witnessed, there were no morbid appearances sufficient to account for death, the only deviations from the healthy state of the parts examined, being a slight effusion of serum under the arachnoid tunic, and into the ventricles of the brain, with an ill-defined venous congestion. In this respect he is aware that he differs from the gentlemen by whom the examination was made; but it is really ridiculous to hear morbid anatomists ascribe death to such trifling phenomena, when it is well known that the position of a dead body will produce an apparent congestion of the veins, and that we also know that persons with from half a pint to a pint of fluid in their brains, are seen walking about in cases of chronic hydrocephalus. If it be the effused serum above, which kills in the cases of fever, he cannot exactly comprehend why a few drachms should be fatal in one instance, and a pound be compatible with life in another! The intestines were entirely free from any morbid changes of structure, and in cases of pneumonia, where the symptoms manifested much mischief, little alteration of the lungs could be found on dissection. With regard, therefore, to the seat of the disease, the cephalic fever of Dr. Clutterbuck, and the gastro-enterite of the French, received no corrobaration from what has been witnessed as yet in this epidemic. Of its inflammatory nature, the evidences were equally fallacious, the blood which was drawn off being in most instances destitute of the characters which it assumes in diseases of a purely inflammatory description. A contrary opinion is, however, entertained and enforced by the school. From the foregoing account, it would appear that the treatment of fever may be altered without being improved; that fashions in medicine are as evanescent as caprices in dress; and that with our accumulated experience on this subject, the disease is pretty much as fatal in 1827, as when it was combated years ago, single-handed, by Brown, with a box of opium and a bottle of brandy.

P.S. Elizabeth Campbell, whose case of colica pictonum was noticed in the last Number of The Lancet but one, died a few days after that report was written.

Scotus.

Edinburgh, Feb. 10, 1827.

ORGANIC REMAINS.

There has been found in Louisiana, near the Mississipi, the skeleton of an animal, the species of which cannot yet be determined. One of the bones of the lower part of the body is seventeen inches in diameter, and the ribs are nine feet long. According to the dimensions of the bones, the animal, when alive, must have been fifty feet long, between twenty and twenty-six feed broad, about twenty feet high, and weighed about 20 tons. This animal must have exceeded in body the mammoth, in the same proportion that the latter exceeded the ordinary mastiff. It is displayed for public curiosity at Columbus (Ohio).—*Charlestown Courier, Dec.* 30.

[America produces strange things, certainly.—Ed. L.]

PUERPERAL FEVER.

This disease has lately prevailed, and proved very fatal, in the Westminster Lying-in-Hospital; we do not know whether the oleum terebinthinæ, or what treatment was employed.

THE LANCET.

London, Saturday, Feb. 17, 1827.

An Essay on the Use of Chlorurets of Oxide of Sodium and of Lime, as powerful disinfecting Agents; and of the Chloruret of Oxide of Sodium, more especially as a Remedy of considerable efficacy in the Treatment of Hospital Gangrene; Phagedenic, Syphilitic, and ill-conditioned Ulcers; Mortification; and various other Diseases. Dedicated, by permission, to the Right Honourable ROBERT PEEL. By THOMAS ALCOCK, Member of the Royal College of Surgeons; Member of the Medical and Chirurgical Society, &c. &c. 8vo. pp. 148. London, 1827. Burgess and Hill.

EVERY cook-wife in the kingdom has employed the hydro-chloride of the oxide of sodium, so to speak after the somewhat lackadaisical fashion of Mr. Alcock, to keep the elements of her messes and pottages, and "belly-pieces" and legs, together; and a part of the discovery of M. Labarraque, God forbid that we should attempt to depreciate the value of the whole, is, in reality, nothing more than an extension of the good-wife's experience—a curb, derived from the kitchen, in truth, to restrain the erratic disposition which distinguishes the atoms of animal substances. Chloride of sod*ium* (common salt) being an old enemy to putrefaction; sod*a*, which, according to Thenard, is composed of 100 sodium + 35.995 oxygen, combined with chlorine, might, without much stretch of analogy, be supposed to inherit some of the antipathies of its relation, which indeed is what M. Labarraque has proved.[*] It is certain that culinary salt will answer many of the intentions to be effected by the chloride of soda, and it is very probable that it is a disinfecting agent in a very great degree. We do not pretend to ascribe to it all the properties of the chloride of soda, but we are certain that it possesses a great many of them. For instance, at page 25, Mr. Alcock states, from Labarraque, "that anatomical preparations may be preserved in solutions of the chlorurets," and he might have added, of common salt. *Per sulfate de fer*, too, which Mr. A. calls red sulphate of iron, "preserves animal substances in a very perfect degree," but not a word of the properties of Cheshire salt. Again, page 24, he says, "In macerating preparations of soft parts in hot weather, the greatest care is required to prevent the destruction of the preparation by the putrefactive process;" and, as if a ham had never been pickled since the herd of swine ran into the sea, he tells us, that "by adding a small quantity of the concentrated solution of the chloruret to the water used for maceration, this inconvenience may be prevented!" Once more, and we have done with this part of the subject. Mr. Alcock says,—

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[*] The chloruret of the oxide, &c. &c. of Mr. Alcock, is the *chlorure* and *chloruret* of the French, and the *chloride* of British chemists; but it is not fit that a nomenclature possessing no advantages, save what in the eyes of some its alien derivation may give it, should take precedence of that which Davy (who discovered the simple nature of chlorine, before supposed a compound) adopted. Mr. Alcock apologises for the use of the terms by saying, "that *chloride* is more liable to be confounded with the term *chlorate*, which appertains to a class of salts different in their chemical composition, and not possessing either the bleaching, disinfecting, or the medicinal properties which belong to the chlorurets;" but we cannot go this length with him, for surely there is the same difference between *ide* and *ate* that there is between the *ous* and the *ics*, the *ites* and the *ates* of the Lavoiserian nomenclature. It is certain, however, that Mr. Scott, in his translation of Labarraque's pamphlet, (see LANCET, vol. xi. 175) fell into error, and this the reader is requested to correct, by substituting *chloride* for *chlorate* wherever he may find it in that paper. It was hastily looked over or the error must have been detected and exposed. We shall not adopt Mr. Alcock's seven or eight words, since two or three will do, and in speaking of the bodies he treats on shall therefore call them the *chlorides of soda*, &c.

> " Without these precautions, (using the chlorides,) when a body far advanced in putrefaction has been examined, it has been known that the clothes worn by the operator and assistants on the occasion have been rendered useless by the intolerable odour which they have retained ; and even after every article of dress has been removed, and repeated ablutions performed, the hands have retained the disgusting odour for many hours in spite of every effort (save that of washing them in a solution of salt) to get rid of it."

The remains of Louis le Desiré, under the tutelar protection of the chlorurets, " were freely approached by his people," while those of " Lord Byron, though eagerly visited, were in a great measure deprived of the interest, by being soldered up in a leaden coffin ! " When, as in the course of "*justice*," it may be necessary to exhumate a putrefied body, the chlorides may be used to great advantage, as M. Labarraque, (and his testimony is backed by Orfila,) has clearly shown, in an " authorised statement," of which Mr. Alcock has favoured us with a translation ; but he goes beyond Labarraque, and gives what he calls some very " interesting recollections," obtained from Dr. Filkin, (who, it seems, is residing somewhere about Bedford-square, but who was then at Paris,) whence it appears that *Bourcier*, a subject of the King of France (his name, says Mr. Alcock, *though suppressed* by Labarraque, was Bourcier !) " was a married man, and *lived very happily with his wife*," &c. ; but latterly he had been much annoyed by the visits of a Greek (Dr. F. thinks he was also a *courier*, but he " is not so clear upon this [material] point as the rest "), " who was very constantly in the shop with his (B.'s) wife ! " " This was the source "— but perhaps we had better give the " interesting recollections" as they are, since they must naturally lose by abridgment :—

> " This was the source of many quarrels between B. and his spouse. About the end of June 1823, Bourcier was attacked with symptoms of acute inflammation of the stomach, a disease so common at that time in Paris, that the medical attendant never thought of attributing these symptoms to poison. The disease proved fatal, and his medical attendant, as well as the physician of the quarter, must have certified that there was no reason to suppose that the deceased had come by his death from unfair means. On the very day of her husband's death (as was subsequently proved) and on the day of his interment, Bourcier's widow was seen at balls with her Greek lover, and very frequently immediately afterwards. This led the neighbours (who were aware of the quarrels between Bourcier and his wife, as well as the cause of them) to suspect that some unfair means had been used to get rid of him. These suspicions found their way to the police, who ordered the widow and her paramour to be arrested, and the body to be disinterred and examined. The Greek escaped. The widow was afterwards brought to trial ; and though the presumptive evidence against her was very strong, yet as there was no proof that she had administered the arsenic, she was acquitted.
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> " Dr. Filkin adds,—' On the preceding pages [of his note] you have the circumstances which I promised concerning Bourcier. They are drawn out from memory, as I stated them to you the other day in conversation ; but I have since ascertained that the widow was acquitted, as mentioned at the close of my account. Previous to my obtaining this piece of information, I had recollected that the paramour was a Greek, and I think also a *courier*, but am not so clear upon this point as the rest'."

The following is the " authorised statement of this remarkable case," and if it be not exaggerated, (it is at least quaintly worded ; " it became *possible* to begin the operation," though the infected odour was instantaneously destroyed,) tells much in favour of the chloride of lime :—

> " The 1st August, 1823, at the request of the King's Attorney, Professor *Orfila* and Messrs. *Lesueur*, *Gerdy*, and myself, (Hennelle,) met at the cemetery of Père-Lachaise, there to make the examination of the body of the said B***, who died a month since. At half past seven in the morning, the exhumation of the corpse was proceeded with : it exhaled an infectious odour ; it remained till half past ten o'clock upon the ground and out of its coffin, the persons who were to prove its identity not having yet arrived. The temperature was from 17 to 18 degrees of the centrigrade thermometer (= about

63° or 64° Fahr.) Then the body was carried to a large and well-aired place, that the examination might be made as conveniently and salubriously as possible. The odour became still more insupportable; the corpse had become swollen in a very manifest degree since it was taken out of the ground; it would therefore be important in a similar case to make the examination as speedily as possible. We began by making aspersions upon the subject with chloruret of lime dissolved in water: this liquor, which had been proposed by M. Labarraque, apothecary, (see the 1st volume of the *Archives*,) produced a marvellous effect; for scarcely had a few aspersions been made, before the infected odour was instantaneously destroyed, and it became possible to begin the operation." (Extract from the 2d volume of the *Archives générales de Médecine*, p. 581, August, 1823.)

The reader may like to know the sequel: white oxide of arsenic was found in the intestines, the principal part in the larger ones; and Mr. Alcock states, as "a remarkable fact, that the parts which contained the most of the white powder, also contained the greatest quantity of yellow mucosities" which we take, to be no remarkable fact at all.

We give the following directions of M. Labarraque, only recommending our readers to try a solution of common salt first, and that failing, to follow him implicitly:—

"Before approaching a corpse in putrefaction, a tub should be procured in which may be put a load of water (24 litres, about 49 pints); pour into this a flagon (half a kilogramme= 1 lb. 1 oz. 10½ dr. avoirdupoise) of the chloruret of lime, and stir the mixture.

"Dip a sheet in the water contained in the tub, and unfold it so as to be able to withdraw it with facility, and particularly so as to be enabled to extend it very quickly over the corpse.

"To effect this, let two persons open the sheet and place it in the liquid, holding the ends upon the edges of the tub: let this be carried to the side of the body in putrefaction, and at the same instant let the wet sheet be drawn out of the tub and laid over the body.

"Soon afterwards the putrid odour ceases.

"If blood, or any other fluid proceeding from the dead body, have flowed upon the ground, pour upon this liquid one or two glassfuls of the chlorureted water; stir with a broom, and the putrid odour will disappear.

"This operation, however, ought not to be thus performed, whenever the liquids spilled upon the ground may become the subject of a chemical analysis: in this case the greatest quantity possible should be carefully collected; and it is when this has been effected, that the disinfection of the ground should be performed in the manner above mentioned.

"If the infection have spread in the neighbouring places, in the corridors, stairs, &c. the infected places are to be sprinkled with one or two glasses of liquid chloruret of lime, and the fetid odour will cease.

"Care must be taken to moisten frequently with the liquid contained in the tub, the sheet which covers the corpse: the reproduction of the putrid odour will be thus prevented.

"As soon as the body has been removed, the sheet which has served for the disinfection should be washed in large quantities of water, dried and folded."

Of dissecting rooms, after giving some directions, of which any one who will go to the expense needs no information, Mr. Alcock observes:—

"The floor should be washed with chlorureted water, and afterwards with plain water when necessary. With these general precautions, the prevention of putrefaction is not difficult; the aspersion of the solution of chloruret of lime or of soda over the subject each time before beginning to dissect, removing with a sponge all superfluous moisture, and renewing the sprinkling should it be required during the work, will be sufficient to counteract putrefaction, and the odour resulting from it. When the dissection is discontinued, the covering of the subject with a coarse cloth or cloths moistened in the solution of the chloruret, should not be omitted; and the moistening of the cloths should be renewed night and morning. The proportions for this purpose, may be from twenty-five to thirty or even forty parts of water to one of the chloruret.

"Should any liquids proceeding from the body be spilled upon the floor, the place should be sprinkled freely with the chlorureted water, and then be washed copiously with a broom and plain water."

"For ordinary purposes," says Mr. Alcock, "a saturated solution of muriate of soda (common salt,) with a little nitre, may be injected into the arteries without heat; this will considerably retard putrefaction, but does not preserve the florid appearance of the muscles;" which neither do the chlorides of lime or soda, so that in this respect, at least, they have no advantage over common salt, and we do not see why a solution of the latter may not be sprinkled over bodies, or a cloth dipped in it applied to them, with the same, or nearly the same effects, and more cheaply. Chloruret of soda, to use for once Mr. Alcock's nomenclature, is a "disinfecting agent," and preserves animal substances;—common salt preserves animal substances, but has it been proved that it is not a disinfecting agent? Let the test of experience decide. After the notice which has been given of Mr. Scott's pamphlet, it will not be necessary to follow the author through those sections of his work which are devoted to the use of the chlorides in disinfecting or destroying the noxious smells of hospitals, ships, workshops, stables, privies, reservoirs, sewers, &c., since the directions given at p. 178 of our present volume will, with little variation, be applicable in all cases of this description. The following extracts, however, from the experiments ordered by a commission of health at Marseilles, may serve as further directions:—

"1. Washings and aspersions with the chlorureted water to be made in the wards several times every day.

2. Tubs containing chlorurated water are to be placed in the same wards, so as to keep up a continual evaporation of the chlorurets.

3. The physicians, almoners, servants, and all those who take care of the sick, before approaching them, and in quitting them, to wash their hands with chlorureted water.

4. The same persons to make use of smelling bottles filled with chlorurets, and to moisten the openings of the nostrils therewith.

5. Applications of the chlorureted water to be made to the buboes, the carbuncles, and the gangrenes of persons labouring under the plague.

6. Smelling bottles or sponges imbibed with the chlorurets, are to be frequently brought near to the nostrils of the same patients.

7. Water containing half a drachm or one drachm of the concentrated chloruret of oxide of sodium to each pint, to be given to the patients afflicted with plague as their common drink.

8. The baggage, apparel, &c. of pestiferous patients, and of those suspected to conceal some contagious principle, to be exposed to the evaporation of chlorureted water, which is to be heated to give it greater activity.

9. The apparel which is not likely to be deteriorated by the chlorurets, to be washed in these solutions."

"The strength of the solution of the chloruret of lime for the aspersions, &c., should be one part of chloruret to thirty of water."

Mr. Alcock relates instances, principally on the authority of French writers, in which solutions of these salts have been found useful, but the principle being known, the results, to a certain extent, may be pretty generally predicated; these are cancer, herpes, ulcerations with caries, putrid sore throat, ptyalism, and ulcers of the mouth; ulcers of the throat, small-pox, measles, scarlet fever, ozœna, wounds in dissection, diseased joints, &c. Some of these cases are instructive enough, others rather ridiculous; for instance, what could be gained by employing the chloride of soda in the following, and if nothing, why was it wedged into the book?

"An unfortunate case of gangrene from infiltration of urine, occurred lately at the Westminster Hospital. The patient was an old man, who had for several years had stricture in the urethra, but without urgent symptoms, having continued his work till within a day or two of his coming to the Hospital. He was admitted on a Friday, labouring under complete obstruction of urine. Attempts to pass the catheter did not prove successful. During the night the urethra gave way, and the scrotum became enormously distended with urine. On the Saturday the parts containing the extravasated urine were in a state of mortification, of a dirty brown and greenish hue. The scrotum was freely divided, and a considerable quantity of urine oozed out. The odour was horribly offensive. The unfortunate patient sunk and expired on the Sunday. The chloruret was not used."

In hospital gangrene, phagadenic, syphilitic, and other ulcers, it has been successfully employed by the French surgeons. *Jules Cloquet* has bathed mortified limbs in the chloride (diluted with ten or fifteen parts of water,) giving the patients 20 or 30 drops of it in a pint of ptisan. Chronic ulcers, scalds, (after poulticing,) cancer, herpes, ulcerations of the mouth, with caries of the bones of the palate, angina gangrenosa, ptyalism, and various other diseases, are reported to have yielded to this wonder-working agent. It has done so much, indeed, that we are afraid it will be of no very extensive use hereafter, except in the itch, or, as a *garde d'amour*, against syphilis and the clap. Not content with outward show and apparent utility, Mr. Alcock tells us that he has employed it "in erysipelas and in some disordered states of the stomach, with beneficial effects; but he considers it of more importance to science and to humanity to direct the attention of his professional brethren to the investigation of its antiseptic properties as an internal (external?) remedy, rather than to dwell upon the very little that is at present known respecting it," which, we are sorry to say, is not the only ridiculous passage in the book. If our emendation of the sentence be correct, there is a great deal known about it; much more, we apprehend, than is true; and if it be not correct, there is little of "science or humanity" in directing people's attention to a manifest absurdity; for internally there can be no need of "antiseptic" remedies, since there are no septic conditions to combat. We should have thought Mr. Alcock, a practical man, undoubtedly, might have found better employment than in making a volume of the ephemeral archives of the French; although such a work might have done him credit twenty years ago, we are afraid it will do him little now. Where so much is founded in report and hearsay, some things, at least, may be false; and with such subjects, a man of Mr. Alcock's standing should not have dealt. The public expect better things of him.

When legislative enactments are suddenly adopted, they seldom prove satisfactory to the persons whom they immediately affect, or beneficial to the public whose interests they profess to protect. The senate should be governed in its decisions by the most extended principles of public utility, and it should reject with indignation the solicitations of persons who assemble in "Holes and Corners" to project and arrange their nefarious measures. It is to be regretted that any act should ever receive the sanction of Parliament, until its provisions have received the vigorous scrutiny of the press, and until it have received, as far as it can be ascertained, the sanction of the intellectual portion of the community. Were such a course as this pursued, we feel firmly persuaded that nine-tenths of the Acts and Charters which now disgrace our Statute Books, and inflict misery upon the people, would never have been recorded there; and, generally speaking, the mischievous tendency of these instruments is in exact proportion to the secresy with which they were framed out of Parliament, and to the disgraceful manner in which they were hurried through that "deliberative assembly." Whatever reproaches can be cast by their opponents upon the Surgical Reformers, it certainly cannot be said that they have endeavoured to conceal their proceedings from the eye of the public. The Meetings at the Freemasons' Tavern were public; even the doors of the Committee Room were, and are, open to the public; the resolutions they adopted at the General Meetings, and the proceedings of the Committee, have been submitted to public examination and approval; and even their Petition to the House of Commons has been published. Such has been the conduct of the Surgeons of London, whose example has been followed both at Winchester and Bristol, and we receive accounts almost daily of the incipient labours of their brethren in most of the large towns of England. The publicity they everywhere seek, is calculated to produce on the minds of the enlightened portion of the legislature, a most powerful impression of the honourable nature of their claim to the interference of Parliament; and the repeated discussions to which the subject has been submitted, have been equally calculated to rouse the Members of our profession from the senseless lethargy into which they have for so many years been plunged, and to stimulate them to the performance of a duty they owe to themselves, to their brethren, and to their country. As we have before stated, it is always desirable that public opinion should *precede*, and not *follow* acts of parliament; in which case, so many of these enactments would not be viewed with that disgust they now so richly deserve. The claims of the Members of the medical profession to the protection of the Legislature, are undeniable; not so much on account of their own merits, which, from the government pursued by the College, are, we fear, rather of a doubtful nature; but, on account of the benefits which they are capable of rendering to society, when they are adequately qualified to practice. It is impossible that the non-professional man can form the most distant idea of the quantum of human suffering relieved and prevented by the aggregate efforts of medical practitioners; and equally impossible is it for him to conceive how much this blessing might be increased, if those practitioners were under the control of a local government, which had the integrity and talent to promote the cultivation of medical and surgical knowledge. So numerous and striking are the facts now before the world, and the inductions so self-evident, that it is admitted in every quarter that a reformation in medical legislation is imperiously called for; and what is more extraordinary, there appears to be no difference of opinion as to the NATURE of the required alteration; every meeting that we have heard of having unanimously resolved to support the prayer of the London Petition, for a Committee of Inquiry with a view to obtain a NEW CHARTER, in which it may be provided that the Members at large shall *annually elect* the Council,—a privilege possessed by the Members both of the Dublin and Edinburgh Colleges; we are not, therefore, asking for that which is unprecedented, and nothing we hope which the Legislature will deem unreasonable. We will here insert the excellent Resolutions agreed to at Bristol; and, from the appropriate and spirited manner in which they are worded, we feel confident they will be hailed with satisfaction in every part of the country. The petition is to be presented by the Members for the city, Mr. BRIGHT and Mr. HART DAVIS, two gentlemen of weight and talent, and who, particularly the former, take an active part in the proceedings of the House.

" *At a Meeting of the Members of the Royal College of Surgeons in London, held at Reeve's Hotel, Bristol*, 1*st Feb.* 1827,

HENRY DANIEL, Esq. in the Chair;

It was Resolved,—

1. That the Members of the Royal College of Surgeons in London, have much reason to complain of the conduct of the Council, or governing body of the College.

2. That the said Council, not being elected by the Members at large, and not being in any way responsible to them for their conduct, but being by their present charter empowered to frame by-laws and regulations, and to fill up the vacancies in their court without the consent of the Members, cannot be deemed the representatives of the body at large, and hence may be expected to consider in their deliberations, much less the interest of the community than their own individual advantage.

3. That some of the regulations which have issued from the Council, demonstrate but too plainly that their own interest and advantage have been their paramount objects of consideration; thus they have, to the uttermost of their power, restricted the student in the acquisition of professional knowledge for the purpose of his examination at the College, to those sources only which afford to the constituents of their

body direct emolument, viz. the Anatomical and Surgical Schools with which they are chiefly connected.

4. That the improvement and advantage of the Members, and the dispersion among them of professional knowledge, has not been duly regarded by the Council, appears from the following facts:—

1st, That the invaluable Museum of the late Mr. John Hunter, so liberally purchased and presented by Government to the College, for the purpose of assisting in the progress of Anatomy and Surgery, is of less benefit to the Members than it might be if more liberally thrown open to them; and though this Museum has been in the possession of the College upwards of twenty years, no catalogue of its contents has yet been published.

2nd, That the Library of the College is entirely closed to the Members; there is neither librarian nor catalogue of the books.

5. That though there are very considerable funds belonging to the College, no account of their appropriation has hitherto been furnished to the Members.

6. That though the Hospitals of London, Dublin, Edinburgh, Glasgow and Aberdeen only are recognized by the Council as Schools of Surgery, yet that many of the larger provincial hospitals may be considered as justly entitled to the same privilege; the Bristol Hospitals in particular, from the number of their patients, paucity of the pupils attending them, and the acknowledged reputation of their surgeons, present to the surgical student advantages equal to any, and superior to many of the favoured hospitals, for the purposes of education; it is therefore a manifest injustice that the Council should, before admitting a student to examination, exact that his attendance on the practice of such hospitals be double the term required at one of the more favoured schools, and still further, that they should impose on the student the necessity of *previously* attending two courses of lectures on anatomy, and two of dissections, at one of the recognized schools in London, Dublin, Edinburgh, Glasgow or Aberdeen; an imposition which renders their concession in favour of provincial hospitals almost nugatory.

7. That these grievances call loudly for redress, and that it is incumbent on the Members of the College, dispersed over the country, to co-operate with their brethren in London in endeavouring to obtain from Parliament a Committee of Inquiry into the abuses complained of, and such alteration or amendment of the existing charter, as may secure to the Members their just privileges, and exemption from the grievances to which they have hitherto been subjected.

8. That a Petition from the Members of the College in this city and its vicinity be immediately prepared and presented to the House of Commons, supporting the prayer of the London Petition, and particularly enforcing the claim of the provincial hospitals to be placed on the same footing as the hospitals in London, Dublin, Edinburgh, Glasgow, and Aberdeen, with regard to qualifying the candidate for his examination at the College of Surgeons.

9. That our respected Members, Richard Hart Davis and Henry Bright, Esquires, be requested to present the same, and support the prayer of it to the uttermost of their ability.

10. That a Committee be appointed to frame a Petition, founded on the foregoing resolutions.'

"At an adjourned Meeting of the Members of the College of Surgeons in London, held at Reeve's Hotel, Bristol, the 8th Feb. 1827, *it was Resolved*, That the Petition presented and now read, be adopted and signed by the Members present, and by such other Members as may be pleased to add their signatures.

The Chairman having left the chair, the thanks of the meeting were voted to him for his able and impartial conduct."

We beg to direct the particular attention of the reader to the extract from Mr. Lawrence's admirable Introductory Lecture, inserted at page 629 of this day's Lancet. We have selected only that portion of the discourse which treats of Medical Education, and of the distinction between *pure* medicine and *pure* surgery, because these subjects at the present moment are engrossing much of the consideration of the medical world. It is impossible that the foolish and arbitrary distinction attempted to be drawn between surgery and medicine, can be more happily or more effectually exposed, than in the brilliant effort of Mr. Lawrence. As we are anxious not to lessen the powerful and beneficial impression this Lecture is so well calculated to produce, we shall not add any further comment of our own: especially as in seizing the gauntlet thrown down by the College of Physicians to the Surgeons of the United Kingdom, we shall repeatedly have occasion to resume the subject.

At the Anniversary Dinner of the Gentlemen educated at Guy's Hospital, held on Thursday se'nnight, we understand that there occurred a most disgraceful scene of riot and confusion. As these annual dinners are commonly characterised by a nauseating sameness, and as they are usually barren of interest, except to the parties immediately concerned, we did not deem it of sufficient importance to request the attendance of a Reporter; and not having seen any individual who was present, we have only been enabled to obtain an account of the circumstances through indirect channels. It is said, that about one hundred Gentlemen were present. Dr. BRIGHT in the Chair. After the usual toasts had been drunk, the Royal College of Surgeons was announced, when one of the party put some silly questions to the President, and after much confusion, the speaker insulted the Gentlemen who surrounded the Chair, by applying to them a degrading personal epithet, upon which the whole party demanded his expulsion, and he either left of his own accord, or was forced out of the room; when harmony was completely restored, and the festivities were maintained to a late hour. Such interruptions as the one we have above described, merit the severest reprobation, and their authors richly deserve the punishment and disgrace that were so summarily inflicted in this instance. Had it been a *public dinner* of the MEMBERS of the College, the Chairman, on giving such a toast, ought not to have received any interruption on its announcement, and those who disapproved had merely to retain their seats and invert their glasses, that is, if they deemed such a course necessary as a mark of their disapprobation of the conduct of the Council; but the Dinner in question was a *private* dinner, composed of persons educated at Guy's Hospital; consequently the interruption was doubly improper and indecent. Besides, the toast of the College must be regarded by the Gentlemen of Guy's Hospital, as the toast "SIR ASTLEY COOPER," towards whom, from the invariable urbanity of his conduct; from his unwearied attentions to the sick; from his eagerness at all times to impart professional knowledge; from his opposition to the "Hole and Corner" Surgeons of St. Thomas's, when they endeavoured to suppress the publication of reports of cases from the Borough Hospitals; and from his unrivalled talents as a surgeon, they must entertain sentiments of the most affectionate regard and admiration. In connexion with the name of such a man, they would eagerly swallow the Council of the College, and even old Pluto and all his satellites.

ACCOUCHMENT EXTRAORDINARY.

ON the first instant, at 72, St. Paul's Church Yard, to the infinite delight of RODERICK, Mr. JOHN SOUTER was safely delivered of a "non-descript yellow substance," vulgarly called the YELLOW JOURNAL.

Although OGILVIE—JOE BURNS—BOYLE—COCKNEY MAYO—TODD THOMSON—BANDAGER JEFFREYS—JUNIOR JOE, and BRUTE-THUNDER BRODIE were present, it was scarcely possible to keep the monster-bantling alive.

Though, in the opinion of these nurses, the YELLOW THING still exhibits a few symptoms of life, they daily become more feeble; and stupid as the attendants are, they do not believe that its existence can be much protracted. The best practitioners consider the case hopeless.

WE have received several contradictory accounts of the day on which Mr. Rose performed his operation, consequently we do not consider that it would be treating either him or the reader fairly if we were to publish any comments on this part of the subject in the present state of our information.

CRUIKSHANKIAN ORATION.

Thursday being the day appointed for the delivery of the oration in commemoration of that distinguished ornament of our profession, John Hunter, the *front doors* of the Royal College of Surgeons were thrown open, for the admission of Members, at three o'clock. Mr. Thomas was the orator. We doubt whether this gentleman succeeded in amusing or gratifying the small portion of the assembly who *heard* him, but he certainly had the merit of surprising them; for instead of a panegyric on John Hunter, he favoured them with a minute account of the life, professional studies, and post mortem examination of his (the orator's) father-in-law, the late Mr. Cruikshank. We shall return to the subject of the oration next week, when we shall also give our readers a description of the alterations made in the Theatre, premising only, that whatever has been done by the Council, has evidently been done under the influence of *fear*, and not from any desire of affording accommodation, or manifesting respect to the Members of the College. Fortunately for the credit of the profession, no visitors of distinction were present at the delivery of the Cruikshankian oration; we say fortunately for the credit of the profession, for we blushed in common with all who heard Mr. Thomas's *twaddle*, at this signal display of imbecility.

The Pupils of Bartholomew's and Middlesex Hospitals loudly complain that the ordinary operations are not announced, and that they are not summoned when any accident requiring immediate operation is admitted; thus they suffer great injustice.—To the pupils of the Middlesex we can suggest no remedy; but we advise the Barthol'mites to make a formal application to Mr. Lawrence.

DR. BARRY'S LECTURES.

Dr. Barry, in his last Lecture on the passage of the blood through the heart, made some novel and interesting remarks connected with the pathology of this organ. He enumerated some experiments which he had made on the living animal, particularly the horse, by which he ascertained that the appendix only, (and not the whole auricle, as hitherto supposed,) contracts, and is dilated alternately with the ventricles. That portion of either auricle, termed by Haller the *sinus venosus*, being in progressive dilatation during inspiration, and of contraction during expiration. Dr. Barry further stated, that when the stethoscope is applied to the region of the heart, the first sound heard is produced by the *expansion* of the *appendices*, and not by the contraction of the ventricles. This is the sound that is synchronous, or nearly so, with the pulse. The second sound, he stated, is caused by the dilatation of the ventricles, and not, as hitherto supposed, by the contraction of the auricles.

When the power of the ventricles is increased by their parietes being in a state of hypertrophy; the locomotion and impulse of the heart are great, but the sounds inconsiderable. When the walls of the ventricles are thin and dilated, the sounds heard through the stethoscope are loud; the locomotion and impulse little or none. When apoplexy is threatened, or takes place in people whose hearts are in a state of hypertrophy, the arteries within the head are distended, and bleeding profusely will favour their return to a smaller calibre. But when apoplexy takes place, accompanied by a thin, dilated, or softened left ventricle, the arteries, from the want of a sufficient distending power, collapse, and the veins within the cranium become proportionably dilated. For as the head must be filled with something, when the heart is not able to keep the arteries in a state of sufficient distention, the veins must enlarge to make up the difference. Small bleedings, in such cases, will favour the contraction of the heart, but profuse bleedings will most probably produce the rupture of a vein within the head, by favouring the still further collapse of the arteries, and, therefore, the dilatation of the veins. Hence it is, observed the Lecturer, that we hear of so many cases of apoplexy terminating fatally immediately after large bleedings, and in which blood has been found recently effused from a ruptured vein within the cranium.

The experiments of Dr. Kellie, of Glasgow, illustrate this view of the fatal effects of inconsiderate bleeding, in all cases indifferently, of apoplexy.

HOSPITAL REPORTS.

WINCHESTER COUNTY HOSPITAL.

THE EXTRACTION OF A CALCULUS FROM THE FEMALE BLADDER BY DILATATION.

A. P., ætat. 29, unmarried, was admitted under the care of Mr. Henry Lyford, with symptoms of calculus in the bladder. She gave the following history of her complaint:—Twelve years since, she was attacked with a most excruciating pain in her back and loins, which continued for many days, and then gradually subsided. These paroxysms frequently returned, and she observed they always ceased on the appearance of a deposit of red gravel in her urine, In the month of March, she had a retention of urine, and in an effort of straining to relieve herself, she passed a small stone, the size of a pea, and at the expiration of the three subsequent months, she had, after similar attacks, discharged twenty four calculi of various sizes. The symptoms which she now more particularly complains of, are great numbness down the thighs. Micturition attended with excessive pain and difficulty. Sense of weight in the bladder, increased very considerably in the recumbent posture, so much so as to deprive her entirely of rest. Tenesmus; a slight discharge from the urethra. Ordered ol. ricini. ʒvj., to be taken directly. Tepid hip-bath at bed time, and a suppository of gum opii. gr. i. ext. hyoscyam. gr. iij. to be used on coming from the bath.

Dec. 23. The violence of the symptoms mitigated, but complains much of the urethral discharge. Ordered liq. potassæ, gtt. xxv., tinct. opii. gtt. iv.; ter die sumend.

27. The discharge greatly diminished. The patient sounded, and a calculus, apparently of some magnitude, discovered.

29. The bowels being cleared by a purgative enema, she submitted to the dilatation of the urethra, which was accomplished in the following manner: being placed in the recumbent posture, with the buttocks raised and brought close to the edge of the bed, the shoulders depressed, and the legs separated and bent on the body, the labia were separated, and a male sound introduced; the calculus was immediately detected on the left side of the bladder. The sound was then withdrawn, and the point of the dilator (having been previously oiled) insinuated into the meatus. The handle of the instrument being much depressed, it was gradually pushed onwards throughout the whole course of the urethra; the dilatation was then commenced in a direction from the pubes to the sacrum, which was accomplished most completely in the space of five minutes without the least difficulty, and without much pain to the patient; the urine escaped in quantities as the urethra dilated. The dilator was now withdrawn, and a pair of forceps introduced, by which the stone was grasped in a favourable position, and extracted gradually and without force. The patient was removed into bed, the bowels fomented with poppy fomentation, and she was ordered to take tinct. opii. gtt. xxx. mist. camph. ʒ x. The stone was of the lithic acid species; it weighed 8 drachms and a half; its length two inches; and its breadth one inch and a quarter.

Six o'clock, p.m. Has been in a great deal of pain, attended with rigors. No urine has passed. On examining the meatus, it was found completely plugged by a large coagulum, which was removed; a catheter introduced, and a pint and a half of bloody urine drawn off, which afforded much relief. The catheter was allowed to remain in the urethra during the whole of the night, and she was ordered to take ʒvj. of ol. ricini in the morning.

Second day. Has passed a comfortable night, and free from pain; the urine has escaped copiously through the catheter; no febrile symptom; the catheter withdrawn.

Third day. Quite comfortable; entirely free from pain; has entire control over the functions of the bladder: the urine slightly tinged with blood; the bowels have been copiously relieved.

Seventh day. Has been out of bed during the whole of the day, and walked across the ward without experiencing any uneasiness whatever.

Tenth day. Patient convalescent.

Mr. Lyford observed, that it is necessary in the performance of this operation, to introduce the dilator completely throughout the whole course of the urethra, previously to commencing any dilatation whatever; and that if this precaution were not attended to, the canal might be ruptured from a partial distention; and that the instrument might frequently slip from the meatus, causing much unnecessary pain to the patient, and inconvenience to the operator.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

NÆVUS MATERNUS.

In a paper on *nævus*, which Mr. Wardrop published in the ninth volume of the Medical and Chirurgical Transactions, he observes that a "process of *ulceration* sometimes commences in the skin, a greater or less portion of which, as well as of the tumour itself, ulcerates and sloughs away. This ulcerated surface is finally cicatrised, and although the edges of the original tumour may still remain, yet the progress of the disease seems arrested, and it undergoes no alteration in future life."

"Instead of removing nævi with the knife, I have, in a few cases, imitated the spontaneous ulcerative process above mentioned, and I was first led to adopt this practice from having observed the effect of a strong solution of corrosive sublimate, which was applied to a nævus on a child's back. In this instance the skin ulcerated, and the ulcer spread rapidly, destroying not only the integuments, but the substance of the tumour. In cases where the knife cannot be used with safety, this mode of treatment might be advantageously employed, and it may be in some cases preferred, even where the extirpation of the tumour is practicable."

The following two cases afford satisfactory proofs of Mr. Wardrop's method of treating this tumour:

Case 1. M. D., æt. 13 months. In the middle of the frontal region there is a small nævus, not exceeding the size of a sixpence, the central portion of which is of a bright red colour, to which run several small tortuous red vessels from the circumference.

Treatment.—A piece of adhesive plaster, of sufficient size to cover the diseased part, a small hole being made in its centre, was applied upon the tumour, the small portion of which, thus exposed by the hole in the plaster, was rubbed with the *kali purum*, sufficient to produce an eschar. The eschar separated, and was followed by ulceration, which destroyed the whole of the diseased part. In three weeks the sore cicatrised, no varicose vessels being perceptible round its edge.

Case 2. A child, about a twelvemonth old, presented itself at the Hospital with a nævus on the cheek, of about the same size as that described in the former case. The *kali purum* was applied, as in that instance, with the same happy effect, the ulceration which followed the separation of the eschar extending until the whole diseased mass was destroyed; after which, complete cicatrisation took place, no vestige of the nævus being visible.

The operation on the case of cancer of the lip, mentioned in the last report, has been performed. It was done by Mr. Wardrop in the usual manner, by including the diseased portion between two linear incisions, meeting at an angle, in the form of a V, and they were made so as to include a greater portion of lip than what could be marked as the extent of the disease. The edges of the wound were kept in contact by one pin inserted close to the red edge of the lip, whilst the lower part was drawn together by one common suture.

A case of polypus of the nose, a case of cataract, and two cases of fistula lachrymalis, have also been the subjects of operations within the last two or three days.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF CONGENITAL CLEFT PALATE.

The subject of the above malformation is a man named William Evans, æt. 24, who was admitted into the Hospital, January 27th, with iritis of the left eye. From the difficulty he experienced in articulating—taken in connexion with the state of the eye, it was presumed, *a priori*, that the syphilitic virus had made considerable ravages in his throat. Upon examination, however, no traces, either of present or past ulceration, could be discovered; but in lieu thereof, "a tremendous gap," as Mr. Abernethy would say, was seen extending completely through the palate backwards, as far as the isthmus faucium, a congenital deformity. On either side of the cleft, at the termination of the soft palate, a small portion of the uvula can be seen. The diameter of the fissure cannot be less than three quarters of an inch at its posterior part, and about half an inch at its anterior part, its depth about one-third of an inch. The man is capable of retaining his saliva, can masticate and swallow solid food tolerably well, but liquids return by the nose, unless *slowly* taken. At the age of twelve he underwent the operation for hare-lip, which proved successful. Mr. Lawrence, in remarking upon the case, observed, that it was an unfrequent occurrence for the cleft in the palate to continue without any marginal approximation, after the successful performance of the just mentioned operation at an *early age*—surgeons generally relying on it, as remedial for both deformities. In proof of this assertion, he said he had performed the operation on a child of a tender age, in whom there was a considerable cleft in the palate at the same time; that some months afterwards he had seen the child, and that the cleft had diminished in a very considerable degree.

Mr. Lawrence thought that the furrow existed in the bony palate, and possibly, that the bones were wanting; which observation seems to be strengthened by the fact, that there was a considerable interspace (overlooked, we think, in the first examination,) in front of the upper jaw, between the incisior teeth.

"SOUND CHIRURGICAL KNOWLEDGE,"

Bought and sold for 22l. in Lincoln's Inn Fields.

A few days since, a poor woman presented herself at the Hospital, with a dislocation of the head of the os humeri into the axilla. The nature of the case was so striking and manifest, that any one could detect it by a *side* glance. She stated that the accident was of three months standing; that it resulted from a fall in Fleet Market; that upon the receipt of the injury, she was immediately taken to a surgeon in the neighbourhood, who on examining the arm reported it to be a mere bruise, and gave her a lotion for *the part affected*. From her disability to use the arm, upon which her livelihood depended, and the pain and uneasiness continuing unabated, notwithstanding the assiduous use of the surgeon's *lotion*; she thought herself justified in applying to another illustrious member of the same surgery-selling establishment. This professor of "sound chirurgical," considered it to be a weakness in the part; and consequently, completely cemented the shoulder, with a *corroborant plaster*. In this state she came to the Hospital. The muscles of the shoulder appeared wasted, and the limb but of little use. Flexion and extension of the fore-arm tolerably good; which however has not been the case until within the last few days. The head of the humerus having contracted adhesions, and formed a new capsule, its motions are too limited for any useful purpose. Messrs. Stanley, Earle, and Lloyd, held a consultation, and considering the age of the patient, (65,) and the danger of tearing asunder the newly-formed adhesions, resolved that no attempt at reduction would be prudent, and that she had better

" ——— bear the ills she had
Than fly to others which she knew not of."

A NEW ELECTRICAL DISCOVERY BY MR. EARLE.

We cannot sufficiently express our satisfaction at being the organ of exclusive communication of a novel and brilliant mechanical discovery of Mr. Earle; our gratification is not the less unalloyed by an anticipation of the extreme chagrin and mortification *Roderick* of the Yellow will experience on a perusal of the following "doings" of his staunch contributor. The case has been extracted from our note book earlier than usual, from the idea, that as spring is rapidly approaching, and all the *world about to physic*, it is highly necessary to know that a morning walk to Mr. Beaume the electrician, is now discovered to be a very genteel and speedy mode of gaining that end, and at the same time of keeping the stomach and mucous membranes intact from their vulgar noisy griping acquaintances, senna and salts. In anticipation of the future fame and gratitude attached to Mr. Beaume's galvanic efforts, we may suggest de Vie as not an inappropriate addition to his already respected name. Beaume de Vie, alias Compound Decoction of Aloes. Such appendage would proclaim at once his calling, and the world's gratitude.

Mr. Earle has had under his care, for a considerable time, a child affected with amaurosis. Its bowels have been constipated; their secretions of a very offensive character; and the biliary secretions, as might be expected, of an unhealthy appearance. The disease of the eyes has been regarded as sympathetic, and the grand sourse of mischief referred to the hepatic organs. Accordingly, mercury has been the grand anchor of hope; calomel, with its irritating step-sister, scammony, has been prescribed without any regard to frequency or quantity. Mr. Earle, at each successive visit, has expressed surprise at *finding no amendment in the biliary secretions*, after the employment of such active medicines. The sovereign remedy was ordered to be followed up with greater vigour, until a healthy action could be induced. But the child's liver was incorrigible, and not to be bullied even by such powerful means. Despairing of success from their further use, the idea of electricity flashed upon his recollection; and forthwith, the liver was electrified. It has been so again and again, but without the wished-for change. If Mr. Earle had himself possessed a little more of the "electrical devil," he would soon have discovered that the continuance of the hepatic derangement was more attributable to the negligence of the dresser, than to the obstinacy of the organ in question. The medicines prescribed, from the commencement were neglected being written for by the dresser, and the child TOOK ABSOLUTELY NOTHING. If Mr. Earle had electrified the *brain of his dresser*, he would have exhibited himself more favourably as a shrewd and attentive Hospital surgeon.

OPERATIONS.

Mr. Vincent on Saturday removed from a man, a portion of what is commonly called " cancerous lip ;" the section of the excised part gave no indications of a carcinomatous structure.

Mr. Earle operated on a man who had permanent stricture of the bulbous part of the urethra ; immediately posterior to which, through a fistulous opening, the greater part of the urine was discharged. A staff being passed down to the strictured part, an incision, about an inch in length, was made, directed towards its point. After the division of the stricture, a bougie without much difficulty was passed into the bladder. After its withdrawal, an ineffectual attempt was made for some time to introduce a flexible catheter. The failure was attributed to the flimsiness of the stilet. An ordinary silver catheter was substituted but attended, with a like result. Eventually a common wax bougie was passed through the urethra, the point presenting at the wound in the perineum, to maintain pervious the upper orifice of the divided stricture ; the lower one it was presumed would be kept open by the urinal discharge. In the course of a day or two an attempt was again to be made to introduce a flexible catheter, to remain in the bladder, that granulations might form over it.

NOTICES TO CORRESPONDENTS.

If Mr. ROSE (or any friend of his) who applied in the month of December last to the magistrates of the Bow-street Office, for a summons against a Mr. PRITCHARD, to whom he alleged he had paid a sum of money for a Medical Practice in a midland county, would leave his address at THE LANCET Office, or send a line saying where a communication would reach him, we should feel particularly obliged ; the earlier this is done, the greater would be the obligation.

We were not at the Guy's Dinner, as " R. X." will perceive from a previous notice ; we know nothing of the person to whom he alludes.

The correspondence with the Editors of the Edinburgh Medical Journals is under consideration.

The Proprietor of the Suppuration Ointment is informed, that his cases, are Advertisements ; if he will send us the receipt, we will publish it, but we never *puff* secret remedies.

Many thanks to our esteemed friend the Author of the Tracts on Medical Legislation ; he will perceive that we do not forget him.

The complaints of a " FRIEND" respecting occasional errors in orthography, are not in some respects devoid of foundation. If he were acquainted with the nature of the evil to be overcome, his excellent judgment would furnish many excuses for that which now appears to be the effect of negligence. As to the *cover*, we take no part in its management, and never see it until the Number is published—this department rests entirely with the Printer.

Thanks to our friend of Walbrook, for his hint of the DIOGENIAD ; but we fear it would be unintelligible to the million.

We are indebted to a " GENERAL PRACTITIONER" for a little paper on the excision of the teeth, which shall be inserted.

" AN UNDERGRADUATE OF CAMBRIDGE" may rely on our giving the work he mentions an impartial notice. If the interests of medical literature, and the security of the public demand a severe criticism, we hope it will be dictated by an unalloyed sense of justice.

A note of the operation mentioned by " ONE OF THE PUPILS OF THE MIDDLESEX," would be acceptable, and the abuse of which he complains shall not be forgotten.

Although the affairs of a Bankrupt Horse-dealer and the 10 per cent. business, are not strictly calculated for the pages of THE LANCET, yet as they are connected with the office of a public functionary, and the government of an Institution in which we take a deep interest, it is possible that the communication of " VINDEX" may be inserted.

Several CHEMISTS inform us, that they now sell very little of the hydrocyanic acid.

The communication of Mr. Lawrence Hill on the infusion of Ergot, shall be inserted.

We very much regret that we cannot render "T. P." a satisfactory reply. Would an Advertisement serve him? If so, it shall be inserted free of expense.

The Communications of a Veterinary Student—An Old Practitioner—A Pupil—John Smith—A Pupil of St. Bartholomew's—R. Z.—One of the Dinner Party—A Tyro Readingensis—are under consideration.

We are keeping a sharp look out after the "Building Committee" of St. George's Hospital as well as the surgical operators, and we caution the *Mahogany Doctor of Piccadilly*, not to attempt to squeeze his architectural friend too forcibly down the mouths of the Committee, as some of them are rather *dyspeptic*.

Jemmy Copland says that we cannot *decline* a noun; at all events we have *declined his articles*.

The letter of Dr. Elliotson, in reply to Dr. Granville, in our next.

The following Works *have been received.*

1. Remarks on the Merits and present State of Vaccination, wherein the Objections of the Antivaccinists are considered. By Robert Lewins, M. D., &c. Post 8vo. pp. 80. Constable and Co. Edinburgh; and Hurst, Robinson, and Co., London. 1825.

2. A Letter on the Medical Employment of White Mustard Seed. By a Member of the London College of Surgeons. 8vo. pp. 32. Carpenter. 1826.

3. Observations on Medical Reform; Illustrating the present Condition of Medical Science, Education and Practice, throughout Great Britain and Ireland, and proposing such alterations therein, as appear most likely to succeed in remedying the several evils which abound in this profession, and which have at length become subjects of universal complaint. 8vo. pp. 105. Keene, Dublin; and Longman and Co., London. 1807.

4. The Introductory Lecture of a Course upon State Medicine, delivered in Mr. Grainger's Theatre, Southwark, on Thursday, Nov. 1. By John Elliotson, M. D. &c. 8vo. pp. 35. London, 1821. Longman and Co.

5. An Essay on the Medicinal Efficacy and Employment of the Bath Waters, illustrated by Remarks on the Physiology and Pathology of the Animal Frame, with reference to the Treatment of Gout, Rheumatism, Palsy, and Eruptive Diseases. By Edward Barlow, M. D. Graduate of the University of Edinburgh, M. R. S. I., one of the Physicians of the Bath Hospital, and of the Bath City Infirmary and Dispensary; and Physician of the Charitable Society for the relief of Lying-in Women. 8vo. pp. 200. Longman and Co., London, and Constable and Co., Edinburgh. 1822.

6. Numerous Cases illustrative of the Efficacy of the Hydrocyanic or Prussic Acid in Affections of the Stomach; with a Report upon its powers in Pectoral and other Diseases, in which it has been already recommended; and some facts respecting the necessity of varying the Doses of Medicines according to circumstances; and the use of Opium in Diabetes. By John Elliotson, M.D. &c. 8vo. pp. 107 Longman and Co., London; Hodges and M'Arthur, Dublin; and Black, Edinburgh. 1820.

7. On the Treatment of the more Protracted Cases of Indigestion. By A. P. W. Philip, M.D., F.R.S. L. & E., being an Appendix to his Treatise on Indigestion. 8vo. pp. 86. Underwoods. 1827.

8. Medical Botany, or Illustrations and Descriptions of the Medicinal Plants of the London, Edinburgh, and Dublin Pharmacopœias, with those lately introduced into Medical Practice. Part II. By John Stephenson, M.D., of the University of Edinburgh, and James Morss Churchill, Esq. Surgeon, Fellow of the Medico-Botanical Society of London. Royal 8vo. J. Churchill, Leicester-square, London; Cafrae and Son, Edinburgh; Hodges and M'Arthur, Dublin, 1827.

ERRATA.

In our last number, at page 602, 2d column, 1st line from the top, for "*carotid*," read "*parotid*;" page 608, 2d column, 23d line from top, for "the obliteration of the ovum appeared," read, "and was then obliterated, and lastly disappeared;" line 26th from the bottom, for "usual," read "anal;" line 20th from the bottom, between "diameter" and "formed," omit "it."

THE LANCET.

No. 182.] LONDON, SATURDAY, FEBRUARY 24. [1826-7.

LECTURES

ON THE

Diseases of the Nervous System,

BY

DR. CLUTTERBUCK.

Lecture X.

On the Varieties of Idiopathic Fever.

The *third* variety of *simple continued fever,* is that which has been generally called by English writers, the *low nervous fever, (febris lenta nervosa,)* the *typhus mitior* of Dr. Cullen. This is the prevailing form of fever in this country at present, and is marked by the mildness of its character at first, and its protracted duration, often to the extent of three or four weeks; the symptoms, however, generally increasing in severity as the disease proceeds.

It commonly makes its approach slowly and insidiously, so that many days often elapse before the disease is fully formed, or even recognized. The first symptoms noticed, are general lassitude and indisposition for all exertion, both bodily and mental. There is a sense of weight and pain in the head, back, and limbs. There are occasional fits of chilliness, the skin being at the time, perhaps, preternaturally warm. The appetite is lost; the mouth is slightly parched, the tongue furred, and of a yellowish white colour; the sleep disturbed and unrefreshing; the pulse rather weak and frequent, but soft. These symptoms go on increasing from day to day, the cerebral functions becoming more and more impaired or disturbed as the disease proceeds. The patient, after having passed several restless nights, is observed to be slightly delirious on waking; the delirium gradually increasing from day to day, till it becomes nearly constant, though he may generally be roused to recollection for a time. The prostration of muscular strength increases, and the patient is found lying stretched out on his back, sliding continually towards the bottom of the bed. *Tremors* of the hands, (*subsultus tendinum,*) and of the tongue when attempted to be put out for examination, are observed. The crust on the tongue turns gradually darker, till it becomes perfectly black in many cases; while a similar black incrustation is seen about the teeth and lips. The countenance is dull and unmeaning. The skin altogether acquires a dark and dirty hue; it is often hot and dry to the feel, but at times covered with sweat. The stools and urine are at length discharged involuntarily. The pulse is soft throughout, though not reduced in point of strength by any means in proportion to the muscular debility present; but as the disease proceeds, the pulse becomes smaller and weaker, so as to be easily compressed; and at the same time more and more frequent, beating 120, 130, or even as high as 150 times in a minute. In this way, unless some accessory inflammation should arise, the patient gradually sinks and dies, after a period of 20 or 30 days, or even more.

You will find in the older writers, constant reference made to *critical days* in fever; meaning thereby, certain days upon which fever is more disposed to terminate than on others. Among these *critical days,* the 3d, 7th, 11th, 14th, and 21st, are particularly mentioned. Now considering how generally this opinion of *critical days* was maintained among the ancients, who were very acute observers of diseases, it would be unreasonable to suppose it to be wholly without foundation. It is true that in modern times the fact of fevers having a tendency to observe certain periods has been questioned; but then you are to consider, that the ancient writers upon the subject lived in a very different climate from ours, and treated fever in a very different way. The medicines then in use were comparatively inert, so that the disease, in fact, was left very much to itself; whence its natural tendencies might be seen. But in the present day, we are in the habit of employing medicines of the most powerful and even violent kind; by which the natural course of the disease is disturbed, and often wholly interrupted. Nevertheless, I think, the tendency to observe certain periods, may be seen even at present, provided the disease be left to pursue its course in a quiet way. And there is this advantage in the admission, if well founded, that it prepares us the better for waiting; and enables us at the same time to give a more satisfactory *prognosis*. Accordingly, if a fever passes the 3d day, it will seldom be found to terminate before the 7th; if it exceeds this, you may generally calculate upon its running on to the 14th; and, if mild in its characters, to the 21st. All this, however, must be taken with considerable latitude.

Such is the ordinary course of a fever of the *low nervous* kind, though subject to considerable variety. Its attack is sometimes more sudden and violent, commencing with severe rigors, followed by great heat, and a fuller and stronger pulse, so as to resemble the *inflammatory fever* before described; in which case, the disease altogether is commonly of shorter duration, and is disposed to terminate by profuse sweating. Those cases that commence slowly and mildly, are generally much protracted, and go off in a gradual way, without any thing like a *crisis;* sleep then returns, the tongue becomes gradually cleaner, and appetite is restored. This is the ordinary course and termination; but if injudiciously treated, as by the use of *stimulant* medicines of any kind, or by confining the patient in a heated and impure atmosphere, the mildest case may be made to assume the characters of the most *malignant*. As, on the other hand, the removal of a patient from such a situation into a cool and pure air; with the abstraction of *stimuli*, where these had been improperly applied; will often at once, as by a charm, occasion the disappearance of all the formidable symptoms. In the present day, the *putrid* or *malignant* form of fever is rarely met with in the practice of our public institutions, except as the result of great neglect; whereas formerly, it was of almost daily occurrence; and proved fatal in a large proportion, as you may see in the *Memoirs of the General Dispensary*, published by the late Dr. Lettsom. The reason is obvious: at that time, the *cooling* treatment of fever was not in very general use; the employment of *bark* and *wine* to a great extent, was the ordinary mode of cure. At present, we act in the reverse way; following the dictates of common sense, in regard to the general management of the patient; that is, allowing a free admission of cool and fresh air, and cold water to quench thirst; avoiding carefully at the same time all *stimulant* and *exciting* means, either in diet or medicine. An attention to these points alone, is, in most cases, sufficient to ensure a mild disease, and a favourable termination.

Causes.—Fever is disposed to assume the *low* or *nervous* type, when it occurs in habits of no great strength; in the confined and unwholesome atmosphere of large towns, and in a low situation; and especially towards the end of summer. Its immediate or *exciting* causes are, any of the ordinary causes of inflammation in general; such as exposure to cold, or too high a temperature of the air. A sudden change of weather from cold to warm, is always observed to be productive of fever with unusual frequency, and indeed of brain-affections in general. When fever arises from this cause, and in the circumstances just mentioned as predisposing to the disease, it very generally assumes the *low* or *nervous* type. *Mental anxiety*, and the other *depressing* passions, as we call them, when long continued, are also powerful causes in exciting this form of fever. Such affections of mind have a great influence on the general health, which, to speak figuratively, they gradually undermine. The action of the heart is enfeebled, the circulation languid, animal heat diminished, and the secretions ill performed; the appetite is impaired, and the sleep unrefreshing. I need not say more to account for the general weakness of system that is thus produced. But it seems to be thought, that the circulation of the brain itself, which is doubtless the medium through which the general health suffers in these cases, is diminished, like that of the rest of the system. This, however, is no necessary inference, nor is it consistent with the phenomena that present themselves, while its admission leads to improper practice. When we speak of *depressing* passions, it is in allusion to the *spirits* merely, not the general strength of the body. The notions commonly entertained on this subject, are by no means correct, and tend to mislead in practice; as they suggest the idea, that depression of *spirits* and depression of *strength*, are the same thing. Accordingly, it is not unusual to hear of *wine* and other *stimulants* being recommended, only because the *spirits* are low and depressed. This generally aggravates the mischief, and often induces actual disease in the brain, where perhaps none before existed. Mental distress or anxiety is a cause of excitement to the vascular system of the brain; the action of which it first simply increases, producing throbbing pain in the head with increase of heat in the part, and want of sleep. If the cause be long continued, it gives rise at length to actual inflammation of the brain, generally in the form of the *low* or *nervous fever* now described.

Theory.—The peculiarity of this variety of fever, consists in the comparative mildness of the symptoms in the beginning, and its protracted duration; with the gradual accession of the worst or most *malignant* symptoms, towards the end of the disease. The general character of the symptoms, however, is still the same, differing from the other forms of fever merely in degree. The essential, or *pathognomonic* symptoms, all point to the brain as the primary seat of disease. The head is the part principally, and almost exclusively, complained of, as the seat of pain; while the disturbed state of *feeling*, as observed in all the different *organs of sense*, those of *vision*, *hearing*, *touch*, *taste*, and *smell*—the *depression* at first, and, subsequently, the *derangement* of the *voluntary power* of the system—and, lastly, the inability for *mental exertion*, followed, in almost every protracted case, by actual derangement of mind—all serve to show the disordered state of the *sensorium*. These symptoms are not found in other diseases; while they belong essentially to *idiopathic fever*, and serve unequivocally to mark its seat, The *diagnosis*, or means of distinguishing *idiopathic fever* from other *febrile* diseases, is founded entirely on the state of the brain and its functions; the *pyrexia*, or general febrile symptoms, it possesses in common with other inflammations.

There is a remarkable contrast to be observed between the state of the *muscular* strength, and that of the *general vascular system*, in this variety of fever; for, often, where the *muscular* weakness is so great, that the patient can hardly support himself erect, the *pulse*, in point of *strength*, as well as *fulness*, scarcely varies from the natural standard. This circumstance you will find noticed by numerous writers, especially by Sauvages, a French nosologist of great celebrity. He says of fever in general, that there is always observed a greater degree of prostration of strength (meaning *muscular* strength), than was to be expected from the state of the *vital powers*, that is, the force of circulation; and in regard to the particular form of fever we are now describing, (the *typhus mitior*, or *low nervous fever*,) he observes, that whilst the pulse often is neither more frequent, nor stronger, than in health, the power of the limbs is nearly lost. Now I need not observe to you, that the *muscular power* is altogether dependent upon the brain, and is, in fact, one of its peculiar or *special* functions; while the *organs of circulation*, though not uninfluenced by the brain, are yet to a certain extent independent of it; whence it is that, in many of the diseases of the brain, as well as the present, the general circulation is but little disturbed. If you felt the pulse merely, without inquiring into the other circumstances of the case, you would not be able to form an estimate of the degree of disease actually present, nor to judge of its danger.

And thus you learn, that the *general vascular system* is not the seat of fever; in other words, that fever is not a disease of the whole system, as has been generally supposed; while all the essential characters, those which are invariably present, refer themselves unequivocally to the brain as the primary seat of disease; for they consist in pain, or other uneasy feelings, and disturbance of functions, in this organ. This, which is from the first obvious, becomes still more manifest, as the disease proceeds. The organ becomes less and less capable of performing its various offices, till they are at length annihilated; as is seen in the worst or most *malignant* forms of the disease, the last stage being nearly the same in all.

If the patient dies from the fever itself, and not from some supervening or accessory disease, as is not unfrequently the case, the brain, as far as I have seen, never fails to exhibit marks of pre-existing inflammation; such as increased vascularity, redness and opacity of membranes, with more or less accumulation of serous fluid, in proportion as the disease has existed for a longer or shorter period. I should have remarked to you, that the blood when drawn from a vein, in this as in other varieties of fever, exhibits strongly the ordinary changes induced on it by continued inflammation. This is not always observed in the first or second bleedings; but if the disease proceeds, such appearances will almost constantly be found. The change, however, induced on the blood, by inflammation affecting the general substance of the brain, or what we call *idiopathic fever*, is in some striking points peculiar. The inflammatory crust is rather *sizy* than *buffy*, that is, it is gelatinous or semi-transparent; and it frequently retains a portion of the *red particles*, so as to acquire a pinkish tinge. It is loose in texture, and flat in its surface, which extends nearly the whole diameter of the vessel in which it is taken; and, in many cases, the *serum* does not separate from the *fibrine* at all. This softness and want of contractility in the crassamentum of the blood, has an analogy with the softness of the pulse and general laxity of the solids, and probably proceeds from the same cause, an interruption to the supply of the nervous or vital power as derived from the brain, in consequence of the diseased state of this organ. In the worst forms of fever, the *putrid* or *malignant*, where the *sensorial functions* are nearly annihilated, the preternatural softness or want of contractility, is still more remarkable; so as to give that general tendency to decomposition, both in the *solids* and *fluids*, which marks this aggravated state of the disease.

Prognosis.—This form of fever is comparatively attended with but little danger, provided it be judiciously treated from the beginning; and that although the treatment be nearly passive. If the patient is kept in a cool and pure atmosphere, and if rest, both of body and mind, is enjoined, the disease rarely proves fatal, but goes through its usual protracted course, without any alarming symptoms. There are however so many exceptions to this, as to make it hardly prudent to rely upon the natural tendency in the disease to subside. For however mild in its commencement, it often goes on gradually increasing from day to day, till there is no longer room for the employment of active means of cure, and when the worst consequences may be expected to follow. This is more likely to be the case in young and previously healthy subjects, such as boys and girls from the age of ten to fifteen. Fever in such, however mild in its commencement and early stages, is always to be dreaded, and ought to be treated with great attention.

Treatment.—There are two modes of treating fever of this description, each of which has its advantages, according to circumstances. One is the *palliative* or *passive* mode of cure, the object of which is to mitigate symptoms as they arise, to avoid all causes of aggravation, and thus to conduct the disease as quietly as possible through its course. The other is *active*, and may be termed *curative*, as its purpose is to interrupt at once, or as early as possible, the course of the disease, so as to bring it to an immediate, or at least a speedier termination, than it would have if left to itself. Now it is necessary you should be acquainted with each of these, as one is occasionally preferable to the other.

With respect to the former, the *palliative* mode, the greater number of practitioners treat fever in this way; trusting to the natural tendency in the disease to decline spontaneously after a certain period, and unwilling to run the risk of doing harm where the proper indications of cure are not certainly known. They give, accordingly, the common *saline mixture*, or the *acetate* of *ammonia*, or, at most, small doses of some *antimonial* preparation. This treatment is often enough successful to secure an ordinary share of reputation for skill and judgment to the practitioner. In the advanced stages of fever, this is, in fact, the only proper mode of proceeding, the chance of cutting short the progress of the disease being then very small; while it is not certain, that active measures of any kind can be resorted to with safety.

In practising upon this, the *palliative* principle, the object of greatest importance appears to be the reducing the temperature of the body as far as possible to the natural standard; by cool and acidulated drinks; by the free admission of pure and cool air; and, if this should not be sufficient, by occasionally moistening the skin with cold or tepid water. It is usual to make an addition of vinegar to the water on these occasions, upon some vague and antiquated notion of its *antiseptic* or *antiputrescent* power: this deserves no notice; but the practice is objectionable in itself; first, by irritating the skin, so as, after a time, to increase its heat; and next, by hiding the offensive vapours that may be floating around, thereby rendering us less able to judge of the purity of the air the patient is breathing—a point of the greatest moment. The head, in particular, should be kept cool; remembering the local and inflammatory nature of the disease. *Mild purgatives* should be frequently administered; and, in short, the treatment, however mild, should, as far as it goes, be strictly *antiphlogistic*. It is of special importance that the *brain*, the primary seat of disease, should be as little exercised as possible; and that for the same reason that it would be injudicious to use the eye when in an inflamed state. The different *organs of sense* should not be excited; nor the *muscular power* called into action; nor the *mind* exerted. Hence the advantage of abstracting the patient from light and noise; of keeping him in bed, or in the horizontal posture; and of withdrawing the mind from its usual occupation. Above all things, *mental emotion* should be avoided.

Such is the general management of the patient during the principal part of the disease, that is, as long as the pulse preserves a moderate degree of strength and fulness. With regard to drugs, or *medicines* as we are accustomed to call them, (which our patients, by the by, often designate quite as well by the term *doctor's stuff*,) there is really very little occasion for any, with the exception of *mild cathartics* as already mentioned. It is customary to give small and repeated doses of *antimony* in these cases, upon the belief that this metal possess real *febrifuge* properties; but I have never seen a sufficient foundation for this opinion: and that whether we employ the *James's fever powder* of empirical notoriety, or the more efficient *tartarized antimony*. As far as these, or either of them, induces nausea or vomiting, they may do some good; as any other *emetic* substance would do; upon the principle of *counter-irritation* simply. Beyond this, they have, as I believe, no *febrifuge* power. The *pulvis antimonialis* of the *Pharmacopœia*, nine times in ten, is altogether inert and useless; and that though it be exhibited in much larger doses than it commonly is. A common *saline draught* is as good a *placebo* as you can employ in these cases. I would particularly caution you against the use of *opium* in the early stage of fever, for the purpose of procuring sleep, an effect which it rarely produces: on the contrary, it generally renders the patient more disturbed, hastens the approach of delirium, and aggravates the febrile state of system altogether. This is the consequence of its exciting the vascular action of the brain, which is its proper and specific operation.

In the more advanced stages of the disease, when the general strength is greatly reduced; when the pulse has become weak and small; and when *subsultus tendinum* appears; then, and not before, a change of plan becomes necessary. In this state of things, *stimulants* and *opiates* appear to be really serviceable. *Wine* may be administered in moderate quantities, and at pretty regular intervals: and, along with this, small doses of *camphor*, *snake root*, or *ammonia*. Fifteen or twenty drops of the *tincture of opium* may be given at night; or repeated smaller quantities through the day. In this stage too, *blisters* are perhaps useful. I have said nothing as to the use of *food*, because where it is so much loathed as is generally the case, it is manifestly improper to exhibit it: but where the patient is not averse to take food, and especially where he shows a decided appetite for it, there is no advantage in withholding it, provided it be of simple quality. You will find small portions of bread and milk as good, I believe, as any other.

This, then, is the *passive* or *palliative* mode of treating fever, the advantages of which are, that it is simple and easily put in practice, while it calls for no particular exercise of judgment in the practitioner; so that upon the whole, perhaps, it is the best adapted to general use. It has, however, on the other hand, many and great disadvantages, which render it far inferior to a more active mode of cure, judiciously applied. It protracts unnecessarily the sufferings of the patient, and reduces the real strength of the system in a greater degree, and far more lastingly, than the employment of what are considered *debilitating* means, such as *bloodletting* undoubtedly is. But there is this difference, that when a fever is removed quickly, though by a large abstraction of blood, the nutrient functions are immediately resumed in the most active way, and the waste of the body is rapidly supplied. While, by proceeding in the other way, the disease being allowed to run a protracted course, the greatest emaciation takes place, and the stomach by long abstinence, and by being frequently irritated by the employment of drastic purgatives, according to the general practice, is rendered nearly incapable of performing its functions, so that months often elapse before the organs of digestion recover their powers, and before the general strength is recruited. Nor is this the only disadvantage incurred by so protracted a course. There is always a risk of the disease, however mild at the outset, assuming the *typhoid* character when left to itself, a thing that hardly ever occurs, if active *antiphlogistic* means are applied in the beginning: while there is a great chance also, from such a continuance of inflammatory action in the brain, of a foundation being laid for some alteration of structure in the organ, giving rise to a permanent disorder of one or more of its functions. And thus it is, that *paralysis* in some form; loss of one or other of the *senses*; impaired memory, or other derangement of *intellect*; are among the not unfrequent *sequelæ* of this disease. There is the further risk, likewise, during so protracted a course, of inflammation arising in some other organ, by which the danger altogether is often enhanced. These are cogent reasons for having recourse to active means of cure, for the purpose of abridging the course of the disease, provided it can be done with safety, and with a tolerable chance of success.

Now the means of interrupting the course of a fever quickly, are in all essential respects the same, as those we employ for the cure of inflammation in general; namely, *bloodletting*, and *counter-irritation* of different kinds. *Bloodletting*, to be effectual, must be performed very early in the disease, and with as much freedom as the general strength of the patient will allow of; it may then be done with perfect safety, and with almost a certainty of preventing the occurrence of the worst or most *malignant* symptoms, even should the disease continue to run its course; for by checking the inflammatory action going on in the brain, the organ is able to carry on its functions, instead of falling into that state of overwhelming oppression, upon which the symptoms of *malignity*, as they are called, depend. The more violent the attack, the less time should be lost before the lancet is resorted to. In milder forms of the disease, (in which *bloodletting* is not less effectual, though not so urgently called for,) it may have the desired effect, or, at all events, may be employed with safety, where the disease has subsisted for many days. I have often used it in the second week of fever; but always, then, to a very limited amount, as that of five or six ounces at a time. Even at a late period of the disease, if the tongue is extremely *dry*, though brown, (provided the pulse still retains even a moderate share of strength and fulness,) I believe blood may be safely and advantageously drawn to a small extent; although it cannot then be expected to bring the disease so quickly to a termination. The blood drawn in these cases, never fails to exhibit signs of the most active inflammation; and that where the fever is of the simplest kind, that is, where it is not combined with inflammation in any other organ. Under the limitations I have now stated, *bleeding* is a safe remedy in fever, even in weak subjects, though I do not urge you to consider it as indispensable in such. But in young and vigorous subjects, especially at the period of youth, it is very dangerous to omit it, and to trust to other means. *Bloodletting*, in these cases, is infinitely the best, because the safest remedy.

The rest of the absolutely *curative* treatment of fever, consists in *counter-irritation* of different kinds, that is, the making a powerful impression upon some part of the system, so as to influence the diseased action that s going on in the brain. For this purpose we may act upon different parts, with more or less effect, according to their more or less intimate connexion with the brain. The *stomach* is particularly well adapted to such a purpose. Accordingly, *emetics*, either in nauseating doses, or given so as to produce full vomiting, have apowerful effect in checking, and often in interrupting altogether, the course of fever of the kind we are now alluding to. When I was less cognizant than at present of the advantages of *bleeding* in fever, I relied much upon the use of *emetics*; giving them at intervals of six or eight hours, for two or three days together; often with the effect of superseding the disease. Should this fail to be the case, the disease must be allowed to run its course; which, however, is likely to be at least mitigated in its violence, by the practice now recommended. As the object of employing *emetics* in this way, is not merely that of discharging the contents of the stomach, but to produce a certain degree of disturbance in the system, it is obvious that the mildest may not be the most effectual; but, of course, you must be careful not to carry them to excess.

Purging is another mode of producing *counter-irritation*; and which, to be effectual, must be active; the object, as with regard to *emetics*, being more than mere evacuation. But then you must not forget, that the too frequent use of the more drastic purgatives, is very capable of exciting inflammation in the whole tract of the intestinal canal; an effect which I believe, is by no means uncommon in the present day, when purgatives, especially *calomel*, are carried to such an unwarrantable extreme.

Sweating is a powerful means of producing *counter-irritation*, and has been often employed in the cure of fever with success It is indeed a very old practice. It, however, requires some discrimination. *Sweating* can hardly be excited and maintained for any length of time, without the use of very active *stimulants*; but these, in cases where the general vascular action of the system is in great excess, would be likely to aggravate the disease. Now this is the case in many fevers, especially in the beginning; and therefore *sudorifics* are then generally objectionable, more particularly if opium be employed for the purpose. In other circumstances, and towards the end of the disease, they may be employed with advantage. I may add, with regard to the different modes of producing *counter-irritation* hitherto mentioned, that they are all rendered more safe, as well as more effectual, by previous *bloodletting*; which, therefore, should always take precedence of the others.

The practice of *cold affusion* may be reckoned among the means of strongly impressing the general system, and doubtless the brain itself, as is evident from the disturbance it occasions in the *voluntary power* more particularly. In what degree it is capable of arresting the course of fever altogether, can only be learned from experience. We have the very respectable testimony of Dr. Wright, who practised chiefly in the West Indies, and of Dr. Currie of Liverpool, in its favour; so that no doubt can be entertained of the power of this remedy, in many cases at least, to cut short the course of fever. The practice, however, never got into very general use, and is now almost entirely neglected. It had to encounter a good deal of prejudice in the public mind, which always connects together *cold* and *disease*, as *cause* and *effect*; while the *cold affusion* is no more certain as a remedy, than others. It is further liable to the objection of occasionally inducing pulmonic inflammation, rheumatism, or other inflammations. Hence it is hardly at present thought of, for the cure of fever.

I believe, when the first violence of fever is subdued by *bloodletting*, or has subsided by continuance, that *mercury* may be advantageously employed, as a means of *counter-irritation*; giving, for example, a grain or two of calomel every four or six hours, till its influence in the system begins to be perceived. And I have repeatedly seen reason to think, that in proportion as the *mercurial action* was excited, the fever gave way; the tongue becoming clean, or at least changing its character, from the brown or yellow crust to the white, with a corresponding diminution of other symptoms. If I am not mistaken in this, I should say, that in this as in other inflammations, less *blood-*

letting will suffice; which is doubtless a great advantage. It is remarkable, however, that *mercury* is very slow to produce its specific effect on the mouth, in cases of fever; although it appears not less ready to irritate the intestinal canal, even into inflammation. This, it is necessary you should be well aware of; for the mischief may be taking place when it is the least suspected, owing to the want of consciousness in the patient. You should therefore examine carefully the state of the abdomen from time to time, whenever you are employing such means.

Lastly, inflaming the skin by cantharides, or other means, may be included under the same general head with the former, as means of *counter-irritation*. This, I believe, is but of little efficacy in the early stage of the disease, but may be useful at a later period.

I have now, Gentlemen, endeavoured to explain to you the principal varieties of *simple continued fever*, as known under the names of the *inflammatory*, the *violent* or *malignant*, and the *low nervous fever*. There are, besides, numerous instances, which do not come up quite to the characters mentioned; where the disease, in fact, is not fully formed, so as to merit strictly the appellation of *fever*: where, for example, the head-ach, disturbed sleep, prostration of muscular strength, and other *local* symptoms, as they may be termed, are present; but where the general vascular system does not respond; in other words, where little or no *pyrexia* shows itself. These were called by Dr. Rush of Philadelphia, *walking cases* of fever, and many such are observed, when fever is *epidemic*, or unusually prevalent. They are often called here, *sick headaches, bilious attacks*, or *feverish colds*. If neglected, or, still more, if improperly treated by *stimulants* of any kind, they are apt to grow into a more formidable state of disease; but by active *antiphlogistic* measures, they are in general quickly subdued.

It is hotly disputed by some, whether this variety of fever, or indeed any of the forms of ordinary fever, are capable of being propagated by contagion, in the manner of *small-pox* and other *specific* fevers, which are universally allowed to spread in this way. This point I mean to call your attention to, in our next Lecture; hardly with a hope, however, of being able to set the question at rest. Yet the prevention of the disease is so much involved in it, as to make it a very fit subject for inquiry.

A LECTURE
ON THE
CLASSIFICATION OF DISEASES;
OR,
NOSOLOGY.

BY MR. WARDROP.

Delivered at the New Theatre, Aldersgate-street.

Having made some prefatory observations on the advantages of the classification of diseases, and on the derivation and import of the term *Nosology*, Mr. Wardrop proceeded:—

"You may observe, that there is a love of order or arrangement in mankind, commencing at the very dawn of reason; and when the intellectual powers are, as it were, scarcely awoke, the child begins to select and arrange such material objects as happen to be within its reach. It places bodies together which are of the same form, and it collects into one place objects of the same colour or of the same size. This faculty seems intended for the wisest purposes, and though it may be observed throughout the animal creation, yet it is bestowed on man in a pre-eminent degree. It is that faculty which, when his intellect has advanced to maturity, enables him to divide, arrange, and classify the various objects around him; whilst also it is one of the most important of our mental powers for transacting what is usually called the business of life. It is, indeed, of such importance in the operations of the mind, as to have attributed to it, by phrenologists, a particular organ, which they consider situated in the anterior lobe of the brain, corresponding with the extremity of the superciliary ridge. "Order," says the poet, "is heaven's first law."

By putting together things that have certain resemblances to one another, and becoming acquainted with such resemblances, the remembrance of each object is greatly assisted, whilst, at the same time, we are easily enabled to contemplate the system of nature as a whole.

It is very easy to imagine that man, even in his rudest state, should, to a certain extent, have thus methodized the objects around him—that he should have been struck with one tribe of the animal creation walking about on the surface of the earth—with another flying in the air—with a third, dwelling in the waters—and, above all, that his mind should have been arrested with the striking difference between the living and the dead, between organised and inorganised bodies. You will easily perceive that this germ of classification must have become more and more developed, only as the knowledge of natural objects became more extended. If the mind were directed, therefore, to the animal creation, it is easy to see how progressively man must have been led to observe, not only that there were birds, and fishes, and beasts, but that there were distinct tribes of each of these classes of beings. That some birds lived chiefly in the air, inhabited the highest trees and the loftiest mountains; that others frequented only marshy grounds, or swam in lakes and rivers; that some fishes crawled and some swam; that some beasts were carnivorous, devouring one another, and that others were harmless and lived on the fruits of the earth. He must also have been struck with the peculiar forms or organs which the different tribes of animals possessed, to befit them for their peculiar modes of life. Thus, in natural history, an order or arrangement must, however imperfectly, have been made from the very commencement of civilization. It is easy to trace how this system of arranging the various objects of nature should have been introduced at a very early period into medicine. Even in the rudest ages certain resemblances must have been perceived in the characters of some diseases. It was natural that the diseases of the skin, merely from their situation, should be compared and classed together; that the same thing should have been done with regard to the different diseases of the bones; and it is not difficult to imagine how also the diseases of different parts or regions, such as those of the head, chest, or abdomen, or of particular organs, such as the eyes, ears, or mammæ, should have been arranged together, and thus the basis formed of a methodical system of nosology.

It was long, however, before medicine could be said to have assumed a rank amongst the sciences, and the earlier writers could not be expected to have devised any thing like a very accurate or comprehensive and systematical arrangement of diseases. Being a science of observation, the progress of medicine was naturally slow, and a full and adequate classification could not have been obtained, until a vast number of facts had been collected by a rigorous system of examination. Had physicians been contented with devoting themselves to observation, and to collecting facts, perhaps nosology would have made more rapid advancement, and kept pace with the other branches of knowledge. Instead of which, medicine became fettered by false theories and hypotheses, and various classes of diseases were formed from erroneous notions of their nature, of the seat of the diseased parts, or of their supposed causes. Felix Plater, a Swiss, has the credit of having made the first attempt to form a classification of diseases, and as his work tended to divert the mind from the arbitrary method which had previously been pursued, its utility was such as to cause it to be very generally adopted in the schools until another system of classification was published by Sauvages. The classification of Sauvages was almost universally adopted, until another new arrangement of diseases was proposed by the celebrated Linnæus. Immediately afterwards another system was proposed by Vogel of Gottingen, and lastly, Cullen published his system of nosology, which with some, and these often trivial alterations, has since been very generally adopted in the different medical schools, both in this country and on the continent.

These nosologists, however, differed as to the principles on which the classification of diseases should be founded. They arranged some diseases according to the particular function of the diseased organ; at other times the diseases of each organ were classed together; in other instances, diseases were arranged according to the region or part of the body in which the affected organ was situated. Diseases were also classed together according to some opinion formed of their nature, or of the agent supposed to have produced them; and classes of diseases were likewise made from some common external or internal character; and diseases were also divided into those situated in the external, and those in the internal parts of the body.

Of the first mode of arranging diseases, or of classifying them according to the function of the diseased organ; you have examples in the diseases of the organs of digestion, of the organs of respiration, &c.

You have an example of the classification of the diseases of particular organs, in those systems where you find the diseases of the lungs, diseases of the stomach, of the uterus, ovaria, testicles, &c., separately treated of.

Those nosologists who have classed the diseases of the head, the diseases of the chest, and the diseases of the abdomen together, afford examples of an attempt to arrange diseases according to their position or the region of the body in which they are situated; and the classes of miasmata, profluvia, contagiosa, &c., have been formed from some supposed knowledge of their causes; whilst the class of tumores has been merely formed from a similarity of outward appearances, viz. that of external swelling.

All those artificial arrangements have led to the necessity of bringing into the same class, order, and genus, diseases which have no analogy with one another.

Thus, under diseases of the organs of digestion, are comprehended peritonitis, diarrhœa, dyspepsia, constipation, and cancer of the stomach, &c.

Under the class of diseases of particular organs, as of the lungs, you will find pneumonia, asthma, pthisis, and a variety of different tubercles.

In the class of diseases formed from the relative situation, as that of the head, we have diseases of the dura mater and cranium, hydrocephalus, and the various tumours of the brain.

Under the class of diseases supposed to arise from the same causes, or to be of the same nature, we find scarlet fever, plague, hooping cough, dysenteries, &c.

And under those classes which have one common character, or external symptom, as tumores, 'there are included encysted tumours, cancerous, scrofulous, osseous, and other swellings, together with hydrocele, and the pregnant uterus.

I need not here allude to the division of diseases into those which are external and internal, as I am not aware that any nosologist has ever attempted so unphilosophical a task.

However imperfect these different systems of nosology may have been, they still served the important purpose of exciting the attention of medical men, to compare diseases together, to find out analogies or resemblances amongst some of them, and in many instances, to establish some general principles for their treatment. On the other hand, these classifications have been in some instances hurtful, from attempting to arrange together, and to apply similar methods of treatment to diseases totally different from one another. The table of diseases in all those nosological systems is so extensive, that there is something repulsive to the mind of a student, to contemplate so laborious a task, as the attention necessary to obtain a knowledge of them; at the same time some system is indispensably necessary for you in the prosecution of your studies. If one of you, perfectly unacquainted with diseases, were to have placed before you a hundred sick afflicted with a variety of ailments, would not your first step be to group together those, which seemed to you to have some resemblance, and thus to enable yourselves to form s me general notions of the different diseases? and how much would your labour have been abbreviated if such an arrangement had been previously pointed out to you, and that you had found all those diseases which had certain analogies to one another placed together? One of the chief objects of nosology, is to save you all this labour. In all the natural sciences, the advantages of classification have been universally admitted, and in proportion as chemistry, mineralogy, botany, and other branches of human knowledge have advanced, so have the errors of former classifications been corrected, and more perfect systems thus formed. Hence have the objects of these sciences been not only forwarded, but the means of acquiring a knowledge of them have been incalculably abbreviated.

Since the time of the illustrious Cullen, whom we may consider as the latest author that has attempted to form a complete system of nosology, the science of medicine has made rapid and important advancements. The zeal for research in pathological anatomy, which was kindled in this country by the Hunters, and so admirably pursued by Baillie, together with the enlightened views which Bichat afterwards gave of "General Anatomy," and its application to the philosophical investigation of diseases, have not only contributed essentially to the advancement of pathological science, but have, in my opinion, opened an extensive field for the improvement of a methodical nosology. It is clear that Bichat himself foresaw the influence which the splendid general views he had given of the natural structure of the human body would ultimately have in the investigation of diseases, and had he lived, he would probably have pursued pathological anatomy with as much zeal and success as he had investigated the natural structure; and further, that his researches would have led him to form a new arrangement of diseases.

Anatomy was for a long time considered as merely a knowledge of the relative position, magnitude, and situation of the various organs. This acquaintance with anatomy was, however, only the first step towards acquiring a knowledge of the functions of the different parts, but it did not serve this purpose except under particular circumstances. When the anatomist divided the body into districts or regions, and shaped his inquiries to suit such divisions, it is natural to suppose that every organ must have been viewed as insulated and detached, the most minute parts might have been discovered and described by him, but their mutual connexion and sympathies must have been unknown. Thus anatomy and physiology were disjoined, anatomy was imperfect, and physiology could scarcely be said to exist. A more minute and philosophical examination, however, of the structure of the different organs, gradually led the way to a more accurate knowledge of some of their functions, and pointed out the principles which should regulate the investigation of every rational physiologist.

Anatomists were now no longer contented with a view of the mere relative situation and structure of any particular part or particular organ, but they analysed the human frame into those primary or original materials, of which all its parts are formed. I do not mean by the term original materials, the chemical elementary particles which enter into the composition of organised bodies, but those textures or tissues which we find entering into the composition of various organs, and which are composed of the same materials, and perform the same function in whatever part of the body or organ they are examined.

In pursuing this mode of investigation, both physiology and pathology were freed from many of the chimerical conjectures by which they had been so long debased, so that they have now assumed a rank among the sciences.

To the celebrated Bichat we are in an especial manner indebted for having conducted us into, and having most successfully explored, this field. His "Anatomie Générale" I consider one of the most remarkable productions which has ever appeared in medical science, having opened a path of investigation which can scarcely be said ever to have been trodden before, and which has laid the foundation of a new anatomy, a new physiology, and, I may add, a new mode of investigating diseases. Most of the organs of the body are made up of a variety of elementary parts or textures, each of which, whatever be its situation, affords uniformly the same physical properties. These elementary parts, by the diversity of their combination, produce all the modifications of structure and functions which the different organs exhibit. Now it is the study of the elementary textures unconnected with, and independant of the organs in which they occur, that forms the object of what is called general anatomy.

This method of investigating the structure of organised bodies, may, no doubt, be traced in the observations of many of the older anatomists; but its introduction, as a system, we owe entirely to Bichat. It may be traced in many of the ingenious physiological theories of John Hunter, and whatever appearance of originality there may be in Bichat's works, it is not to be denied that he must have derived important hints from the previous labours of Hunter; though, from the obscurity which pervades Hunter's writings, it is not improbable that Bichat obtained much less information from them than what might, at first sight, be supposed. Indeed, I have reason to believe, from a very interesting conversation I once had, with a particular friend and companion of Bichat, that he worked alone, and that the numerous volumes he has published, are to be chiefly considered as the labours of his own ingenious and comprehensive mind. And, if you will compare the characters of these two men, Hunter and Bichat, it is interesting to remark, in many instances when they seemed to have had the same objects in view, how different were the roads they pursued to attain them. Hunter possessed a mind wonderfully acute in observation, and nothing seemed to escape his penetrating eye; but the various phenomena he was thus enabled to perceive, he had not the power to arrange and classify, so as to be able to explain them clearly and distinctly to others. It is on this account that many parts of his works are even unintelligible, unless to those who have already become acquainted with the subject.

Bichat, on the other hand, whilst he seems to have possessed an acute and accurate power of observation, had likewise, in an eminent degree, the power of arranging and combining facts, and of arriving at general conclusions; whilst he also possessed a facility in communicating his knowledge to others in the most intelligible manner. In judging, therefore, of the merits of Bichat, let us not attempt to strip him of his originality, because a hint, more or less obscure, is to be found in John Hunter's previous writings. It is indeed impossible to contemplate anything more interesting in medical history, than a review of the lives and writings of these two extraordinary men. Hunter lived upwards of sixty years; and if you look at his writings and his museum, you cannot help being amazed at his industry, and admiring the extent to which he advanced many parts of medical science. Bichat, however, died when only thirty-three years of age, and his four volumes on General Anatomy, the four on Descriptive Anatomy, his book on the Membranes, and his book on Life and Death, have left a most unexampled monument of human industry and genius. Had he lived, incalculable must have been the importance of his observations, as he seems to have possessed some of those extraordinary combinations of talent, which are seldom met with in any country or in any age!

I have already mentioned to you, that the simple analysis or division of the body into its elementary parts which Bichat pointed out, must be considered as the ground-work of all subsequent anatomical and pathological investigations. Now, in order to establish the character of these elementary textures, Bichat employed various modes of inquiry. He performed numerous experiments on living animals, persevered in tedious and minute dissections, employed chemical re-agents to supply the place of the knife, and he minutely examined every morbid structure. Having, by these means, traced the character of each separate texture, he next proceeded to investigate their various combinations as they are met with in different organs. Of these textures he enumerated twenty-one, each of which he showed to be differently organised, and hence the dissimilarity which he pointed out in their properties in a state of health, as well as in disease. It is this division of textures which forms the ground-work of the whole fabric, and to it we must ultimately refer, in every attempt which we make to account either for the natural or morbid appearances which are to be met with in the human body. It would be out of place for me, now to enter upon a minute consideration of the elementary textures, my present object being merely to show you, in a general manner, the effect of this anatomical arrangement, in forming a pathological or nosological system. The advantages of this mode of investigating the body when diseased, must be, I think, at once obvious to you. We learn from it, that diseases, at their commencement, at least, are always confined to one of the textures of an organ, whilst the other textures remain sound. There is no organ from which this important truth may not be deduced. It may readily be illustrated by examining the diseases of the mucous, serous, and muscular textures which compose the stomach and alimentary canal, or by comparing the different affections of the cellular texture of the lungs, the mucous membrane of the bronchi, and the serous membrane or pleura covering the lungs.

The symptoms of morbid changes are likewise found to be the same in similar textures, in whatever part of the body these textures may be found. Thus the serous membranes which invest the brain, the lungs, the heart, and the abdominal viscera, have one common character when affected with any particular disease. So also have the mucous membranes, whether we trace them in the mouth, nose, lungs, vagina, urethra, or covering the eye; and the same thing may be observed, of every individual texture which enters into the composition of the human frame.

I ought also to mention to you, that besides those symptoms and morbid changes which are common to all parts, the structure of which is similar in the natural state, there are others which arise, or are determined from the particular function of the organ, wherein the diseased texture exists. For instance, when any serous membrane is inflamed, the nature of the pain, the state of the pulse, the degree of fever, the duration of the symptoms, are the same in whichsoever one of these membranes the inflammation may have taken place. But to all these symptoms are superadded difficulty of breathing and cough, when the pleura is inflamed. Constipation, strangury, delirium, when either the peritoneum or membranes of the brain are affected. The first class of symptoms may, therefore, be considered general, and characterise a disease as affecting a whole genus of textures. The second may be considered in a manner accessory, as they depend on the relative situation or particular function of the organ, into the composition or structure of which the affected texture enters.

The principles which I have stated, account admirably well for the phenomena of some diseases, and some of the sympathies which subsist between different parts of the body. But there are some disorders which advance in a different manner; for instance, in some diseases termed chronic, several, or all the textures of an organ, become gradually changed, although the primary affection were originally limited to only one of its component textures. This may often be observed in cancer, scrofula, syphilis, &c. When cancer attacks the mamma, it is at its commencement confined only to a small portion of that organ; but if it be allowed to proceed, it ultimately involves not only the whole gland, but also the adjacent cellular cutaneous, muscular, and even osseous textures, in one common mass of disease.

The foregoing observations, will, I hope, explain to you the object of general anatomy, and the important purposes to which a knowledge of that subject may be employed in the investigation of the various morbid alterations of structure, which are met with in the human body. It also appears to me, that we are now prepared to pursue the same method of arranging the diseased, as has been so successfully accomplished in the arrangement of the natural structures. That we should group together the diseases of each texture separately, and thus form each into a distinct class. Nothing seems to be a more legitimate and intelligible mode of arranging diseases.

It has been universally admitted, that the first step to become acquainted with the nature of diseases, is to know the healthy structure and functions of the various parts of the body; and why should we not adopt the same method in arranging the diseased, as we have been led to do in arranging the natural structures? Anatomy and pathology cannot be disunited; we cannot even acquire a knowledge of the one, without a previous knowledge of the other. No one ever pretended to have an accurate knowledge of diseased structures, without having first acquired a knowledge of the natural organisation of the diseased part; whilst, on the other hand, a knowledge of diseased structure has often been the means of pointing out or detecting the natural structure. There cannot be a doubt but that Bichat was led to many of his luminous views of natural structure, from observing the phenomena of disease. If you observed the membrane lining the nose, the eye-lids, the lungs, the alimentary canal, and the urethra, each discharging a puriform fluid when inflamed, and never adhering one part to another; and if you found that there was a quantity of coagulable lymph or febrine effused on the inflamed surface of the pleura, peritoneum, and vaginal coat, and adhesion of contiguous portions, would not that point out to you an analogy or similarity of natural structure and function in these two classes of membranes? You would readily suppose that all the first were phenomena peculiar to the diseases of mucous, and all the latter to the diseases of membranes of the serous class. Thus, if each of the elementary textures be made to form a class of diseases, you will find that there is scarcely a disease, I cannot mention the name even of one, the nature of which we are well enough acquainted with to arrange in any system, for which a place would not easily be found in that classification I have now proposed.

As an arrangement particularly calculated to facilitate and abbreviate the mode of acquiring a knowledge of diseases, I hope you will have ample opportunities in this course of Lectures, of convincing yourselves of its advantages. Instead of it being necessary to enter into a minute detail of the morbid appearances of a particular texture in different organs or regions, it is only requisite to give you a general account of the morbid changes of each of the different textures, and thus, when you have acquired a general knowledge of the various diseases of all the textures, and want to know the diseases of any particular organ, you have only to recollect the natural textures of that organ, and then transfer or apply to it the general knowledge you had obtained of the diseases of its various elementary textures. To explain more fully this important point, take for example, any particular texture, as the mucous.

If you wish to consider the disease called polypus, and you are told that it is an affection of the mucous membranes; receive an account of the various kinds of polypi which grow on these membranes, and are told that such tumours are formed in the nose and pharynx, stomach and intestinal canal, in the bladder and uterus; when you wish to become acquainted with the disease in any one of these parts, in addition to the general account of polypi, you have only further to inquire into any particular symptom of the disease, when it grows in any of the above mentioned organs. Whereas, if you look at systematic works, you will find under diseases of the nose, a more or less elaborate description of polypi of that part, under diseases of the gullet, stomach, intestinal canal, bladder, and uterus, the same thing repeated of the disease in each of those parts.

We have long been accustomed to arrange in this manner the diseases of the skin, of the nerves, of the bones, of the absorbents, of the arteries, of the veins, of the cellular and muscular textures, and why should we not also apply the same method in arranging those of what modern anatomists have denominated to be elementary textures?

FOREIGN DEPARTMENT.

ANATOMY AND PHYSIOLOGY.

Remarkable case of a Triple Dentition.[*]

The following curious case has been inserted in Omodei's Journal, communicated by a Dr. Aimonino:

Elizabeth Morelli, who was a well formed woman, had enjoyed good health, and had never suffered any inconvenience, except from a few attacks of tooth-ache, for which she had been now and then bled. During one of these attacks of tooth-ache, which occurred about the middle of March in 1821, she was induced, from the severity of the pain, to have the two left molar teeth pulled out. Toward the end of October in the same year, she felt some very acute pain in the part from which the teeth had been pulled out, and soon after two new teeth made their appearance. In January 1826, the new teeth became loose, and, causing considerable pain, she had them also drawn out. These teeth were very white and well shaped, without the least appearance of caries. On the 16th of July in the same year, the patient consulted Signor Aimonino, complaining of intolerable pain in the same part of the jaw as before. General and local antiphlogistic measures were tried without avail, and on the 18th, the patient perceived that two teeth of the same figure and size as the former had again made their appearance; these teeth were seen by Aimonino, so that there can be no doubt of the accuracy of the report of the case.

Although this has been called a case of triple dentition, it might with greater propriety have been called a *quadruple* dentition, since the temporary teeth are not included in the history of the case.

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[*] Annali Univers. di Medicina di Milano.

Two superior Venæ Cavæ in the human subject.

A curious case of malformation was presented by Breschet to the Philomathic Society, taken from an adult; there were two venæ cavæ superiores of an equal size; all the rest of the body was properly formed.

On the Fecundity of different European States.

An interesting paper has been furnished on this subject by M. Benoiston de Châteauneuf to the Institute of France, from which we shall presently make a few extracts. Numerous hypotheses have been from time to time advanced respecting the causes which favour or impede the increase of population. Some have sought to refer these causes entirely to a moral origin; others have endeavoured to find them in the physical condition of the soil, and in differences of temperature. Some contending that, as you advance from north to south, the fecundity becomes increased with the elevation of temperature; others, again, consider the northern latitudes of the temperate zone, as the very nursery of the human race.

Examining the question on the subject of temperature, M. C. has remarked, that if Europe be divided into two climates, the one commencing at Portugal and terminating in the Low Countries, that is to say, from the fortieth to the fiftieth degree of latitude; the other beginning from the termination of the former, and extending to Stockholm, or from the fiftieth to the sixty-seventh degree of latitude; we shall find, that in the first division each marriage produces on an average ....4·57 births

In the second division ...4·30 ditto.

If the two extremes of temperature be compared, the difference becomes still more striking, affording

In Portugal..5·10 children to a marriage;
In Sweden...3·62 ditto.

France offers another example of the same fact, since, according to Mohean, the fecundity of the population increases gradually from north to south. Thus the average in

The south ...5·3 children to a marriage;
The north ...4·46 ditto.

These proportions were taken from the census returned in 1821, 1822, 1823, and 1824.

Admitting these statements to be accurate, it would appear that an elevation of temperature is one of the causes of the fecundity of marriage; but this is not sufficient to account for other statistical facts which may be produced. For example, if 5.14 children be the average produce of a marriage in Portugal, 5.20 is the average in Bohemia, and 5.25 in Muscovy. On the other hand, if, as is stated, the average is 4.31 in Moravia and Silesia, France, and Holland produce only 4.20; Sweden furnishes only 3.62, and England only 3.50. M. de Chateauneuf supposed that he would be able to determine the other causes by grouping in a table those countries of Europe in which the produce of marriage is the greatest, and, according to his investigation, the following is the proportion which each country affords:

	Children.
In Portugal (to each marriage)....	5.14
In the province of Braganza......	5.65
In Muscovy	5.25
In the State of Venice	5.45
In Bohemia.....................	5.27
In the Canton of Fribourg........	5.35
In Alsace (on the Rhine)........	5.03
In Morbihan (a part of Brittany)..	5.52
In a part of Vendée	5.46
In Jura	5.01
In the Marne	5.09
In the division of the Loire	5.68
In the Eastern Pyrenees	5.17
In a part of Dauphine (High Alps)	5.39
In the Highlands of Scotland	5.13

In this table there is a confusion of the Northern with the Southern countries; and of those bounded by the sea coast with those in the interior. What conclusion then are we to arrive at from this table? That of the sixteen countries mentioned, seven are mountainous districts; that is to say, Brittany; the Eastern Pyrenees; Scotland; the Savoy; the Canton of Fribourg, and Jura; in which the territorial productions are sufficient to ensure a sufficient supply for the comfortable existence of man.

All attempts of this kind are exceedingly difficult, and the inferences drawn even from statistical returns, are frequently fallacious. From what we have been able to collect from such authorities, ancient as well as modern, one fact appears very striking, that in proportion to the abundance of the necessaries and comforts of life the fecundity of the population is abundant or otherwise: we may therefore esteem this as the principal if not the only source of national fecundity, and lay aside as very secondary agencies the influence of climate, temperature, situation, and the kind of nutriment consumed, provided that nutriment be in sufficient abundance. Moreover, the productiveness of the population of a country ought not always to be calculated by its fecundity, but rather by the conservation of the offspring; because in those countries where local causes of destruction exist, so to speak, as extensive marshes, giving rise to epidemic diseases, or in those where great privations are occasionally experienced; although the fecundity may be at the maximum, the mortality is sufficiently great to reduce the numbers of the population below the average adult produce of other countries.

PATHOLOGY.

On the causes of Hernia in Soldiers.

It has been recently reported to the Academy of Medicine, that hernia has been frequently traced to the practice, existing among infantry soldiers, of firing in triple ranks. Kempfer, surgeon of a Swiss regiment of the Royal Guard, has affirmed that many cases of hernia have been produced by the sudden manner in which the privates are taught to descend on one knee after having discharged their muskets, so that their comrades in the rear may fire over their heads.

SURGERY.

Case of Cancerous induration of the Parotid Gland, in which the Carotid Artery was tied.

The following case was treated by Dr. Fricke, in the Hamburgh Hospital, during the past year.

A smith was admitted into the Hospital with a cancerous swelling of the parotid gland; the disease extended gradually to the soft palate, and placed the poor man in the greatest jeopardy of his life. It was impossible for him to swallow any thing solid, and his only nourishment consisted of a little milk and egg. His speech was converted into an unintelligible babble, and death stared him in the face. To think of removing this mass of diseased structure was out of the question. It struck Dr. Fricke, however, that some good might be done; at any rate, that the man's life might be for a time prolonged by cutting off the supply of blood sent to the tumour. The carotid artery was therefore secured at the lower part of the tumour; the diminution in bulk which succeeded this operation was very considerable. The patient could again swallow solids, and speak in an intelligible manner, and was quite freed from that dreadful anxiety in which he was kept before the artery was tied. Nature seemed to favour the attempts made to relieve the patient, for soon after suppuration took place, and pus was discharged from the swelling in considerable quantity. The case terminated fatally, not from any immediate consequences of the operation, but from the great and long-continued constitutional disturbance occasioned by the disease.*

HYDROCYANIC ACID IN DYSPEPSIA.

To the Editor of THE LANCET.

SIR,—In your last Number, Dr. Granville complains that, in the preceding, the reports of two cases of stomach affections, treated by me with hydrocyanic acid in St. Thomas's Hospital, are prefaced by two incorrect assertions—the one, that hydrocyanic acid "has fallen into disrepute, and indeed almost into disuse, in pectoral diseases;" the other, that I am "the gentleman to whom the profession is indebted for the introduction of the hydrocyanic acid into practice, as a valuable remedy in derangements of the stomach."

With the former I have no concern. Nor have I any great anxiety about the latter. Your reporter has no doubt read upon the subject, and conceives that there are sufficient grounds for his opinion. But, in attempting to refute it, Dr. Granville says, "That a reporter who undertook to speak so decidedly of Dr. Elliotson's priority of application of the hydrocyanic acid in certain cases of dyspepsia, should not have been aware that the claims which that gentleman set up in his pamphlet on that subject had long ago been controverted, and clearly proved to be groundless, by Dr. A. T. Thomson, in the second edition of my treatise on the use of that medicine, (p. 386.) is a circumstance scarcely credible. That contradiction has never, to my knowledge, been refuted by Dr. Elliotson, although Dr. Thomson then called upon him so to do, in the most explicit manner. On that occasion it was shown, that inasmuch as Dr. Elliotson himself had admitted having read my first edition, in which Dr. Thomson had detailed a case of dyspepsia cured by the hydrocyanic acid, given, not in a mistake, as was the case at first with Dr. Elliotson, but on purely scientific and inductive principles, he could not have been ignorant of the effect of that medicine, and of the success with which it had been used by another practitioner, in that class of complaints, long before him."

Now, Sir, IN THE FIRST PLACE, with respect to Dr. A. T. Thomson, there exists *not the slightest proof*, nor the slightest *reason to believe*, that he used the remedy in dyspepsia on "scientific and inductive principles," *nor even that he used it intentionally*. An epidemic catarrh was prevailing at Chelsea, and Dr. Thomson, having heard of Magendie's account of the effects of the acid in pectoral complaints, exhibited it in twenty cases. Among these was a gouty gentleman, who had long been "afflicted with dyspepsia," (not a word more of information is given,) and had a heat of his tongue, "*supposed* to arise from acidity of stomach." By *ordinary remedies* and *regimen*, his digestive organs had improved, *and he had become as well as an individual beyond the middle age could* expect to be, except that his tongue remained hot; and he ceased to take medicine. But he was attacked, like his neighbours, with the epidemic catarrh, and for it, to him as well as to his neighbours, Dr. Thomson sent Prussic acid.[*] The cough abated, and in four days was gone; and with the cough in four days subsided the heat of the tongue.[†]

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* Nachricht von dem Gesundheits-Zustande der Hamburgischen Kranken—und Versorgungs-Häuser, lund der Stadt Hamburgh. von Dr. Julius.

Such actually was the *only*, and the *whole of the only*, fact given to the world by Dr. Thomson; so far from his having even "detailed" one case. Not only is there no appearance of intentional treatment of the heat of the tongue by the acid, but *no derangement of the stomach* was remaining when the acid was exhibited: and the heat of the tongue might just as probably have arisen from a local derangement of the membrane of the tongue, that had formerly also pervaded the œsophagus and stomach, producing dyspepsia; for he gives a case of tracheal irritation, where no dyspepsia ever existed, attended by inflammation of the fauces that also yielded to the acid.[‡] So little impression did this case make, even upon Dr. Thomson himself, that neither he, nor Dr. Granville, nor any other person, had followed it up and published a single case of dyspepsia treated with the acid, at the time my work appeared;[*] nor is it likely that we should have heard any thing more of this heat of the tongue, but for the publication of my work.

If such are Dr. Thomson's pretensions to the *merit* of discovery, and that too by *scientific induction*, what will they appear when we reflect that Dr. Brown Langrish stated, eighty years ago,[†] as mentioned in my pamphlet,[‡] that nurses were in the habit of relieving an unquestionably dyspeptic symptom—flatulence, in infants, by putting a laurel leaf into the pap, and that Dr. Granville himself states, that in 1814—*five years before Dr. Thomson's communication*, "Sprengel, in his Pharmacologia, recommended the Prussic acid, free or combined, in *complaints of the stomach, dyspepsia*, hypochondriasis," &c.;[§] and, from 1780 to 1796, "Hufeland, Haller, Thuessen, Suediaur, Sprengel, and others, in nervous diseases, vesaniæ, hypochondriasis, *stomach complaints, dyspepsia*, &c."[||]

In the second place, with respect to myself, I never arrogated the merit of discovery, but honestly said that I discovered the virtues of the acid in stomach affections by seeing a woman cured of gastrodynia, *not by any direction of mine*, but by Prussic acid ordered for another with pectoral disease, and *served to her in mistake*.[¶] This fact I *imitated*, and by patiently following it up, was enabled to present to the profession a body of facts illustrative of the powers of the remedy in various disorders of the stomach; whereas not one had been given by Dr. Thomson, and to point out in what particular cases it would be found beneficial and in what useless. If I have any merit, it is merely that of following up a fact which occurred, not by scientific induction, but, as mentioned at the time, quite independently of me; and whether it is more probable that I followed up a case which occurred under my own eyes and was a manifest derangement of the stomach, or one which occurred to another and was without disturbance of this organ, the world may determine. The truth is as I asserted, and whether I followed up a fact that occurred in St. Thomas's Hospital independently of myself, or a fact that occurred to Dr. Thomson independently of himself, the matter is exactly the same, and I am perfectly indifferent as to which of the two it may be said I followed up.

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[*] "I send you the detail of one case only of the catarrhal epidemic to which I have alluded, the practice being very nearly the same in all."—Dr. A. T. Thomson's letter, in Dr. Granville's *Further Observations*, &c. Edit. 1. p. 71.

[†] "T. R. esq., of a slender form and gouty diathesis, had long been afflicted with dyspepsia, attended with a peculiar hot sensation of the tongue, which was supposed to depend on acidity of the stomach. The remedies he had employed, and the regimen to which he had confined himself for some time past, had materially improved the power of the digestive organs; so much so, that he had declined the further use of medicines, and considered his health as good as it could be expected to be in a person beyond the middle age of life. Notwithstanding this improvement, however, the heat of the tongue still remained; when he was attacked with the epidemic catarrhal cough already mentioned. He took the acid, in doses of two minims, repeated every second hour, and with the cough the heat of the tongue also rapidly abated, and altogether left him in less than four days."—l. c. ed. 1. p. 78, *sq.*

[‡] l.c. p. 75.

[*] *Numerous Cases illustrative of the Efficacy of the Hydrocyanic or Prussic Acid in Affections of the Stomach, with a Report upon its powers in Pectoral Diseases*, &c. 1820.

[†] *Physical Experiments upon Brutes.*

[‡] l. c. p. 1.

[§] l.c. edit. 2. p. 124.

[||] l.c. edit. 2. p. 122.

[¶] "Two women, each named Ann Lee, were under my care at St. Thomas's Hospital, at the same time, one for an affection of the chest, the other for violent spasms and flatulence of the stomach. Three minims of the hydrocyanic acid three times a day, were prescribed for the former, and, from the identity of the name, her prescription was given in mistake to the latter. The next time I saw the latter Ann Lee, she was perfectly well. She had, however, been subject to the complaint many years, and two months afterwards it returned. Here was a fair opportunity of ascertaining whether her recovery had been effected by the medicine given in mistake. I prescribed it, and she recovered as before."—l. c. p. 3, *sq.*

In my pamphlet I mentioned the chief facts which I could find on record respecting the remedial powers of the acid, and referred them to their authors. I quoted Dr. Thomson's case exactly as it was,—a heat of the tongue cured by the acid.* I did not mention that Sprengel, Hufeland, &c. recommended the remedy in dyspepsia, because I was ignorant of the circumstance, and even at present know it only on the authority of Dr. Granville, who, however, simply by citing them, completely destroyed all his friend Dr. Thomson's pretensions. If these writers merely *recommend* the medicine in stomach affections, I shall, after all, be the first who *employed* it *intentionally* in them. There is scarcely a disease in which the acid, like every energetic agent, has not been *recommended*. To recommend a medicine, requires only an acquaintance with the name of a remedy and the names of diseases. A series of facts only affords knowledge of their powers. I did not notice Dr. Thomson's call, because his claim was perfectly ludicrous; because I had claimed no *merit* of discovery, was conscious of no wrong, and was really very indifferent upon the subject, having published my results, like those respecting antimonial powder, subcarbonate of iron, sulphate of quinina, &c., after long and careful experience had satisfied me of their truth, and made me perfectly easy as to their ultimate acknowledgment by the profession; because, though I knew that the remedy was invaluable in certain varieties of stomach affections, I foresaw that many would laugh at it,† and, therefore, at any contest about it; because I detest controversy, and especially with my own profession, and upon matters of purely a selfish nature; and because the call was made in Dr. Granville's work, in which I was treated in a manner that demanded no other reply than silence,* and so treated on no other account, that I could imagine, than that I had presumed to publish upon the same medicine as himself. For I had never written or spoken a syllable against him in my life, and had plainly related my experience without a single harsh remark upon those whose experience differed from my own.

It is with the deepest regret that I appear so soon again before the public controversially. That I detest controversy, I hope my seven years silence under Dr. Granville's treatment sufficiently proves. But, though I desire to live peaceably with all men, and quietly to pursue my studies, and my public duties, I have thought it impossible to remain silent upon the present, any more than upon a recent, occasion. On both I have acted solely in self-defence, and trust I shall never attack any one: and I am sure, Sir, that you will allow me to take this opportunity of declaring, upon the honour of a gentleman, that, although I will never oppose the reporting any cases of hospitals, or public proceedings of societies, to which I may belong, I have never communicated or written a syllable in your pages, except the three letters relative to the Hunterian Museum.

I have the honour to remain, Sir,
Your obedient humble servant,
JOHN ELLIOTSON.

15, Grafton Street, Bond Street,
Feb. 12, 1827.

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* I. c. p. 22.

† It is not mentioned by the most popular writers upon disorders of the digestive organs; nor is it yet in the London Pharmacopœia.

* I am unwilling to recur to what is unpleasant, and will, therefore, give but one instance in illustration:—

I had playfully remarked, that I had never witnessed the "miraculous" powers of the acid in stopping hæmorrhage. The use of inverted commas Dr. Granville termed "*gratuitous*" and "*malicious*;" "The having given," says he, (l. c. ed. 2. p. 330,) "the air of a quotation to those gratuitous epithets by means of two malicious inverted commas, will scarcely succeed in preventing his readers from considering them as the poetical invention of his brain."

My answer is the following quotation:—"Elle fut prise d'une hemoptysie tellement abondante, qu' elle fut en peu de temps prête à mourir; les saignées furent employées vainement; alors le docteur Brera prescrivoit, sous la forme de pilules, cent gouttes d'acide prussique à prendre dans l'espace de la nuit, ce qui, selon son expression, arrêta *miraculeusement* l'hemorrhagie. Magendie. *Recherches sur l'emploi de l'acide prussique*. p. 24 *sq*.

THE LANCET.

London, Saturday, February, 24, 1827.

We were somewhat precipitate in congratulating the profession on the absence of distinguished visitors, on the day when Mr. Thomas delivered, at the Royal College of Surgeons, his Cruikshankian Oration. We had flattered ourselves that this disgraceful exhibition had been witnessed only by Members of our own body, and that the profession had fortunately been spared the humiliation of an exposure before strangers; but we have since ascertained that, besides Sir Henry Halford and Dr. Paris, who are too familiar with cases of imbecility in the heads of corporations, to come unprepared for the intellectual banquet of Wednesday week, there were present on this occasion Sir Thomas Lawrence, President of the Royal Academy, Mr. Davies Gilbert, M. P. and Mathematician, Professor Pattison, late of Baltimore, and Dr. Cavadias, a Greek physician from the Ionian Isles.

We can conceive nothing more humiliating to the whole body of the profession; and, when we reflect upon the real source of our disgrace, more insulting to every member of the College, than the delivery of such a farrago as that which Mr. Thomas inflicted upon his auditory, in the presence of scientific men connected with other professions, and, above all, in the presence of intelligent foreigners. We trust Dr. Cavadias was not sufficiently acquainted with the English language, to judge of the matter of the Oration, though the *manner* in which it was delivered could not fail to excite his derision; but what must the American Professor have thought of the orator? What must the American Professor have thought of the intellectual pretensions of our profession, when he saw the whole College of Surgeons assembled to listen with mute, and, for aught he could know to the contrary, respectful attention to the Cruikshankian Oration? It is well known that there is *one* day in the year to which the public attention is invited to a display of oratorical talent, on the part of a chosen member of the College of Surgeons. The orator is appointed many months before the day on which his eloquence is to be displayed; he has, consequently, ample time for preparation; and the subject on which he is to address his auditory, is one pregnant with topics of the deepest interest to a mind at all capable of appreciating the character and discoveries of John Hunter.

Let us for a moment bear these circumstances in mind—let us remember that it is only on a *single* occasion, on *one* day out of the three hundred and sixty-five, that a Member of the Council is called upon to show the public that he is not absolutely destitute of all literary attainments, and that he is capable of addressing the assembled College for the space of one hour on a highly interesting topic, in the language of a gentleman and a scholar; and then let us see how the duty of delivering the Hunterian Oration has been discharged for the last three years.

In the year 1825, Mr. Norris was the orator; and how did Mr. Norris commemorate the researches of Hunter, and the services which that great ornament of our profession has rendered to chirurgical science? Why, by reading an old introductory lecture on Surgery, such as Headington or Brodie would read on the 1st of October.

In the year 1826 Sir Anthony Carlisle was the orator; and how did Sir Anthony Carlisle celebrate the scientific career of Hunter? Why, by reading an essay bearing indubitable marks of originality, on the physical peculiarities and amorous propensities of that beautiful and interesting shell-fish, the Oyster. This must seem incredible to all who did not witness that extraordinary display of imbecility, and we feel that we shall scarcely gain credit for the truth of the assertion among those whose presence at the celebrated *Oysterian Oration* has not already convinced them that the fact we have just stated is as indisputable as it is ludicrous.

In the year 1827, Mr. Thomas was selected as a fit representative of the collective wisdom of the council, and certainly, if we may judge from the Cruikshankian Oration, the choice could not have fallen upon an individual more singularly qualified to sustain the character which his two distinguished predecessors had acquired. How, we must once more inquire, did Mr. Thomas discharge the duty of paying this annual tribute of respect to the memory of Hunter? Why by dwelling, during three-fourths of the time allotted to the delivery of the oration, on the life, character, private habits, demeanour, and temperament of his (Mr. Thomas's) father-in-law, the late Mr. Cruikshank. Nor was this all; for after minutely describing the symptoms of the disease whereof Mr. Cruikshank died,—after giving the details of the post-mortem examination of his body, and exhibiting a preparation to prove that his death was caused by disease in the left hemisphere of the brain, the orator went on to assure the assembly that a *friend* of Mr. Cruickshank died of a similar disease, and actually produced a second preparation to demonstrate the interesting allegation. Fortunately for the great body of the members, all this *twaddle* was delivered in so feeble and drivelling a tone of voice, that it was distinctly audible only to those whose immediate proximity to the orator exposed them to the full influence of the infliction. Some escaped, notwithstanding their proximity: Mr. Keate, for instance, the President of the new club, (the proper name of which we shall soon announce,) who occupied a chair nearly opposite the orator, was asleep in five minutes from the commencement of the oration, and remained wrapped in slumber, accompanied occasionally with a tuneful stertor, to its conclusion. The oration had a precisely similar effect upon poor Rose, to whom repose was the more necessary, as his nerves must have been considerably agitated during the previous week.

Our friend, Mr. Abernethy, is president this year; and his reign began in a way not very favourable to the project, if he should happen to entertain it, of establishing the doctrine of passive obedience. The entrance of Mr. Lawrence was greeted by an enthusiastic burst of applause; a mark of respect, and of public approbation, to which the exertions of that enlightened member of our profession, in the cause of medical reform, justly entitle him. When the applause had, in some degree, subsided, Mr. Abernethy came forward in his official robes, and stated, that "it had been *ordered* (!) by the Board of Curators, that *no* approbation should be expressed in that Theatre." This announcement was received with *applause*; and Sir Astley Cooper, on entering the Theatre, was also welcomed by the same cordial testimonies of approbation, which had greeted the entrance of Mr. Lawrence.

At four o'clock the orator, arrayed in his robes, entered the Theatre, and proceeded to *read* his speech. He began by stating the extreme diffidence he felt in entering upon a subject which had been treated so recently in that place with such pre-eminent ability, alluding, of course, to the Oysterian Oration of last year, and the old introductory lecture of the previous year. It was not his intention, he said, to dwell upon the ancient history of the profession, because that was a subject on which repetition would be unavoidable, and he (the orator) meant to be original. With respect to the individual, who was the more immediate object of the present oration, he (the reader) had been furnished with a letter of recommendation to him on his first arrival in London, and he found Mr. Hunter in the midst of his vast museum, busily engaged in the dissection of insects. He (the reader) had had personal opportunities of witnessing Mr. HUNTER's practice, having been his dresser at St. George's Hospital; but his attendance at that hospital was unexpectedly cut short, (how interesting to the members of the College!) in consequence of his having been recommended by Mr. HUNTER to Lord MACARTNEY, as a fit person to accompany the embassy to China, in the capacity of Assistant Surgeon. The reader went on to state, that the embassy left England for China in the year of our Lord, 1792; and that, on their return, they fell in with a merchant vessel, from which they learned the melancholy tidings of the sudden death of Mr. HUNTER. The orator stated, that he felt a proud satisfaction in recording the effect produced by this intelligence on plain unlettered seaman in the middle of the Pacific ocean; for, when it was communicated, there was not a dry eye on board LORD MACARTNEY's vessel. Now if the orator be correct in his fact, that there was not a dry eye on board, we cannot help suggesting, that grief at the intelligence of JOHN HUNTER's death, does not seem to afford a very satisfactory explanation of the state of the seamen's optical organs. We should rather be inclined to account for the phenomenon by a more natural, though, certainly, a far less sentimental, hypothesis; by supposing, in short, that if there really were not a dry eye on board when the fatal news was communicated, the seamen must have previously moistened one eye, and, to use a familiar expression, proceeded *to wet the other*. Be that as it may, the orator, having observed that Mr. HUNTER had proved himself a tower of strength to his profession, and that his invaluable collection was, of itself, sufficient to place his name in the list of those eminent characters, over whom time would have no power, hastened to the subject of Mr. CRUIKSHANK; and to Mr. CRUIKSHANK the rest of the oration was, as we have already stated, almost exclusively devoted.

We have adverted on more occasions than one, to the absurdity of orators drawing their speeches from their breeches pockets *like Crocodiles*—as Tom Moore has it—and reading these to the assembled College. If a surgeon has not the capacity to address the College extemporaneously for the space of an hour, or, at any rate, to commit his composition to memory, he ought not to be permitted to make a public exposure of his imbecility. There is this practical inconvenience attending the present mode of reading the speech, and the time fixed for its delivery, that as the thing delivered is still called an *oration*, and no provision is made for assisting the *vision* of the orator, a ridiculous scene is sure to take place when the light begins to fail. Mr. THOMAS had not proceeded half an hour before he found a difficulty in deciphering his manuscript, he boggled, and blundered, called for a glass of water, looked up to the skylight, and down to the paper, wiped and tried his spectacles; but all would not do, and he was at last obliged to call for candles. Some time elapsed before the candles were forthcoming,—time enough to justify the suspicion that candles formed no part of the College stock, and that a messenger had been dispatched to some neighbouring wax-chandler, in order to relieve the orator from his embarrasment. At length four candles were brought into the theatre, and by their aid he contrived to *read* in a very low, drawling, and inarticulate tone, the remainde of his *speech*.

Some of Mr. THOMAS's observations towards the close of his performance might have excited attention, had it not been for the overwhelming mass of twaddle which preceded them. His advice to physicians to study *anatomy* was peculiarly quaint, and excited the marked attention of SIR HENRY HALFORD. He also made some curious remarks on the want of unanimity and cordiality between the two Colleges; these were uttered in so plaintive and wooing a manner, that one would suppose he is desirous of effecting a matrimonial alliance between the HYDRA of Lincoln's Inn Fields, and the DINGY OLD DAME of *Pall Mall East*; nor was this all, as he threw out a hint of an application to Parliament from the College, with a view to obtain an extension of their power. What could be more modest! But of this we shall speak by and by.

In the comments which we have felt it our duty to offer on the present occasion, we disclaim all desire or intention of conveying any thing in the slightest degree disrespectful to the personal character of Mr. THOMAS, which we believe to be highly estimable. As a Member of the Council, he has been selected to discharge a conspicuous public duty, to which he is evidently incompetent; his incompetency has reflected a portion of disgrace on every member of the profession, and he must be content, therefore, to abide by his portion of the ridicule, to which his claims are as indisputable as the drivellers who preceded him.

We have already devoted too much of our time and space to this scandalous exhibition, and to Mr. THOMAS, therefore, as an individual, we shall say no more, but at once proceed to notice the labours and schemes of the COUNCIL. And, first, of the alterations in the Theatre, and the mode of admission. The whole of the benches have been newly covered, and two rows of seats have been erected on the floor behind the upper partition, the place which some dignify with the title of gallery. One row of seats has been taken from the *lower* division, and added to that portion formerly allotted to MEMBERS, and immediately under where this word used to be inscribed, that is, between the *lower rail* and one of the side doors a few feet from it, *another door* has been opened immediately in a line with the passages and entrance hall of the College on the *left* side; but to avoid any confusion or mistake on this point, let us observe, that the *Museum* is opposite the *right hand* front entrance, and if we carry this mark of distinction into the theatre, the door towards the Museum immediately on the right of the orator, will be understood as the *right* door, and its antagonist of course the *left*. Now, as we have already stated, the *new door* is situated directly under where MEMBERS used to be painted, on the *left* side; consequently it is about ten feet behind the door on the left of the orator, that door through which the President, Council, Visitors, and *London* Hospital Surgeons used to enter the theatre: and now mark the effects of the alteration; mark the feelings of the council towards the Members; that door through which the President and council passed before the alteration, was not used by them on Wednesday week—No; and why not? Because the Members, for the greater part general practitioners and accoucheurs, had to pass within about four feet of it, before they could gain the still posterior entrance; —yes,—because the great body of the Members, insulted, vilified Members, those "draff," as the council call them, the general practitioners, filthy drug-mixing, pestle-and-mortar men, had so fouled the passage on that side by their presence; had rendered so filthy and so degraded that door from having passed within a few feet of it, that the President, council, visitors, and those signally scientific gentlemen, the *London* Hospital surgeons, to mark their abhorence of the mean practices and unequalled ignorance of the *inferior* tribes of the profession, could no longer approach those portals which had been contaminated and poisoned by their obnoxious presence. Hence, as befitted their superior talents and princely dignity, they ascended the grand staircase, traversed the Library and Museum, and after following in the train of their President throughout the almost endless evolutions of a most peculiar "serpentine course," hitherto unexplored, they reached, UNPOLLUTED, the right hand door of the theatre. What now becomes of the assertions of the College reptiles "that the entrance from Portugal Street was a matter of *necessity?*" "that the council are desirous of showing the Members the most respectful attention?" "that they have ever consulted their convenience, their feelings, and their interests?" why, they must be viewed by every sensible mind, as the foulest of lies, and promulgated for the basest of purposes. We are aware of the nature of the school in which the council of the College have been educated; we are aware of the involuntary manner in which prejudices arise in the human mind: we are aware of their tenacity when once established; we are aware of the increase of their influence with increase of years: fully conscious of this as we are, and ascribing it rather to an imperfection of nature, than to a fault of the men, we have been, upon all occasions, anxious to attribute the subjects of complaint, which have occurred in the government of our College, to the inevitable effects of a mischievous and unjust law, rather than to a want of integrity on the part of those who, unfortunately for the profession and the public, have been selected to execute its obnoxious provisions. With this feeling always operating on our parts, we have been, from time to time, compelled to notice acts, of which the Council and Court of Examiners have been the authors, that neither octogenarian senility nor *scholastic* prejudices can excuse. The alterations are evidence of a something much more reprehensible than the weakness of age, or the emblems of involuntary prejudice. Why the Council of the College should always have manifested so much dislike and disrespect towards their brethren, it is not easy to conceive; unless it can be explained by the fact that the CHARTER places their interests in direct opposition. They have the power to levy annual fines; and, monstrous to relate, are not accountable for the monies they receive; in fact, are, to all intents and purposes, as the law stands—irresponsible. We have thought it our duty to record the above facts; and we have deemed it no less a duty, to offer some comments upon them; besides, it should be known to the Legislature, particularly at this time, that it is the practice and the object of the College to degrade, certainly not to elevate, the character of the profession. Had the proceedings of the College been altogether of a different nature than those presented to us of late years,—had their conduct been characterised by distinguished liberality,—had their by-laws and regulations been in the slightest degree calculated to promote "sound chirurgical knowledge,"—had their intercourse with the Members been invariably marked by the exercise of good taste,—had they stretched forth a friendly hand to the talented, and assisted, on all occasions, in removing fetters from the aspirations of genius, still, still it would be our duty to demand, with unceasing voice, an alteration in the CHARTER. Although these men *might* have done these things, yet it is well-known that their undeviating practice has been the converse, a knowledge of which will bring over to our cause those persons who will use every effort to rid themselves of an existing evil, but who have not the foresight to discover, that because a defective ill-modelled law is not the cause of mischief, that it might not. A Charter conferring great discretionary power, might, indeed, be the instrument of no wrong in the hands of benevolent men, but *benevolence*, we fear, would prove a poor security to the governed, if opposed by self-interest. Hence, as reflecting and calculating men, we require SECURITY FOR THE FUTURE;—we seek to be no longer at the mercy of our benevolent Council;—we wish to have our rights established upon a firm basis, and our privileges secured by law;—we are anxious to be emancipated from a subjection to an irresponsible government;—a government founded, we firmly believe, on principles more decidedly pernicious and obnoxious to those whom it affects to benefit, than any other in the world; and yet it seems that these men, possessing this unconstitutional, this unparelleled power, are about to apply to the Legislature for an EXTENSION *of that power.*

Mr. Thomas, near the conclusion of his address, without doubt in consequence of orders, threw out a hint that it would be an advantage to the profession if the powers of the College could be enlarged, and that it would be well to apply to the Legislature for that purpose. Let the Surgical Reformers look upon this suggestion as the first sign, not of a weak, but a cunning "invention of the enemy;" it is evidently their object to CONFOUND Parliament by their application, that they may be enabled to retain the unjust power already at their disposal; they imagine, probably, that by presenting a petition to the House "for an extension of their powers," at the time that we petition for the "destruction" of their powers, that one petition will neutralize the other, and both be *precipitated*; but in this expectation they will most assuredly be deceived; our case is too just, too deeply rooted, and its merits are too well known, to admit of so easy a defeat; but their scheme nevertheless is not without its merit, although it exhibits more of chicane than of honesty; let them recollect the precious thrashing they received from a late Lord Chancellor of England, in 1797, when they applied to Parliament for the Bill which they now hold in the form of a CHARTER, which Bill passed the House of Commons, and had received two readings in the House of Lords, before its *merits* had been investigated and discussed—yes—the College, without consulting the profession, applied to Parliament in the above year; again in 1800, 1816, and in 1822; and that act of injustice and contumacy it appears they are about to repeat. Should they apply, we hope and expect their castigation in the House will be as severe as that which has been inflicted out of it, and which will not be too severe for their deserts. In consequence of the opposition of Lord Thurlow to the Bill in 1797, it was thrown out; but, three years subsequently they succeeded in obtaining from the Crown their present Charter, which contains, with only one or two exceptions, the infamous provisions, so justly denounced by his Lordship. Lord Thurlow was a man of the most splendid talents, and of the most inflexible integrity,—his decisions as Chancellor are regarded with the most profound respect, and his memory as a statesman highly venerated by the ablest of our Judges, and the wisest of our senators of the present day. We will here present the reader with his Lordship's speech; but first shall insert the note of our correspondent who has favoured us with it, and for which mark of attention to ourselves, and manifestation of zeal in the cause of Surgical Reform, we take this opportunity of publicly returning him our thanks.

To the Editor of THE LANCET.

SIR,—Inclosed I send you the Speech of Lord Chancellor THURLOW,* in the House of Lords, on the third reading of the Surgeons' Bill, in 1797; and as the observations of his Lordship are peculiarly applicable to the complaints now about to be presented to Parliament by the general body of Surgeons, you will oblige me, and several other members who wish well to the cause, by publishing it in THE LANCET.

It will be perceived, in the course of the Noble Lord's speech, that the enactments of the bill attempted to be introduced by a few individuals, and opposed by the general body of Surgeons, were precisely the same as those subsequently conceded to them by the Charter. Why this Charter was granted in opposition to the opinion of Parliament (for it is scarcely necessary to say the bill was thrown out) cannot fail to excite the surprise of every man. The applicants were told to amend their bill, and apply again; they did *not* apply again, for a very good reason—a fair bill was not the thing *they* wanted; it would not answer *their* purpose; but after suffering the business to cool, and the French war having caused a great demand for Surgeons, they contrived to cajole his Majesty's Ministers into a belief, that there existed no legally constituted tribunal to examine and provide efficient Surgeons for the army and navy, and thus obtained from the Crown, at a time when the attention of Ministers was diverted to other important objects, that which Parliament in its wisdom had refused.

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* From the Parliamentary Reports.

I am, Sir, your most obedient
humble Servant,
Cannon-street, R. PRICE.
17th February 1827.

HOUSE OF LORDS.

MONDAY, JULY 17, 1797.

"THE order of the day for the third reading of the Surgeons' Bill being read,

"Lord THURLOW rose to give his dissent to it. His Lordship said, there never, he believed, had been a case in which so strong a disposition to take Parliament by surprise had been shown; a matter that, at all times, ought to be regarded as a reasonable ground of jealousy and suspicion, and entitled the promoters of the bill to no small degree of disapprobation. The bill had passed the other House, and gone through two stages in their Lordships' House, before it challenged much observation; his first acquaintance with the business was purely accidental, and arose from the circumstance of his having heard that the Corporation of Surgeons had purchased a large house in Lincoln's-Inn-Fields for the purpose of dissection, to which they were about to remove from the Old Bailey, and was complained of by the very respectable inhabitants as a great nuisance. He objected to the bill's passing in its present form, because there had not been any reasonable opportunity of discussing it. It had been boasted of by some of those noble lords who supported the bill, that it had the singular *honour* to pass through three committees; he knew it had, somehow or other, *rubbed* through three committees, without the object of it being at all known to the persons who were interested in opposing it; and he found it was altogether a shift and contrivance, for it had come into a committee of that House, and when those who brought it in had found themselves opposed, they hesitated, paused, and retracted; and at last brought in a clause, which, like the postscript of a lady's letter, was much longer than the whole bill itself. His Lordship could not say what passed at all those committees, not being present at each; but, in the committee he did attend, he heard a single witness examined, Mr. Okey Belfour; and *he* deposed that since the year 1745, (when the act of the 18 Geo. II. passed,) London had increased in extent and population, and that a great number of houses had been built! He was also astonished to find some noble lords deeply engaged in profound disquisitions of rather an extraordinary sort, considering the subject before the committee. He even heard mention made of aristocracy, democracy, oligarchy, and all the learned terms of speculative policy; and the opposers of the bill were stigmatised as jacobins. For his own part, he did not consider aristocracy as the best possible form of government; but he was rather more inclined towards it, and thought it better than democracy or oligarchy. With respect to the new-classed jacobins, as they were termed on this occasion, who came forward to resist the tyranny of the few who wanted to get all the power into their own hands, they deserved some mercy. It was the cry to excite alarm, just like children in the street, crying out "a mad dog," when they wish to raise a panic, or frighten passengers. For his own part, he did not like jacobinism; but he saw no reason why people should be called jacobins, who merely wish to protect their property, and to guard themselves against measures which they deemed to be injurious. The present bill, in his opinion, was a most wretched performance, in which the arrogance of the provisions maintained an equal contest with their absurdity. He assured their Lordships that he had no connexions with the parties on either side, and did not care three farthings, as far as respect to them went, whether the bill passed or not. He looked to the bill merely with a view to the public; and as it was essentially connected with the health and well-being of mankind, considerations well worthy the serious attention of every one of their Lordships. The Corporation of Surgeons, his Lordship said, was a Livery Company within, and belonging to the jurisdiction of, the city of London; but now it was proposed to erect them into a college, with all the high-sounding titles of President, Vice-President, Censors, Fellows, &c. They were clearly a corporate company, and a part of the city of London, though the contrary had been asserted; but no barrister of three years standing, could have been so ignorant as to have said so.

The absurdities and contradictions of this wretched bill were so obvious that several noble Lords had tried in the committee to offer means of amelioration. Various regulations and amendments had been suggested, and it was understood at the time they were to be adopted and inserted; but, nevertheless, they were not to be found in the bill. Several of the by-laws of the company appeared most absurd. By one (fortified too by strong penalties,) no member was to attempt to practise pharmacy, midwifery, nor any thing of this kind. All who thought proper to defile themselves with touching medicines were to be excluded from being examiners, or from office or rank in the College; and yet the persons who brought in this bill applied to Parliament to enact them into a College of Examiners, and in these examinations they were to pass or reject not only practitioners in pharmacy for the British dominions, but all the surgeons, both of the army and navy, who must also understand pharmacy as well as surgery, and to whose care the brave defenders of the country, in both departments, were to be intrusted; for what sort of surgeon for either the army or navy, would that man prove who was unacquainted with pharmacy? Why pharmacy was not to be practised by a surgeon who was to be an examiner, was to him a most unaccountable objection. These assuming examiners disdained the idea of dealing in a knowledge of drugs and medicines, and yet they had the presumption to set themselves up as arbiters of the practice of those who were obliged to take into their account the safety of thousands of the most useful men in the community, both pharmacy and surgery. They were to examine and pass judgment upon the knowledge of others in pharmacy, which they had themselves branded with the idea of being below the dignity and knowledge of a surgeon, and to which, therefore, as surgeons, they disdained to pay attention. For his part, he could wish, and be happy to move, that those who had the honour of taking care of the poor soldiers and sailors who fought the battles of their country, should not be thrown on this presumptuous body, and be obliged to pay them about thirty pounds additional for the liberty of practising, as a mark of honour and merit, and that Parliament would take them into consideration, and suitably reward them. A man who ventured to exercise any of these proscribed branches of their science or art, was rendered incapable of being promoted to any rank in the College. What was still more absurd, these examiners also were to examine medicine chests, and yet they were not to touch *medicine*, or know any thing about it. In short, he did not know what they were to do fit to qualify them for their office. They professed the healing art, whilst they rejected the very means by which health was to be restored. Their Lordships, indeed, who lived in affluence, might, when indisposed, well afford to have their physician, surgeon, and apothecary distinctly attending them, and administering their respective assistance; but to feel the injurious effect of such absurd regulations, their Lordships must look a great deal lower than themselves. Let them consider the situation of the middle ranks and the poor. How could they ensure an alleviation of their sufferings, if such regulations were to be enforced?

"On what ground of reasonable justice also was it, that the bill gave to the small number of Members of the College mentioned in it, (with the election of others, to be *chosen by themselves*,) sovereign right of the supervisal, control, regulation, and management of all the concerns of the company, and power to alienate its property, funds, cash, &c., without any check whatever, to guard against abuses to which the possession of such immense uncontrolled power held out temptations almost too strong for the fallibility of human nature to resist?

The clause of the bill, extending the jurisdiction of the College of Surgeons to "ten miles distant from London and Westminster," and enacting, that whoever should practise surgery by *word*, *sign*, or *writing*, without a diploma of the College, should forfeit and pay to the College ten pounds for every month that he or they should so practise, was a most iniquitous, merciless, and oppressive clause. In the first place, the words "who practise surgery," were most indefinite and inexplicit, calculated to warrant as many litigations as the malice of the College might be prompted to select and institute. What was surgery? It would, he believed, puzzle any man who wished to be understood, and was able to convey clear ideas, to say distinctly what it was. In the next place, he supposed practising by *word*, meant by *incantation*, (vide 3 Hen. VIII. cap. 2,) a pretty extraordinary species of practice to be alluded to in these enlightened times. But exclusive of the enormous and unreasonable expense of purchasing diplomas, &c. and the money it would produce, which would be twice or thrice, nay, would be quadruple beyond what the reasonable purposes of the institution could positively require, besides those innumerable penalties and costs given to this opulent and select corporation. To all these points he should move specific amendments. Besides these, the provisions of the bill went to vest the funds of the Company in a committee of twenty-one persons. The parties opposing the bill, had, therefore, an obvious right to oppose it; and he was convinced that the House never would transfer (to use no harsher term) the property of men without their consent. Upon the whole, he wished this bill to be put off to another session, to afford an opportunity of reforming its objectionable parts. He saw no inconvenience attending this delay, which would equal the inconvenience of such a bill were it to pass.

With regard to the fact of the Company of Surgeons having disposed of their Hall, and bought at a high price a house in Lincoln's Inn Fields for the purpose of dissection, it was indisputable; an object which, however, had been defeated by the remonstrance of a most respectable inhabitancy. If this Corporation was not so favourite a body, he had no doubt but their Lordships would agree with him, that they acted most improperly, and they ought to be sent back with their nuisance to the place from whence they came. With this view, he had moved in the Committee, that they should be obliged to procure a place for the purpose of *public* dissection within 100 yards of the ordinary public place of execution for the cities of London and Westminster.

His Lordship repeated, that upon a full consideration of the bill, it was so wretched a performance, so contradictory to its principle (or at least what it avowed to be its principle,) in its clauses; the provisions of it so little accorded with the preamble, and, in short, the whole of the bill was such a jumble of absurdities, that he could only consider it a farce, a downright farce, not fit to go forth to the world as a performance sanctioned and approved by so grave an assembly as that he was then addressing; he therefore conjured their Lordships as gentlemen, as well as peers, to ask themselves seriously, whether it would not be more advisable to postpone passing any bill on the subject that session, but defer it till the whole matter of it could be better digested, and till a bill more free from objection, less oppressive, and more practicable, as well as more useful, to the health and well-being of mankind, could be introduced.

" But it was said great expense had been incurred by the Corporation in prosecuting this bill; and yet, when an argument was used in the committee by his noble friend not then present, (the Duke of Bedford,) with respect to introducing a clause to exonerate the petitioners against the bill for the expense they had been at in their opposition to the bill, what was the reason given by one of the warmest advocates for the bill, and one of its most earnest supporters? " That's their object, give them fifty pounds, and you'll hear no more of their opposition. Admit such a clause, and it will encourage opposition." Encourage opposition! Would their Lordships, then, discourage opposition, and drive from their bar men who came to claim their protection against a bill that was to take away their property, and annihilate them at a single stroke? To parties opposing a bill, who were men of honest fame and high professional reputation, and who had an obvious right to oppose it because their prospects, their freedom, and their dearest interests were involved in it? No man but the answerer would have thought of applying such an observation. To talk of the expense that an opulent corporation would sustain, and would have to incur if the bill did not pass, that they were obliged either to come again to Parliament, or apply to the Crown for a patent to revive their functions, was too idle and ridiculous to deserve a serious argument.

" In opposing the bill, his Lordship again assured the House that he had no other object than the public good. Nothing else should have induced him to have come down to the House on that miserably hot day, oppressed as he was with heat, and the raging of the dog-star, to spend his breath, had not this bill, disgusted him; and therefore, for the reasons he had stated, he should conclude by moving, 'That this bill be read a third time that day three months.'" Which motion was carried in the affirmative, and the bill, therefore, lost.

In this excellent address, we observe the sound and conclusive reasoning of a profound legislator, and the just indignation of an honest man. The objections of his Lordship to the Surgeons' Bill are unrefuted and unrefutable. Hence, if it can be shown that the existing Charter is the substance, or the counterpart of that Bill, it follows that the arguments of Lord Thurlow apply with equal propriety to the Charter of 1827, as to the intended Act of 1797. If the *identity*, therefore, of the two measures can be proved, it must obviously throw into our scale the entire weight of his Lordship's powerful and influential opinions; and identity can be incontrovertibly established, by comparing the most prominent clauses of the two enactments. The present Charter places the entire government of the College, and the funds of the Members, at the disposal of twenty-one men, called the Council, who elect each other; in the conduct of which the Members at large possess not the slightest influence, and are never consulted. This unconstitutional privilege was claimed by the College in their Bill, of which his Lordship thus speaks: " On what ground of reasonable justice was it, that the Bill gave to the small number of Members of the College (and the election of others to be chosen by themselves) sovereign right of supervisal, control, regulation, and management of all concerns of the company, and power to alienate its property and funds, without any check whatever to guard against abuses, to which the possession of such immense uncontrolled power held out temptations almost too strong for the fallibility of human nature to resist." His Lordship, in another place, says, "Besides, the provisions of the Bill go to vest the funds of the Company in a committee of twenty persons. The parties opposing the Bill, had, therefore, an obvious right to oppose it, and he was convinced that the House never would transfer (to use no harsher term) the property of men without their consent." Again, "would their Lordships, then, discourage opposition, and drive from their bar men who came to claim their protection against a bill that was to take away their property, and annihilate them at a single stroke? Men of honest fame and high professional reputation, and who had an obvious right to oppose it, because their prospects, their freedom, and their dearest interests were involved in it." This is powerful and impressive language; and it paints, in appropriate colours, the unjust and detestable demands of the College. In PRINCIPLE, then, there is not the slightest difference between the Bill so severely reprobated by Lord THURLOW, and the existing Charter. Some of the clauses of the former, are, indeed, omitted in the latter; but the Council, true to their task, and resolved at all hazards to persevere in their iniquitous course, have supplied these deficiences by means of by-laws, which fully retain the spirit of their original bill. By that instrument, as Lord THURLOW sarcastically observes, "no member was to practise pharmacy, midwifery, nor anything of this kind. All who thought proper to defile themselves with medicine were to beexcluded from being Examiners, or from office or rank in the College; yet these Examiners were to pass or reject not only practitioners in pharmacy for the British dominions, but all the surgeons, both of the army and navy; and those who ventured to exercise any of these proscribed branches of their science or art, were rendered incapable of being promoted to any rank in the College." In the Charter, the College thought it prudent not to notice this invidious distinction, lest it might excite the ire of another THURLOW;—but mark one of their by-laws:—

"ELECTION AND ADMISSION OF MEMBERS OF THE COUNCIL.

"Every person practising as an apothecary, or as a man-midwife, shall be ineligible to be a Member of this Court."

Now, as all the officers of the College must, in conformity with the Charter, be selected from the Council, it follows that no surgeon who practises pharmacy or midwifery can hold any, even the lowest office in the College; yet the Charter requires that they shall examine all surgeons for the army and navy; and Lord THURLOW might well ask, "what sort of surgeon, for either the army or navy, would that man prove, who was unacquainted with pharmacy? And why pharmacy was not to be practised by an Examiner, was to him a most unaccountable objection! They profess the healing art, whilst they rejected the very means by which health was to be restored." The claims of the Council to this blighting, bitter, sarcasm and ridicule, are indisputable; but as they have sufficient talent to be *pure* surgeons, so we hope they have enough of integrity to profit by Lord THURLOW's moral prescription. In conclusion, it is almost unnecessary to repeat that the bill of 1797, and the existing Charter, are one and the same instrument, and that in virtue of its authority, a self-elected junta, consisting of twenty-one individuals, are empowered to tyrannize over thousands of their professional brethren; can levy fines without rendering any account of their appropriation; can frame monopolising and injurious by-laws without consulting the wishes of the profession, and can persist in a system of favoritism, as repugnant to honesty as it is injurious to science and the best interests of society, without incurring the slightest degree of responsibility; the results of their impolitic and infamous Charter.

THE PETITION of the surgeons of BRISTOL praying for a reformation in the government of the Royal College of Surgeons, was presented to the House of Commons on Monday last, by Mr. HART DAVIS. It was received without opposition, and ordered to be *printed.*

ROYAL INFIRMARY.

Employment of the Native Oil of Laurel in some Nervous Affections. Case of supposed Suicide by Poison.

THE writer is not aware whether THE LANCET has put on record the natural history and medicinal effects of the "native oil of laurel," or whether any instances of its inefficacy or success as a therapeutic agent have as yet been reported; under this impression, he has merely to state that this new candidate for a paragraph in the next edition of Dr. Duncan's Dispensatory has been lately administered in the clinical wards of the Royal Infirmary in three cases,—slight paralysis of the hands, sciatica, and insensibility of the skin over various parts of the body—but without producing any apparent effects on these diseases, or indeed on the constitution of the persons to whom it was given, though taken in the dose of from fifteen to twenty drops three times a-day, and its use continued for a considerable period. This essential oil, noticed by Humbolt, is obtained in a perfectly pure state, and in large quantities, from the ligneous cells of a species of laurel which grows on the banks of some of the South American rivers to the height of a hundred feet, and is to be carefully distinguished from the hydrocyanic acid, or water of the common laurel, with which it might, from the name, be possibly and fatally confounded. It was supplied, and its use suggested, to Dr. Home, by a medical gentleman lately returned from Demerara, who, it appears, spoke of it in terms of commendation. It deserves a further trial, and may perhaps be found useful. The oil of turpentine had slumbered many years amongst the articles of the Materia Medica, before the circumstances and dose in which that drug is really effective were discovered by accident and empiricism.

About a quarter past twelve o'clock on Wednesday last, an unfortunate female was brought into this Hospital in a state of insensibility, supposed to have been produced by taking poison. The doctors were going their diurnal rounds in the surgical wards at the time, when Dr. William Cullen, (who has come by an appointment in the establishment in consequence of the death of the late Mr. Allan,) entered and informed his colleagues that their presence and the stomach pump were required in another part of the house. Though the intelligence was communicated in a confidential suspiration, the name of the instrument, coupled with the official tumult of the herald's features, was immediately construed into an operation by the multitude, who now literally precipitated themselves down the "broadest stairs" in the world, but which were not half wide enough seemingly to accommodate such a furious descent. On entering the apartment where the subject of all this idle curiosity lay, the writer found her stowed up in a closet, her extremities cold, pulse barely perceptible, gasping at intervals, her arms and face livid, and not merely surrounded in this condition by spectators, but absolutely buried beneath their pressure. With the intention of receiving a little better supply of air and elbow-room during the process of resuscitation, she was extricated out of this labyrinth, and placed in the centre of the ward; but all to no purpose, her bed being invisible in one moment, so that Æolus himself could not force a blast, or Lynceus shoot a glance through the density of the crowd. The tube of the instrument was however introduced, and the pumping, without any other collateral agency being employed, continued for half an hour, by which a considerable portion of fluid was removed from the stomach, having a strong odour of whiskey. The exertions to restore her having produced no salutary effect, and every sign of animation having vanished, she was left to her fate, at a moment when cases apparently as hopeless have frequently become the subjects of successful experiment. Not to notice the inconvenience which an operator, impacted in this manner amongst a crowd, must experience, (and Dr. Ballingal evinced a degree of passive forbearance with the inquisitive rudeness of his pupils, which, though creditable to him, was certainly misplaced,) is it decent—humane—becoming the character of students, thus to impede, by an unprofitable gratification, the possible recovery of a fellow-creature? The writer has no hesitation in declaring, that were this case recoverable by art, its best-directed efforts would have been frustrated by the conduct observed on the occasion. That the opportunities of Hospitals should be rendered rationally available to the acquisition of professional knowledge, he is willing to admit; but when the original purpose of these institutions is violated in making them subsidiary to tuition, they become mere laboratories for experimenting on human flesh, and the hands of Charity are stained with that blood which she wept to preserve. The head, chest, and abdominal contents of the body were superficially examined on the following day, but no morbid appearances sufficient to account for death could be detected, except two spots of effused blood on the submucous tissue of the stomach, which to every one present, saving Dr. Campbell the demonstrator on the occasion, seemed to have been caused by the action of the pump-tube on that viscus. The fluid obtained from the stomach was ordered to the professor of Toxicology, but there is some apprehension of its being spilled on the way, as no analysis has yet been presented.

N. B. The *Thesis* market has just commenced. Prime quality, or "originals," warranted free from grammatical blight, two-and-sixpence *per* theme. Second-best, "Dedications" included, or mixed samples made up of extracts, one-and-sixpence *per* octavo sheet. Third ditto, or rescripts of old copies remodelled so as to secure the purchaser against the detection of plagiarism, one shilling each.

A. Duncan, Jun., Registrar of the
Diplomatic Mart.

Edinburgh, Feb. 17, 1827.

O ye Johnsons, Coplands, and Macleods! look here, and see to what a pass the respectability of medicine has been brought, when such a farce is permitted to exist—when such tests of qualification as these are imposed on the public—when such a system of examination is tolerated in an University! How profitably have you spent your lives—how honourably have you discharged the duties of censors—how efficiently have you worked the great engine of the press—when at the close of your career, a two-and-sixpenny tract forms the most important item in the credentials of a graduate, and not so much as one leaf to be found in all your labours to testify that at least you hold such an anomaly in contempt!

SCOTUS.

ST. THOMAS'S HOSPITAL.

COMPRESSION OF THE SPINAL MARROW FROM DISPLACEMENT OF THE VERTEBRÆ, CONSEQUENT UPON INJURY.

Operation of removing the Arch and Spinous Process of the Twelfth Dorsal Vertebra, by Mr. Tyrrell.

An unusual degree of interest has been excited at this Hospital by the case which we are now about to relate:—

Timothy Mahony, an Irish labourer, apparently about 30 years of age, was admitted into the Hospital on the noon of February 5, on account of severe injury to the spine. The accident occurred on the morning of the patient's admission; he was employed with some fellow-labourers in moving a large piece of timber, (supposed to weigh upwards of two tons,) when, by some mischance, it slipped, and, falling, struck the poor man on his back.

There was complete paralysis of the lower extremities, and, on examining the spine, there was found to be considerable effusion into the soft parts about the lower dorsal vertebræ. And on tracing the spinous processes accurately, that of the last dorsal vertebra was found to recede, whilst the spine of the first lumbar appeared to project far beyond its natural level. There was not, however, any crepitus to be distinguished. The only treatment had recourse to was the occasional introduction of the catheter, the bladder being paralysed.

On the following morning (Feb. 6) Mr. Tyrrell having consulted with his colleague Mr. J. H. Green, it was determined to perform an operation, for the purpose of removing the depressed bone; and the patient having assented, it was accomplished in the following manner:—The patient was placed on his face, with his spine bent a little forwards; and Mr. Tyrrell then made an incision of about five inches in length through the integuments, directly over the spinous processes of the vertebræ. The seat of the displacement nearly formed the centre of the incision. The operation was continued by cutting away the attachments of the muscles on each side, the integuments being held back by means of a piece of flat iron, bent. In this manner the spines and arches of the two last dorsal and first lumbar vertebræ were at length laid bare. A chain saw was now employed for the removal of the spine of the last dorsal vertebra at its base, and this was accomplished without much difficulty. The saw called Hey's was applied on each side of the arch, and it was then removed by a pair of forceps. The arch was felt to be materially pressing on the spinal marrow. In fact, the last dorsal vertebra was so much thrown forward that its spinous process was anterior to the arch of the adjoining lumbar vertebra ; that is to say, to the posterior rim of the arch.

There was no extravasation of blood on the theca vertebralis, and Mr. Tyrrell passed a probe both upwards and downwards in the vertebral canal, without meeting any obstruction. The wound was dressed simply, and the patient was put to bed, being placed with his face downwards. The operation lasted upwards of three quarters of an hour, and was performed at eleven o'clock, (a. m.)

At 2 (p. m.) we visited the patient; he was at this time very earnest in his intreaties to be moved—complaining more of the uneasy position in which he was placed than of the injury to the back. The pulse was full, and the surface of the body was warm. Previous to the operation, sensation only existed at the upper part of the nates ; drawing a line transversely from the trochanter major, there was no sensation below this point. But after the operation, feeling had returned imperfectly in the upper two thirds of thethigh.

In the evening, the patient was shifted to another bed, but the same position was observed. The dresser attempted to pass the catheter but failed in doing so; the urine had been drawn off a short time before the operation.

7. Mr. Tyrrel introduced the elastic gum catheter this morning, and drew off about three pints of high-coloured urine.—The catheter retained in the bladder. The same paralysed condition of the lower extremities exists. The integuments on the back of the thigh to a short distance below the nates possessed the power of feeling, but in an imperfect manner. The patient obtained some sleep during the night, and he does not complain of pain ; the pulse is rather quickened, the bowels have not been moved since the occurrence of the accident.

Ordered—an injection of warm barley-water, with half an ounce of castor oil, and to be repeated if necessary.

8. Noon.—The urine drawn off this morning not so high coloured as that of yesterday, the pulse 110, and moderate in volume, the tongue is slightly furred. The patient is thirsty, and he complains of pain in the head : he obtained some comfortable sleep in the night, his bowels have not yet been relieved. Mr. Tyrrell considers there is less extent of sensibility in the thigh than yesterday.

Ordered—a colocynth enema, to be administered immediately.

In the evening, ordered to take two drachms of Epsom salts, in peppermint water, every three hours.

The wound in the back was dressed this morning, it presents a sloughy surface, and there was on removing the dressings, a considerable discharge of a brownish coloured matter. Mr. Tyrrell, however, considers the wound, upon the whole, to have a favourable appearance. Strapping was applied over it, moderately tight.

The pulse is much the same as yesterday, the bowels are now much relaxed, and the evacuations are passed unconsciously. The paralysis of the lower limbs continues, they are, however, of their natural warmth, and there is an occasional sense of formication about the feet.

10. The pulse this morning under 80, and feeble in its beat. The urine drawn off last night was turbid, and had an ammoniacal smell. The bladder was injected with tepid water this morning. Allowed to take some meat, with a little porter.

11. No material alteration ; the pulse has rather more tone than yesterday, and the patient complains of pain in his head. He was placed on his back last evening, and took twenty drops of laudanum at bed-time. The wound is dressed night and morning.

12. The poor man is evidently much worse; we find him moaning occasionally, and complaining of pain in the right hypochondriac region ; which pain, he says, extends to the back, more especially in respiration. He will not permit pressure to be made at this part; stating, that it is not tender externally, but that the pressure aggravates the pain felt on breathing. On passing the hand lightly over the abdomen, it appears somewhat tumid ; but it is not tense, or tender. The pulse is small, quickened, and has some degree of jerk in its beat; the tongue is covered with a white fur, and the patient complains of thirst. The urine has an exceedingly offensive odour, and deposits a whitish sediment ; the bladder is still injected with warm water, from time to time. The sense of pricking, occasionally experienced in the feet during the last three days, has not been felt to-day.

13. Noon. The patient now manifests every symptom of inflammation of the pleura; his respiration is frequent and short; an attempt to extend the period of inspiration induces sharp pain between the fifth and sixth ribs. There is frequent and troublesome cough ; the pulse is upwards of 120, and the countenance anxious. The abdomen is tumid ; the bowels still continue in a relaxed state ; the motions passing frequently and unconsciously.

Mr. Tyrrell had abstracted about eight ounces of blood from the arm, which, it is said, afforded temporary relief to the patient; but, at the time we saw him, he was precisely in the condition related above. Twelve leeches were applied to the right hypochondriac region after the bloodletting, and a dose of calomel and opium was administered; a demulcent mixture was also prescribed, in order to allay the tickling cough.

In the evening, the patient was again bled from the arm; and three grains of calomel, with two of opium, were afterwards given. Mr. Tyrrell prescribed two grains of calomel, and half a grain of opium, to be taken every four hours. During the night, the dresser in attendance on the case, thought proper to abstract a further quantity of blood from the arm. The poor man, however, gradually got worse, and expired at about half past four, a. m., being the eighth day from the receipt of the accident. The body was not examined.

On the 17th of October, 1822, Mr. Tyrrell performed the operation of removing the arch and spine of one of the dorsal vertebræ, in a case of fracture, with depression of bone. The case proved fatal, from disease of the bladder, which occurred as a consequence of the injury done to the spinal marrow. It is curious enough, that inflammation of the lining membrane of the bladder should almost always follow injuries done to the spine.

INJURY TO THE SPINAL COLUMN.

T. S., ætat. 24, a stout muscular man, was brought to the Hospital on Monday afternoon, Feb. 5th, and was placed in Isaac's Ward, under the care of Mr. Tyrrell. The patient had received severe injury on the morning of the previous day, when being engaged in some drunken affray, he was thrown down, trampled upon, and very much beaten. It was found, on examining him, that mischief had been done to the spinal marrow; there was partial paralysis of the superior extremities, and complete paralysis of the inferior extremities. He possessed the power of flexion in the arms, but was not capable of extending them; he complained of great pain about the shoulders, extending down each arm to the tips of the fingers. The spine was carefully examined, but there was no perceptible irregularity to be found in the spinous processes, nor any effusion or extravasation into the soft parts, to point out the immediate seat of injury.

Mr. Tyrrell directed the patient to be cupped between the shoulders; the catheter to be introduced, and a dose of castor oil to be exhibited.

Feb. 6. The lower extremities continue in the same paralysed condition as yesterday, and there is the same diminished state of volition and sensation in the arms, with pain extending down the course of the nerves, and a sense of formication. There is no sensation about the abdomen, except hard pressure be made; the sphincter ani has lost its power of resistance, the fæces being now discharged involuntarily. The bladder too has lost its tone, the urine being retained until drawn off by the catheter. The penis is not in an erect state to-day; it was partially so yesterday. The face is flushed; the breathing slow and laboured; the pulse about 80, and of moderate volume; the tongue is covered with a white, moist fur, but in the centre there is a dry and brown streak; the patient complains of thirst; the abdomen is tense, but not much distended. In the evening Mr. Tyrrell directed the cupping to be repeated.

7. The poor fellow is evidently worse; his face is now pallid, the lips are livid, and respiration appears to be carried on with great difficulty, being accomplished by means of the diaphragm alone. The pulse about 86, and less in volume than yesterday; the patient is incapable of replying to questions. The catheter is introduced frequently; the fæces pass involuntarily.

8. In much the same state as yesterday; he died, however, in the evening.

Inspection of the Body.

The body was examined at noon, on the day after the patient's decease, by Mr. Tyrrell, in the presence of the pupils.

An incision having been made through the integuments, over the spinous processes of the vertebræ, it was found that the interspinous ligament of the sixth and seventh cervical vertebræ had been completely torn through. There was, however, no perceptible fracture of the spines or arches of any of the vertebræ, and therefore the examination was continued by sawing through the arches of the vertebræ on each side, and removing them in order to expose the spinal chord. This having been done, a considerable quantity of extravasated blood was seen lying on the sheath beneath the lower cervical vertebræ. When the blood was removed, the dura-matral covering beneath presented a bluish appearance, and on laying open the sheath a quantity of serum escaped. The pia-mater at this part was more loaded with blood than natural, as was also the chord, all the parts having the appearance of being ecchymosed and bruised.

On examining the body more minutely after the preceding facts had been observed, it was discovered that *the substance between the seventh cervical and first dorsal vertebra was nearly torn through*; *the ligamentum commune posterius was completely lacerated, so that the body of the seventh cervical vertebra was carried forward. The inferior oblique process of this vertebra, on the right side, was separated from, and carried in front of, the superior oblique process of the first dorsal*; *on the left side, the corresponding process was fractured through its middle, and the upper portion was carried forward with the oblique process of the seventh cervical vertebra.*

GUY'S HOSPITAL.

CASE OF INJURY TO THE SPINE.

Fracture of one of the Cervical Vertebræ, with Extravasation of Blood on the Spinal Marrow.

D. R., ætat 57, a stout, healthy-looking man, was admitted into Accident Ward on 5th of December, under the care of Mr. Morgan, on account of injury to the spine. The accident was occasioned by the patient falling from a cart, his head being forcibly bent forwards, and at the same time receiving a blow on the lower cervical vertebræ. He complained chiefly of pain at the lower part of the neck, and evinced much tenderness on pressure being made on the spinous processes at this part; there was not, however, any displacement of bone apparent; the motions of the neck were impeded and painful, but the patient said that he was more free from pain when the head was bent forward. The power of volition was imperfect in the right arm, and still more so in the right leg, but the sentient power of these parts did not appear to be less than natural; there was inability to void the urine. The pulse was slow and feeble, the pupils of each eye contracted, not readily dilating, but more especially that of the right side. There was a small wound of the scalp, but the man did not complain of pain in the head, nor was there any apparent disturbance of the cerebral functions: he had been bled from the arm a short time before admission.

Mr. Morgan directed the patient to be cupped at the back of the neck, and a dose of aperient medicine to be exhibited. In the course of a few hours, the pulse was found to have increased both in force and frequency, and in consequence of this about fourteen ounces of blood were taken from the arm. A catheter was now introduced, and the urine drawn off.

6. The bowels have been freely evacuated by the aperient exhibited yesterday; the pulse is slow and full; the bladder is still incapable of expelling its contents; in other respects the patient continues the same as described in the report of yesterday.

7. The patient continues much the same. Ordered to take a dose of house medicine; a catheter is introduced night and morning.

8. There is more motion in the right arm, but the right leg continues paralytic. The right pupil is less contracted, the pain on moving the neck remains, as well as the retention of urine. The pulse is somewhat sharp, and of moderate volume; the tongue is moist, but covered with a yellowish fur. To repeat the house medicine; the bowels were moved twice by that exhibited yesterday.

9. The pulse about 90, and rather full; the skin is moist; otherwise in the same state as yesterday. Repeat the house physic.

10. The pulse 100, full and strong, the respiration oppressed, and there is some anxiety depicted in the patient's countenance; we find on examining the surface of the body, that it is very moist, the patient having been, according to his own account, in a profuse sweat for some time; the skin, notwithstanding, is preternaturally hot; the tongue is foul and moist, the pain in the neck is considerable, and the paralytic symptoms remain the same; there is a tingling sensation felt down the right leg and thigh; the bowels have been freely relieved. Ordered to be bled from the arm to the amount of sixteen ounces. After the blood-letting the pulse became intermittent for a short period, and was much lessened in volume; but in the course of two hours, was again strong and full, and its intermissions had ceased.

11. The patient passed a restless night; the pulse this morning is 120, full and strong, with some degree of vibratory action; the respiration is difficult, and apparently effected principally by the diaphragm and abdominal muscles. Two or three motions from the bowels have passed, without the patient being conscious thereof, the tongue is covered with a thick brownish-yellow fur, and the surface of the body is bedewed with sweat. The degree of paralysis in the right arm has certainly increased; the patient now lies in bed with his head hanging towards the left side of his body. The blood drawn yesterday was buffed and cupped. Ordered, to be cupped on the back of the neck to the amount of eighteen ounces, and a blister to be afterwards applied.

The preceding report was made at midday. On visiting the Hospital the following morning, we learned that the patient gradually became worse from the date of our report till eight o'clock in the evening, when he expired.

Soon after the decease of the patient, his friends removed the body, and it was only with great difficulty that permission was obtained to inspect the body privately. It was, however, accomplished by Dr. Hodgkin, who informed us that on detaching the posterior part of the cervical vertebræ, he found considerable extravasation of blood upon the theca, and an increased quantity of serous fluid within the theca. The substance of the spinal marrow was much softened, to the extent of two inches or more. There was fracture either of the 4th or 5th cervical vertebra, but of which Dr. H. could not clearly ascertain on account of the friends of the deceased being present, and evincing insuperable objections to the removal of any part. Dr. Hodgkin, however, remarked that the fracture was very distinct, the spine giving way under examination by the hand after the removal of the muscles.

THE LANCET.

No. 183.] LONDON, SATURDAY, MARCH 3. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

On the Heart.

Malformations of the heart.—I have now to speak of the morbid anatomy of the heart; but before I do this I may mention that there are *malformations* of that organ. Dr. Baillie has mentioned a case in which there was no *pericardium*; therefore that is not an essential part, though it might be useful for connecting the heart to the *diaphragm*. Then, again, there are a great number of malformations with regard to the vessels; but one of the most frequent, perhaps, and one most explanatory of all the others, I shall describe. I remember the time when *Dr. Sandifort's* description of a *puer cœruleus* was considered as something miraculous; but these cases are now exceedingly common. I happened to examine a body of this kind, a lad who was about 7 or 8 years old; he had had occasional fits of suspended, or very much impaired respiration, and at such times purple blood was circulated throughout the body. The lad was a slim lad, of the usual height, and from an early period of his life he was subject to these attacks. When the fits attacked him, he threw himself on his breast, and uttered a scream; and there he lay for such a length of time, that the by-standers thought he would never have breathed more: he became purple, and very cold; then drawing in another deep breath, he gave another scream, and again remained silent. Those fits sometimes held him down for a quarter of an hour, and sometimes longer. At last he died in one of those fits, and I was asked to examine the body. On cutting open the heart in the way I usually proceed, and having cut through the right auricle into the right ventricle, I went on from the right ventricle, and to my utter astonishment I cut into the aorta. Here is the heart laid open; the preparation is here, and many others of the same kind. The left side of the heart was much smaller than common, and there was a perforation in the left *septum ventriculorum*. To make short of the business, I may say, at each action of the heart an equal quantity of arterious and venous blood seemed to be propelled into the organ.

I examined the body of a girl too, of 17 or 18 years of age, who had this malformation. I opened the body of a child likewise, who in the early period of its life had had the distribution of purple blood throughout the body. I was asked to see this boy; he was then 7 or 8 years of age, and as soon as I saw him, I said to his mother, you must be aware, Ma'am, that this is the result of some malformation in the heart. She said, you don't seem to recollect the little boy? and I said, certainly I do not. Now this was a boy I had myself attended at a very early age, and whose case I immediately recollected. He had had one of his arms just like a skeleton; it was wasted away, in short, to a perfect skeleton, and entirely owing to the state of his alimentary organs. As his bowels were put to rights, the arm became as well as the other; and I own to you, I was at this time rather more intent upon examining the arm, which I found to be as sound and muscular as the other, than the then state of the child's health. However, he died, and I opened him, and there seemed to have been a gradual diminution of the pulmonary artery from the child's youth. First there seemed to have been a sufficient flow of blood throughout the artery, to have prevented the purple appearance. Blood of this kind may pass, but then when imperfect respiration occurs, the blood becomes purple and cold. Well, this is the state of those who have that purple appearance from there occasionally being more venous blood than there ought to be passing through the vessels.

Morbid anatomy of the heart.—Now I have to speak of the morbid anatomy of the heart, and my arrangement of doing this is first to speak of the morbid anatomy of the *coverings*; and here I begin with the *pericardium.*

Dropsy of the pericardium.—I have said you are not to confound a *dropsy* of the pericardium with serum, or even bloody serum, since that may be nothing more than the transudation of the blood through the vessels.

But there may be dropsy of the pericardium, and that too to a great extent. What we call dropsy, is an increase of fluid without inflammation; and there is that, to the extent that the diaphragm is very considerably pressed down. Some have speculated upon opening the pericardium in this case. O, such an operation is perhaps one that we are not warranted to undertake, because it is not likely to be ultimately successful. However, I say it is a speculation; it is no regular operation, and for my own part, I am not one of those who are desirous of recommending or discussing novel projects of this sort.

Then I have to tell you, that in any ca of extreme dropsy in the pericardium that I have met with, I have constantly met with a very small, and a very quick pulse; and this is just what I should think would occur. The pericardium is a strong membrane—yields reluctantly; and if there is great pressure in the pericardium, it must press on all the cavities of the heart, and occasion a small and frequent pulse; for if the quantity of blood is to be transmitted on by small portions, it will have to be by more frequent actions of the heart.

Inflammation of the pericardium.—Now the pericardium is liable to inflammation; and where there is inflammation of the pericardium, it sometimes produces a considerable effusion into the bag of turbid liquor, and of a deposition of jelly upon the polished surface: the bag, too, becomes white and thick. You may have great distention of the pericardium from inflammatory action, but with a sort of resinous appearance on the surface, and thickness of the bag. I show you a magnificent preparation, as I may call it, of that kind. This is a representation that Dr. Baillie has given, as one effect of pericarditis; but it is a magnified view of the representation he has made; it is a grand specimen. But you have different effects produced from the same cause; sometimes you have an abolition of the bag of the pericardium; there is an adhesion between the two membranes, and here is a specimen to show that. In these cases, a great deal of gelatinous deposition has taken place on both surfaces.

Symptoms.—Now I have always, in this Lecture, conceived some accounts of the symptoms, which I myself have known, in cases of pericarditis, useful to be mentioned. Many a man feels a pain in the heart, when there is no disease there; but I never knew any one who was labouring under an inflammation of the heart who complained of pain in the part actually affected; they either did not complain of pain at all, or referred it to some other part, not in the region of the heart. I have known them complain of pain in the region of the liver. But in those cases of acute pericarditis, it is not to be supposed that the disease which affects the heart will not affect the flesh of the heart, and will not render it irritable. I have known it to be extremely irritable, having the greatest pain, acting with the greatest force, and then, as if exhausted, it has gone on with its function in a very slow manner. Now in describing this pericarditis, I tell the case of a physician who had come from the East Indies, and that perhaps might have tended to mislead the minds of his medical advisers, for he died, and they really knew not what the nature of his disease was; but yet it was distinguished by this peculiar symptom that I am describing. He referred his pain to the region of the liver, as if immediately coming from the liver; he was treated as if he suffered from hepatic affection merely; but the most curious circumstance was, that at one time his pulse would beat so quickly as not to be numbered, and that then it would become exceedingly slow. Really towards the last period of his life, his attendants have gone out of the room, not liking to witness his last agonies, feeling certain that from the state of his pulse he could not survive many minutes; and upon returning into the room again, they have found him in a languid state, with a pulse beating very low indeed, perhaps not more than 40 in a minute; just as if the heart was thrown into fits of irritability, in which fits it would act with the utmost vehemence, till it became exhausted, and then carry on its functions, as I have expressed it, in a very languid manner.

Ossification.—You have ossification in the pericardium; and again, ossification on the surface of the heart. And here are preparations showing these, but I have no remarks to make respecting them.

Lining membrane.—Well, now having gone through those diseases that affect the *coverings* of the heart, I next speak of the appearances in the *lining membrane* of the heart. And here I have to tell you that when *inflammation* takes place in this part, that the lining membrane becomes white, loses its transparency, and acquires a roughness on its surfaces; and thus you will know there is inflammation. Now under these circumstances, growths may take place from the membrane—there may be polypi. I have known them seemingly obstruct the current of circulation before the death of the patient. I have known cases where, upon cutting into them, some water has issued out; they were certain growths, but those are very rare occurrences. I have put up here a specimen, but I will not swear that it is polypus; I have put up a specimen of a deposition, in the left auricle of the heart: all I can say is, that membrane is white and rough, and such as might have led to the deposition; but whether it is an actual deposition, or something adherent to the auricle, is more than I would take upon myself to affirm. The auricle is also enlarged, and the ventricle is proportionably contracted.

Valves.—Well, then, when this membrane is in the state I have described, the *valves* become thickened, for they are duplicatures of the membrane; there is something deposited in the duplicatures. Then, after they have become white and thick from this newly-deposited substance, osseous matter is secreted. This is what we see in blood-vessels generally; but you cannot well discern osseous matter deposited in the valves of the heart, when they are put up in spirits—in common spirits; but here are valves of the heart, very much ossified, as you will see. Now this is a curious circumstance, that when they are much ossified, they are not capable of being reflected up so as to shut the opening between the ventricle and the auricle; and therefore when the ventricle retracts, part of the blood will be propelled into the auricle, and the collision will occasion a sort of bound; and there is a peculiar sensation created by this. I have many times been able to say, by feeling the pulse, that there was ossification in the membrane of the heart, and the event has proved that I was right. I distinguished it by a sort of *bound* in the pulse. Now it is curious to know that people live for a considerable time with this degree of obstruction in the circulating organs; but here a very curious thing happens in this irritable state of the heart, which is that you have a contraction of the *sinus venosus.* Now this is a piece of anatomical knowledge not mentioned by Dr. Baillie; and I own, when I found it out, that it was to me a matter of very considerable surprise: I dare say it may be five-and-thirty years ago, since a young man was in this Hospital who had been labouring under some affection of his heart, at that time for three years or more. He was then about 19 years of age; a tall bulky man, but his bulk was increased by general œdema. He had a cough; there was a watery fluid in all the cavities of his body; his veins were turbid; his colour purple, and there was evidently some obstruction in the circulation, connected with the circumstances of his case; there was an extremely rapid pulse, proving that the left side of the heart received but very small quantities of blood. Now before his death, without having any idea of *stricture,* in the sinus venosus, I said, I am sure there is something here interrupting the circulation, and intervening between the left ventricle of the heart; some tumour, or something. Well, when I opened him, I found stricture in the sinus venosus—a thing I had never met with before, or even dreamed of. Here is the heart. However, after having once met with it, I found it often in other cases. And how can this happen?—that's the question. Why, if you think a little, you will understand it: the *carneæ columnæ* of the heart send their cords into the *tricuspid* valve, and if they are irritable—if an inflammatory action is going on in them, it will tend to narrow the area of the sinus venosus. I think that is a phenomenon which may explain it rationally enough, but still it must be considered a strange thing. That the carnea columna is capable of this, you may satisfy yourselves: take the heart of any animal just killed; lay open the right ventricle, put your finger into it, and you will find the sinus venosus considerably contracted. It is naturally a large ring, perhaps an inch and a half in diameter, but here it is contracted, and permanently contracted so as to impede the passage of the blood from the left auricle into the left ventricle, producing an enlargement of the auricle, and a diminution of the ventricle. Now there has always been an exceedingly small pulse, in such a state of the heart as I have described. Well, but this disposition going on, a sort of disease takes place,—a thinning—a thinning of the structure of the heart—sometimes of parts of it, and then the heart is liable to burst; at least, all the burst parts in hearts that I have seen, have been the effect of disease; and so also in burst bladders. In these cases, there has been some weakening and thinning of the organ, and then when the organ has been filled, and pressed upon, the thinned parts have been burst through. Here is a heart that was bursted in that way, and the man died immediately.

Well, these are the principal morbid appearances—whitening and thickening of the membrane, and roughening of its polished surfaces, something like excresence absolutely produced by the disease; but don't believe that this is common. And I tell you that the mere coagulum of blood will impress on your minds the presence of this disease; but let me inform you, that the ossification of the valves in disease that weakens the structure of the heart at particular parts, makes its appearance very frequently in the left cavities of the heart, and very, very rarely in the right.

Now the valves of the vessels may be

ossified—the valves of the aorta may be ossified; and here is a most remarkable specimen of this kind. The ventricle, here, is laid open, and it is immensely large—immensely large. Now this heart was taken from a public character in this town, whose case excited considerable interest, and who was attended by many learned men. I actually filled the ventricle with water, which was very large, as I have said, and it dropped out of a little *chink* that you will observe in the preparation. Under these circumstances, I could not but ask, with great solicitude, what sort of pulse the patient had? All the answer I could possibly get was, that he had *a very peculiar one*; but I could not get out, in what that peculiarity consisted. I questioned how he could have had any pulse at all, when there was so narrow an aperture to project the blood through.

Now, here we see a reason why the left ventricle should become so enlarged; it would be difficult to discharge its contents, and it would become large, just like the bladder: and I own I was fool enough to think, for a great part of my life, that if the semilunar valves of the aorta became ossified, they would, in consequence, become reflected towards the heart, and shut up the area of the aorta; but I now see no reason for this opinion. I have positively found the valves ossified, in cases where they did shut up the area of the aorta; and I have seen other cases, in which the left ventricle of the heart became excessively enlarged, without any ossification of the valves at all. Now this case I met with first in a man who was a patient in this Hospital, where the left ventricle of the heart was so much an overmatch for the aortic system, that all the large vessels leading from the heart became exceedingly large; I may say, a third larger than usual. Really, nobody could walk along the ward without taking notice of him: the carotid arteries were seen beating—the clavicular arteries were seen pulsating. It was a circumstance that would have struck any body; he died. The left ventricle of the heart was found to be most enormously large; all the vessels leading from it greatly enlarged, but the valves were not ossified, nor could you find anything to account for the largeness of the ventricle of the heart. I may tell you, there was a small abscess in one lung, but the lungs were otherwise sound: I may tell you that as a fact; but one cannot see how this could have had any concern with the enlargement of the ventricle. Now this enlargement of the left ventricle of the heart, is no uncommon occurrence: I find it very much the fashion to call it a *rheumatic affection*, and that certainly very much entertains me, who am, my own self, a rheumatic subject. (Laughter.) To think that the left ventricle of the heart would become enlarged from rheumatism, seems to me to be, a strange sort of idea—such as would never enter into my mind. But the same thing that produces this, may produce other things; for I am a very rheumatic subject, and have a very irritable heart.

But I go on to tell you another case, and this happened to a medical man, a friend of mine, no great number of years ago. This was a man of a remarkable vigour of constitution; he was the talk of the whole county; he had a very great extent of medical practice; he had sat up all the nights of the week attending the midwifery cases, and rode more miles in a day than a post-boy, and never did anything appear to make him sick or sorry, till he arrived at the age of about fifty years; then he seemed to be ill, and his *bowels* were not right. (Laughter.) O, but he still went on in his old habits and active employment, till he was seized with a pain shooting through his chest to his back-bone—having a feeling of suffocation, and he thought he would die. However, he was relieved; and after a time, this fit of pain came on at night—regularly at a particular hour of the night: people sat with him in his room, and he seemed comfortable enough for a time; but when the hand of the clock pointed to a certain hour, he awoke from his sleep in this pain. It was under these circumstances, he asked my opinion. I went to see him, and when I felt his pulse, I was really astonished, it was so extremely large and strong. I did not like to alarm him; and I said, this is such a pulse as probably you country gentlemen are accustomed to have, but it's certainly too large for Londoners. You ought to be bled; at any rate, this pulse shows the necessity of abstinence; after a time he got gout or rheumatism in his foot, and then he was not disturbed with this suffocation or pain at night; nor did these attacks ever return upon him, in a manner to interfere with his professional attentions. When he died, he left it in his will, that his body should be examined by me. I went down and examined it, and all I can tell you about it is, that the left ventricle was enormously strong, that all the arteries leading from the heart were extremely large; that there was no particular ossification; he had a pylorus very much contracted; he had tubercular liver, and spleen. Now I have no doubt that this man's disorder began in his alimentary organs; I have no doubt of it. And here I go on prosecuting a subject, which subject, I think, belongs to Mr. Hunter—*sympathies.*

Sympathy.—With regard to *sympathetic affections*, an organ may be made very irritable and fidgetty from sympathy with another organ, and the sympathetically affected organ may be getting into the worst state of the two. Now I am convinced that disorder of the digestive organs, will materially disturb the heart. In short, there are two sets of organs with which I say the heart peculiarly sympathises; the one is, the *head*, and the other, the *alimentary organs*. Of how it is affected by the *cerebral* affection, I have already told you; I am now speaking to you upon the other. But if an organ is kept in a state of irritation, it will go into disease; it will lead to disease—to *organic disease*. These words seem to be objected to by medical men; and then they say, there is *functional* disease which leads to *structural* disease.

Well, then, I say, we must endeavour to relieve this functional disease; and that which leads to structural disease in the heart, may be liable to lead to rheumatism in other parts. I can only tell you, I have had, all my life time, one of the most irritable hearts possible; and sometimes I have thought I should die, just as John Hunter did, of a disposition of the heart; but that was, perhaps, only a hypochondriacal feeling. I remember when I was young, that my heart used to beat at such a rate, as to make me think I had an aneurism; it did not get worse; it was always worse after dinner; however, by degrees I ceased to think about it, and perhaps it diminished—perhaps it did. I was first reminded of this again, by being excessively distressed and annoyed from attending upon a patient who died. When I laid down in bed of a night, my heart intermitted to such an extent, that I thought it never would beat again; then it would go on with the utmost vehemence for a time, but as the anxiety of my mind subsided, so this state went off. Then I was next reminded, that my heart might put my stomach out of its order, from my own observations; then my heart was at its vagaries again. I have known it to beat 160 in one minute, and not 60 in the next, intermitting in the strangest way possible. However, my stomach was wrong, and being interested, as you may be inclined to suppose, in this case, I resolved to consult a physician. I let him feel my pulse, and he said, You have got a touch of *angina pectoris*. Well, but, said I, telling me what I have got, is not of so much consequence as telling me what I am to do. He said, You are not to take wine—you are not to take this, that, and the other thing, all which I attended to. I was extremely hypochondriacal. He recommended me to sleep in the country; I did so; and I remember once, just by the friction of my shirt, I had produced a large blister over my heart, and when I was stripped, I found my shirt all over serum and blood. Now this irritability I have known in many other cases; and I felt, personally, that relief from taking the *blue pill*, which I never could have believed could have been produced, had I not felt it. An *Irishman* once said to me, "O, Sir, I shall be bound to pray for you as long as I live, and *ever afterwards*. (Laughter.) I declare to God, before I took those pills, I was in that state which I should have been thankful to any body who would have come and blown my brains out; but ever since I took them, I have been happy."

Now I have seen plenty of cases of great affection of the heart having been relieved, by putting the bowels to rights. There was a *chere amie* of one of the pupils here, whom he asked me to see; and, upon my word, I thought she had an organic affection; but recollecting these facts, incident to my own case and others, I said, "Pray, Ma'am, is there not any particular time at which you find your heart get worse?" "O, yes, always after breakfast." "Pray, what do you take to breakfast?" "Tea." "O don't take tea any more; I would never take into my stomach that which seemed to provoke the complaint. This led to a little lecture on diet, and the result was, that she was to take bread and milk; however, I thought it was a lost case. It was about a year after this time, that I was going up a street, and just about to turn a corner, that I met a man: he took off his hat; I took off mine. He looked, and I stared. We gradually approached each other. He asked me how I did, and I hoped he was well. We talked a little about the *weather*, and, in short, I was almost lost; but, by this time, I recollected him, and not liking to inquire about the girl, but still thinking it better to say something, than to stand and say nothing, I did venture to say, "Pray, Sir, may I be allowed to ask how the young lady is?" "O, Sir, you have cured her, perfectly cured her, by causing her to take bread and milk to breakfast." (Laughter.)

I remember a man who cried me up as a very great *doctor*, a *glutton* of a fellow, he was, and no doctor could ever cure him. I said to him one day, "Pray, Sir, do you think if a man was to take a new laid egg and a piece of bread and butter three times a-day, he would starve?" He considered it for some time, and at last he dragged out, "No, why no, Sir, I don't think he would." "Well, then," said I, "I would advise you to try that plan." After that, he sent me lots of patients, and perhaps I did not attend to them as he thought I ought to have done, and therefore he said, "O, I know how to attend to these patients myself, and I am quite sure, if they will swallow a hard boiled egg every six hours, they will do." (Laughter.)

Then there is a state of the heart, the

exact reverse of all this, where the flesh of the heart degenerates, where you can hardly recognise it as a muscular structure; and what are we to ascribe this to? Now this was the case with Mr. Hunter; and as I am a person of a very prejudiced mind, I am persuaded that John Hunter's heart was primarily affected, either from his head, or from the state of his bowels. I have no doubt that he had been long ill, from the state of his bowels; but his heart got into a state, first of functional, and next of organic disease. To what are we to attribute all this? I say his heart at times scarcely circulated any blood at all. Occasionally he became as pale as a corpse; and when he was seized with this fit of feeble action, he had extreme pain darting through from his breast-bone to his back-bone: he stood before a mirror looking at himself, he appearing as a corpse, and in this way trying to feel his own pulse; but he could feel none, nor could any body else. Now it is curious, (and this shows that one should always suspect one's self,) that John Hunter ever afterwards thought that the state of his heart was a proof of the suspension of the involuntary powers, while the voluntary powers could continue in motion. He used to give that account of his own case. He said, as life was continued, and as circulation had discontinued, he had no need of respiring, but that he did occasionally respire, as he thought it did him good. (Laughter.)

Dr. Jenner, who was a clear-headed man, said, if ever John Hunter dies, and is examined, I am sure you will find the *coronary vessels* of his heart ossified; and this certainly was the case: it is a fact, that the coronary vessels of Mr. Hunter's heart were ossified. Now Dr. Parry has singled out a set of cases from all the cases that are related of this nature, and which are worthy of your attention.

Now I have told you all I know as to the morbid anatomy of the heart. That's particularly my business. I have connected the account which I have given you, with a recital of those symptoms which I myself have been especially struck with; and I deem it right to impress on your minds, the subject of sympathetic affection, because organs may be sympathetically affected, and those, kept in a state of sympathetic irritation, may be attended with more fatal consequences than the disease of the primarily affected organ will produce. I could tell you of cases till you were tired; you are tired already, and I could tire you out, and out, and out again. I know that people are pretty much disposed to laugh at the notions I entertain, and I don't want to weary you further by enforcing them upon you. I tell you them, however, and I hope you will remember them; for I am sure you will find them useful in practice. I cannot be wrong in this, considering that I am continually meeting with repeated proofs of this doctrine, which I have now been teaching during the greater period of my life.

On the Voice, Lungs, Larynx, Epiglottis, Æsophagus, and Blood-vessels.

Physiology of the Voice.—It is questioned how the tone of the voice is produced by the muscles of the throat; that I have described; for that it is produced by those muscles, is manifest by the division of the *recurrent* nerve that supplies them. I said, in speaking of that nerve, that experiments had been made on that most noisy of all animals when under torture, namely, a pig, that when that nerve was divided, no sound was induced. Then, I say, how is this done? Does the tone depend upon the enlargement or diminution of the aperture, or does it depend upon the tension of the strings? Now, for my own part, I am not competent to say, and when I cannot make up my own mind on any subject, I always form my opinion from the opinions of those who are sound-headed, and inclined to labour; and I find that Haller affirms that it entirely depends upon the tension of the strings, and not in the enlargement or diminution of the aperture. You know, on wind instruments, you blow an octave higher with the same aperture, only by shortening the tube; and this also takes place in the larynx, as I shall afterwards mention. But this relates to the note, and not to the tone of the voice. As to the tone, there is no tone if the muscles don't act; and the muscles seem to produce tone by tightening the strings. A two-stringed instrument—how can this produce tone? Now here, you know, you must attend to the construction of musical instruments in general. The strings are not the cause of the tone; the tone arises from the vibration of the wood by which those strings are surrounded. In the harpsichord, do the strings give the sound, or the vibration of the wood? Every one knows that it is the vibration of the wood. So it is also with the fiddle. It is the wood, then, that gives the vibration, and this communicates with the air, as the material which communicates sound to us. It is in this way too, that the tone of the voice is produced; and it is very curious that such results should take place from such simple mechanism; but you are already apprised of how these results do take place. I know a musician, who swears that he could prick out a tune from Madame Catalani's throat when she is at her highest stretch, and that when he had gone through the whole, he would not be found to be half a note wrong. Now he may stretch a little in that statement, or perhaps he may not; but that is what he says. Then, again, the current of tone is split and subdivided, and so are particular sounds. With regard to this splitting and subdivision of the current of sound, necessary for articulation of words, and communications of feelings, I would have you study that, to a little degree at any rate. It is a very curious thing, that from this study there has resulted an effect, which is the greatest that we can imagine to have been produced by human labour and observation, that of teaching the deaf to speak--teaching a man who never heard a sound to communicate his sentiments to another, and be capable of understanding merely by the observation of the lips. Now, then, the outlines of the study are formed in the following manner. All *vowels* seem to be but notes of the voice; they are all done in the larynx. Then *consonants* are divided into *labial*, *lingual*, *dental*, and so on, compound. The labial consonants called *b*, *p*, and *m*, are produced simply by the close of the lips; and this being a motion which a child might perform without volition, the first thing a child pronounces is *ba*, *ba*, *papa*, *papa*. (Laughter.) Lingual, *d*, *t*, *l*, and so on, *ta*, *ta*, *la*, *la*; *g* is a lingual, it is done by the back part of the mouth, and is certainly the very first sound a child utters, *ga*, *ga*, *ga*; *s* and *z* are dental, or compound, and are pronounced by a sort of hissing through the teeth. Now I would have you think of this; read about it, if you like. I can tell you it has often served me, and been of essential good to me. There is a family that don't speak, and you are called in to see if you can be of any assistance to them. I remember a family where there was a *gawkey* child running about, of five years old; I asked it a question, and the mother said, " O, Sir, my child does not speak yet; none of them speak till they are seven years old." (Laughter.) There was another family, where there was a thick-lipped child of considerable age, and who could not speak; I said to his mother, " Can you teach your child to shut his lips?" She said, Yes. She tried it; she taught him to do so, and then he said, *papa* and *mamma*. It was with some difficulty that he was thus taught, but he did learn to speak. Now you may correct this in your own family. I had myself a child who grew to a considerable age, before it could utter *f* or *w*, and by showing her, with considerable pains, how these letters were to be pronounced, she did pronounce them, and as soon as she had done so, she ran about the house the whole of that day, crying, *Fire*, *fire*, *wood*, *wood*. (Laughter.) Therefore I say there is a great deal of good to be got by attending to this.

Morbid Anatomy of the Lungs.

I have now to speak of the morbid anatomy of the lungs: This is one of the organs in which, when diseased action is produced, the disease is tubercular, as in the liver and spleen. I know the matter may not be aggregated, it may not be diffused; it may make a sort of solid substance, but it is tubercular. This is what we call a consumption—tubercles in the lungs. Now these tubercles are of various kinds, and various sizes; they are of all sizes and diversities of texture, according to the constitution. Then we may question whether these tubercles are organised or not? We know that they suppurate and break into the lungs. You have them larger or smaller. Sometimes a great deal of matter is spit up after the tubercles break; and this is the state of the lungs in those who die consumptive. Certain it is, you do see abscesses in lungs, not tubercular.

This morbid anatomy, which people dread so much, does not appear to me to be of primary importance in the study of our profession, there is such a great diversity of appearances; but organs of certain construction are liable to certain diseases, and those are easily recognised; the grand thing to be attended to is, that what produces a state of irritation, and brings on a state of vascular action, will cause those diseases.

Now, with regard to the lungs, what can produce an irritable disease of pulmonary irritation? I am very well convinced, that stomachic irritation will; and I am very well satisfied, that this is the primary state of the disease. I know that many gentlemen who have been educated at this Hospital, have obtained very considerable credit to themselves, by curing or relieving some consumptive people from putting their stomachs to rights. I cannot tell you all the cases that I have known of, of this kind, but one I will tell you of; and this was the very first thing communicated to me, which produced those crazy opinions that have predominated in my mind ever since: there was a gentleman who attended these lectures, just about the time I first began to give them; he was a young Highlander, and a more intellectual or honourable man, I never met with; he went to settle about five or six miles out of town, and both he and myself being young, I used to go to see him, and he used occasionally to come to see me. Once when I went to see him, he said, " O, good God, what would I give for your opportunities! When we came first to this country, our books were crowded with consumptive cases, and I am convinced that consumption begins in the liver; I wish you would send me down some consumptive people; I will pay for their board, and attend them for nothing." Now this being a clear-headed man, I listened to what he said, and I did send him down some patients; but he could not cure them, though he certainly did relieve them.

I know that, in some cases, there may be diseases in both organs; but then, what does that prove? It does not prove which of the organs is the most diseased. However, that led me to consider how sympathy might affect either organ; and I say it was this circumstance which induced the crazy thoughts to enter into my noddle, that have ever since reigned predominant there. (Laughter.) But while I was wandering on this subject, my coachman did not come at his proper time one morning, and I said to him—why is this? This must not be. He said—O, Sir, I really don't know what I am doing; my wife is in the greatest distress, and dying at home. I said, why did you not tell me of that sooner? I could have got her medicine for nothing, and would have attended her. O, he said, she has been kindly attended by physicians. I said, shall I go and see her? He said, you may. I went, and I found her coughing up about three half pintsful of mucous blood; she was wasted to the utmost degree; she was like a skeleton, with a hectic flush on her face, and her pulse 140 or 150 in a minute, and, in short, dying. But with these notions in my head, I began to ask her some questions about her bowels, and she said, O, Sir, that's the greatest annoyance I have. I know I must die, and that thought does not affect me; but I have continual purging of such offensive black stuff, that every person is affected by it, and if that was stopped, I should care nothing about dying. I said, what was the former state of your bowels? O, they were costive. And many people have congratulated themselves on being better, upon their bowels becoming lax, after they have been in a long continued state of confinement, but that is only an aggravation of the complaint. I sent her some pills; I told her not to take too many of them; I said, for God's sake, don't take too many of them. I put a grain of calomel and opium into each, and told her to take one of them in the day; and ere she had taken a dozen of them, she felt much better; she went into the country, and, in the course of a very few weeks, became perfectly well. Now that proved to me, pulmonary irritation is kept up by stomachic irritation.

But there is another function of importance employed in this case—the function of the *skin*, in throwing off carbon and water from the blood. The skin being engaged in the same functions, as its functions are suppressed, the lungs will have to do a double duty. I would ask, who are those who are most subject to consumption? O, your thin-skinned people of delicate texture—those who, by the thinness of their skin, are chilled by slight causes. Where does consumption thrive? Most of all in this climate—in this changeable climate, where the skin is easily affected. What is the relief? O, you must go to Holland, or to some southern climate. Great numbers of people have gone there; they have felt better; they have considered that they were well; they have returned again to this country, but here the disease has come back upon them again, and they have died.

Well, I say it is a grand thing to attend to the functions of the skin; don't let them be oppressed; and anything that would weaken the action of the heart, or arteries, must be attended to.

Head.—But I know the head also acts on the lungs. *Morgagni* has cases of this kind, and I have met with many of them. I have been called on to attend children—to attend people—children especially, where the chest has been blistered, where local irritation has been kept up, and so on, to no purpose, for the affection has been *cerebral*. But I say, we should look to these cases, if we want to cure such cases.

But can consumption be cured? Odd bless me, that's a question which a man who had lived in a dissecting room would laugh at: how many people do you examine, who have lungs tubercular, but which are otherwise sound. What is consumption? It is tubercle of the lungs; then, if those tubercles were healed, and the lungs otherwise sound, the patients must get better. But if the inquirer shifts his ground, and says, it was the case I meant of tubercles over the whole of the lungs, why then he shifts his ground for no purpose; for there is no case which, when it has proceeded to a certain extent, can be cured. Therefore I say, consumption may be treated according to surgical principles, by creating local irritation on the side of the chest, and so on.

Scrofula.—But then there is an opinion, that consumption is scrofula. Why, tubercles are certainly very various; I see, in some cases, that a propensity to scrofula prevails; but to make consumption out a simple scrofula is, in my opinion, giving a very wrong opinion of it. If a man was consumptive, I should expect to find the *bronchial glands* diseased; and I find tubercle in the lungs very frequently without disease of the bronchial glands; and the question is, do you ever see bronchial glands diseased without tubercles? O, yes. In what state are the lungs in those cases? Why, just such a state of the lungs as you would find to be the state of an arm, where there was a thorough disease in the *axilla*; it is loaded with fluid; it is œdematous; that's what it is; and people die of this.

Larynx.—Now, this is all I have to say respecting the morbid anatomy of the lungs; and now with regard to the *larynx.* The larynx is liable to acute inflammation called *croup*; that is *acute laryngitis,* of a specific kind. But then the larynx is liable to *chronic* laryngitis—a thickening of the membrane, and producing divers morbid appearances. Here are lots of these cases—preparations of chronic laryngitis, where people have died of it; lots of them. And I know you will find ulceration, and seemingly loose cartilage, and thickening of the membrane, in some of those cases of morbid appearances; but it is to the *disease* that our attention should be called. In these cases of chronic laryngitis, people breathe moderately well, except occasionally, and then they are almost suffocated; but the spasm goes off; the irritability of the muscles subsides; hope is entertained; the attack comes on again, hope leaves them, and they die suddenly. Now, these are the cases which more particularly demand the operation of *tracheotomy*—that particularly demand the operation of tracheotomy, for the larynx is an organ where the disease cannot be expected to cease, while the organ is continuing its functions. I say, if that people could breathe through the *trachea,* and give the larynx repose, the disease of the larynx might get well. It has been an operation often performed abroad, and rarely in this country; but, of late, it has been several times performed in this country.

Epiglottis.—The epiglottis is liable to become thick in cases of irritation about the larynx. It seems red; it seems altered in form; you see it, by looking into the throat, just rising up above the *dorsum* of the tongue. O, the case is very distressing. I heard of a man who thought that this was a *fungus,* and he was going to snip it off; he was an old practitioner, and residing in the West Indies. But the patient hearing that he was going to perform an operation, chose to consult a *new comer*; and this new comer was a man who had been educated in an anatomical school: when he saw it, he said it was an epiglottis, and that it must not be removed. The operater came, and this young gentleman remonstrated with him. O, well, said he to the patient, if you choose to have it remain, you will see what it will come to at last. The new comer had to remonstrate with him very warmly, and at last the operation was prevented.

I have met with cases where ulceration was formed here, and where ulceration has detached the epiglottis. I have known two cases in which the patients have swallowed their own epiglottis; one was, that of a man who was in this Hospital: for some time he could hardly speak, and yet just before his death, he spoke aloud, to the astonishment of all the persons in the ward; after he died, the epiglottis was found in the stomach.

Stricture of the œsophagus.—You have stricture just at the commencement of the œsophagus—just behind the *cricoid cartilage*; this is where you generally meet with it, but you may have it in other parts of the œsophagus. You may have simple stricture, or you may have *carcinomatous* stricture, just as in other places.

Here are specimens of the diseases of the *thyroid gland* too; here is one considerably enlarged; that gland is often enlarged without the natural structure being altered.

Communications you meet with also between the œsophagus and the air tubes, of which I believe I spoke, when speaking of their relative situations.

Now as far as I know of these circumstances, the same thing prevails to induce diseases of the thyroid gland which causes them throughout the glands of the other parts of the body; and the best mode of tranquillizing a *bronchocele,* is to tranquillize the stomach, and I have seen many cases cured in that way.

Blood-vessels.—The structure of the blood, and its circulation, was spoken of in the preliminary lectures, and therefore this subject I hold to be unnecessary to repeat; but as to the *morbid anatomy of the blood-vessels,* that was not spoken of. And concerning that I have to say, that I do verily believe the cause of morbid actions in the blood-vessels to be, the too forcible pressure of the blood into the heart; and when that is the case, the internal coat of the aorta becomes strained; then there is a deposition between the different parts, and then the blood-vessels become ossified. In this state, where the internal coats of the vessels are altered and liable to give way, they may perchance burst, and then the blood may escape out of the tube, under the elastic coat, and thus is an aneurism formed: you have the blood coagulated in a sort of pouch, in concentrated layers; and if the crack is very small, it is possible that it may close up again; but if it is large, O then the inflammation takes place, the coats are inflamed, the blood is diffused and left in them without being absorbed; but still the blood does dot escape. There is a preparation here of a very large case of this sort: I remember the woman in the Hospital who had it, and she was told by one of Job's comforters, that when it burst she would die; it did burst; it bled a good deal, but the bleeding stopped, and when it did stop, the old woman thought that the doctors were mistaken, and that she would not die; but undoubtedly the doctors proved to be right, for eventually she did die. This is so often the way in which aneurisms are formed, that *Scarpa* says it is always the way in which they are formed; and that shows the impropriety of laying down rules without an exception. He says arteries will not dilate, but here are instances in which they have dilated. Now, if we examine these cases, we find that the valves are diseased, and that there is deposition of glutinous matter in them; but there is nothing very peculiar in them, and therefore I need not take up your time in talking further about them. You see these specimens are in the museum, and you may look over them at your leisure.

DR. BARRY'S PHYSIOLOGICAL LECTURES.

On the powers that propel the Placento-Fœtal Current.

Dr. Barry has at length brought out his long-expected theory of the circulation of the fœtus.

After discussing very fully the notions of the ancients, as well as the opinions entertained by Fabricius, Harvey, and the more modern writers, with regard to the growth and nutrition of the fœtus in utero; the Lecturer stated, that the observations of M. Serres, and of Messrs. Prevost and Dumas, had now placed beyond all doubt, that the first direction of the circulating fluids of the ovum and its embryo is from the periphery towards the centre of a circle.

This fact was not known to Harvey; he considered the *punctum saliens* as the primum mobile of the embryo circulation. But blood is formed and coloured, and moves in distinct vessels, from the circumference towards the centre of the vascular spot of the egg, long before any trace of a heart exists.

The power, then, that moves this blood, acts from without inwards. That this is the case during the whole uterine existence of the viviparous embryo and fœtus, and also during the existence of the embryo and fœtal bird, Dr. Barry undertook to prove by experiment.

At the establishment for artificial incubation, near Paris, he procured several eggs from the 8th to the 14th and 16th days of incubation. By means of a proper tube, he connected the bowl of a barometer with the space at the broad end of the egg, which appears empty, when held up to a strong light. Proper precautions being taken to exclude the atmosphere, he ascertained by repeated trials, that when his tube had penetrated the shell and membrane enclosing this space, the mercury in the barometer immediately rose *two* or *three* millimetres, according to the stage of advancement in which the embryo-bird happened to be.

The membranes, containing the white of the egg, Dr. Barry looks upon as the placenta of the chick, and the white itself as the material of which the chick is formed. This material is forced up by the pressure of the elastic gas at the broad end, towards the upper part of the egg, where the embryo is invariably placed, floating in the colliquamentum or water.

As the white diminishes, and as the chick increases in volume, the quantity of the elastic gas is also augmented, and thus the pressure on the centripetal fluids is kept up to the last.

This principle, the Lecturer applied to the stream from the placenta towards the viviparous fœtus, in the following manner:—A considerable portion of the intestines of all viviparous animals is at all times filled with gas, and amidst these gasiferous bowels the uterus is invariably placed; as the uterus is enlarged, the gas within the bowels is diminished in volume; its elastic pressure therefore is increased. The placenta, which may be considered a sponge, is thus pressed against the bag of the amnion, and thus the fluid elaborated from the blood of the mother in the placenta, is forced into the branches and along the trunk of the umbilical vein, towards the fœtus.

This accounts for the fœtus surviving and retaining its blood, after the mother has been bled to death. For as the gas of the bowels continues to squeeze the placenta after the death of the mother: as long as the sponge has any thing to give out, the *vis a tergo* of the placento-fœtal stream will be kept up.

The ergot of rye acts upon the womb by producing flatulence, by distending the bowels with gas, and thereby forcing the uterus to occupy a smaller space in the abdomen.

Dr. Barry illustrated the effect of the pressure of the gasiferous bowels upon the chorion and placenta, by bladders filled with coloured liquids to represent the bag of the amnion and the placenta. The bladder representing the latter was filled by a sponge soaked in blue water. These were surrounded by some of the small guts of a sheep. The whole contained within a glass globe representing the abdomen of the mother.

This very novel and apparently ingenious experiment we cannot venture to describe, lest we should misstate the author's meaning. Suffice it to say, that the effect of the artificial placenta being pressed by the inflated bowels against the amniotic bag, represented exactly what the Lecturer stated to take place in the living animal, with regard to the current from the placenta towards the fœtus.

Dr. Barry adduced some very curious facts, from comparative anatomy, in support of his opinion, that gaseous pressure is the power that impels the placento-fœtal current. His arguments were chiefly drawn from marsupial and oviparous animals, and from viviparous fishes.

In his next lecture, he promised to show other important uses to which the gas in the bowels of viviparous animals is applied by nature. We shall not fail to take due notice of this very interesting subject.

THE FRENCH SCHOOLS.

Paris.—No. V.

The Influence of the Jesuits on Medical Education.

The influence of "*The Congregation*" on the political institutions of France has been long since discovered and perseveringly protested against by the liberal press of that country, unfortunately, hitherto with little effect; but it must not be supposed that the efforts of the Jesuits have been confined to the cabinet and the church, or that they prop up absolute monarchy and ecclesiastical infallibility from mere love of gain. It is done rather from an inherent love of power, a propensity which has distinguished their operations in all ages. They are perfectly aware that, in order to retain the influence they now hold, the education of the rising generation must be brought within their grasp, and of no branch of instruction are they more jealous than of medicine. Within the last two years more especially, great efforts have been made to bring the medical students of Paris under something like spiritual subordination: the *Ecole de Medicine* is closed, on an average, two days in the week, on account of its being the fete of this or that Saint; and lest the impious students should forget the cause of this public suspension of their labours, the noble portico of this fair temple of Hygeia is disfigured with crucifixes, wax candles, painted images, and such disgraceful trumpery.

The medical students of Paris have long been distinguished as a body for their liberal opinions in politics and religion; they form a little republic in the very heart of the capital, which has long been looked upon with the greatest malevolence by Frassinous and his colleagues. Supposing that their opinions derived strength from their frequent opportunities of assembling together, and from their communications with the students of the *Ecole de Droit*, a proposition was introduced into the Chambre des Deputés, during the past year, for the establishment of a certain number of secondary schools in the Provinces, for the purpose not only of preventing the great annual accumulation of students in Paris, but that by being scattered over the country they might be brought more within the observance and dominion of the priest. How the priests influence the local authorities from the highest to the lowest, has been very ably exposed in the *Constitutionnel*, and other daily journals, but which it would be too great a digression to recapitulate here. This scheme was rendered abortive by some of the Deputies reminding the Minister for Education, that the Museums at the Jardin des Plantes, and the Libraries of the Metropolis, collected at an immense expense, would exist to no purpose if the youths destined to practice medicine were educated in the country; that such students must be kept in a state of comparative ignorance, and that for that ignorance the public would ultimately suffer.

Finding that they could not cram their superstitions down the throats of the students, under the name of religion, by sticking crucifixes and images in the very entrances to the class rooms, and that the plan for keeping the students away from the capital had been frustrated, they set to work afresh, and endeavoured to admit no men to the professorships who were not rigid apostolicals, no matter what were their professional merits or experience. Men of talent were shut out, and the men of the faith were let in, under the plea of their being "pacifically minded," "well disposed to church and state," and so forth, and these are become the recommendations to the chairs of scientific institutions. That these are not mere speculations, but correct delineations of the existing influence of the priestcraft over science, may be proved by a reference to the late expulsion of the three members of the Institute from certain small sinecures, which they held under the government, for daring to express, in a public meeting of their body, their disapprobation of the proposed law for gagging the press; a proceeding which even Cuvier, who has long been a thick and thin friend of the court, has denounced in the strongest language to his acquaintance; and indeed it is easy to see that he is disgusted with such jesuitical intrigues.

The Faculty of Medicine held its annual meeting for the distribution of the prizes of the Ecole Pratique on the 18th of December last, but, strange to say, without any sort of ceremony or solemnity; it was a sort of "hole and corner" affair, or, as the French say, "à huis-clos." This happened, as the on dit goes, because the *authorities* were afraid of some tumultous conduct among the students; but this was not the real cause, if it were they might have had a party of gens d'arms at hand to drive them out of the theatre into the street, and having got them into the street, might have chased them away like wild beasts, with the cavalry, as they did on the day of the rejection of the celebrated Droits d'Ainèsse. The plain truth is, that the *authorities* take every opportunity imaginable of preventing the students from assembling and talking together; and rather than attach any importance to the distribution of the annual prizes, by ushering in that distribution with any civic pomp, they would sacrifice all the eclàt which the Faculté formerly derived from this anniversary, and stifle all that spirit of emulation which once operated so beneficially on the industry of the pupils. This is not all; the Minister of the Interior has recently written to the Academy of Medicine to announce that it is about to undergo some important modifications. It is rumoured, that one of these changes will be to diminish the number of its members, and moreover, that it will be well if that diminution be allowed to take place gradually by the hand of death; thus holding out a sort of threat, or suspending a sword by a hair over the members of that society, giving them warning to take a lesson from the fate of the three members of the Institute. It is said also, that the three sections of the Academy will be suppressed, and one of the reasons assigned is, that there are continual squabbles at the Section of Surgery. The main reason, however, is this: M. Pariset, who is the perpetual Secretary, and who spends more time in the bureau of the Minister than in the business of the Academy, wishes to get more power into his own hands, and thinks that by effecting this he could do wonders. The Academy has now been established six years, but not one volume of transactions has made its appearance, and probably never will so long as M. Pariset is at its head. What, indeed, can be expected from the Academy under the influence of a man who spends his time in getting up long moral disputations, and laying plots for curtailing all liberty of discussion, instead of studying to advance the interests of science; but if he were replaced by such a person as Adelon, or Dumeril, or Orfila, it would soon be seen whether the fault lay in the organisation of the Academy or in its officers.

By the death of Laennec a vacancy has been created in the Faculty, which must be filled up from the Agrégés, and three persons, Chomel, Guersant, and Rullier have presented themselves as candidates. From what we have observed at the Charité and the Hôpital des Enfans, we think that Chomel is the man most fitted to take the place of Laennec. He has been engaged actively in professional pursuits for twenty years; his tact in the investigation of disease, and his accurate habits of observation, must be acknowledged by all who have had an opportunity of attending his clinical prelections; but these qualifications are not sufficient to secure the vácant chair, if the Jesuit influence should be exerted for another, for example, for old Kergaradee, who goes croaking about the wards spouting indifferent Latin, and sticking closely to the "medicine expectante." Chomel is the man who ought to be chosen.

Then, again, there are Magendie, Recamier, and Pariset, contending for the vacant professorship in the College de France. Pariset has already given out that he is to be the Professor, through the sole interest of M. de Corbière, for he has not a single vote at the College. Magendie has the votes of the College and of the Institute in his favour; but Recamier will be presented by the Minister of Public Instruction and by the Minister of the Interior, and no doubt will have the Professorship.

Thus it is that the elections are conducted at present; and from beginning to end the influence of the church party may be recognised. The thing is become so glaring, that the medical journals venture now and then to mumble out an indistinct complaint, but they dare not say much. We may select the following passage as being one in which the opinion of the writer is as clearly given on this subject as could be hazarded:—"Espérons que nous ne verrons plus le zèle refroidi par les succès immérités d'hommes tout à fait etrangers à la science, et qui doivent leur élévation qu'à la faveur du pouvoir."

At the distribution of the prizes at the Faculté, Cruveilhier, who is the Secretary, delivered a very animated address, and although introduced to the professorship of anatomy through the jesuitical party, he could not help expressing his *hope*, and more is seldom done, "that the moment was not far distant when the periods allotted for the distribution of the prizes would re-assume all their interest; when these rewards of so much labour would re-acquire that fame which, through the publicity of their dajudications, they once possessed in the estimation of the students."

Cases might be multiplied, almost to infinity, to show the influence of court and party intrigue to keep down and misrepresent men of acknowledged talent. For the present we must conclude by mentioning the case of Blainville. Who that has heard Blainville lecture on his favourite subject, comparative anatomy, at the Sorbonne—who has seen his zeal for the science, and witnessed the abundant proofs which he affords of his intimate knowledge of the laws governing the development of the various gradations of organisation—who, we would ask, that has had an opportunity of knowing him in private as well as in public, does not feel his blood boil with resentment against those who would consign such a man to the receipt of a few hundred francs per annum, or, in other words, turn him adrift to shift for himself, to gratify the revengeful feelings of a few men in power who have felt their pride wounded by his exposure of their ignorance? yet such is the fact. In short, an independent medical press is wanted to expose the tricks and the tyranny of men in office, and to protect those who have no other misfortune than that of being unconnected with hereditary or courtly patronage. There is no LANCET in Paris.

TO THE

RIGHT HON. ROBERT PEEL, &c. &c.

(*From* THE TIMES *of February* 26.)

SIR,—The high ministerial station which you deservedly occupy, must often expose you to various kinds of applications respecting the condition and management of our national institutions, and also to personal or partial interference about their several real or pretended interests. In all such instances you must perceive the fairness and the ultimate advantage of preferring direct information from the respective constituted authorities, of requiring advice from rival institutions upon doubtful measures, and of regarding with jealousy the private communications of interested individuals. It is, however, reported that you are, at this time, beset upon the subject of introducing an ordeal for licensing man-midwives, by certain members of the London College of Surgeons, and that you are urged by popular men (whose wisdom and disinterestedness may be questioned,) to favour their scheme with your powerful influence.

As the prevalent vice of avarice may have some share in this professional movement, it is fit that you and the public should be acquainted with the probably concealed effects of granting the solicited privileges; and for the reasons already given, I am induced to address you through the press.

Man-midwifery has only been practised in England during the last hundred years, and it was introduced as a French fashion. From the beginning it has been strongly opposed on the score of its indecency, by many distinguished and scientific medical men, and also, because the birth of mankind appeared to them to be a purely natural process, so wisely ordered, that it very rarely demands any other aid than experienced mothers can safely give. Even so late as the time of the illustrious mother of his present Majesty, that exemplary Queen was personally attended by good Mrs. Draper, without difficulties or misadventures; whereas the contrary result, under male management, in the fatal affair of the Princess Charlotte and her infant, will be long remembered.

If it should be asked why so many professional men addict themselves to a degrading vocation, it may be answered, that the practice of man-midwifery leads to unlimited power in every family, and thence to lucrative ends. Women, naturally timid, and ignorant of their own structure, are peculiarly exposed, during the most important office of their existence, to the persuasions or menaces of more knowing persons, and they are thence easily made to believe, that the natural and wholesome delays and pains of child-bed are within the control of medical or surgical art,—an assumption which is too generally acted upon, and with unvarying evil consequences; because it is a violation of the ways of nature. Man-midwives have continually alleged, that ignorant women practitioners commit many fatal mistakes, and now they present similar objections against unlicensed men. If, as I believe, the safeguards of child-birth are amply provided by nature, and that not one instance in a thousand calls for any other help beyond what any moderately experienced woman can safely give, why are we to license adventurers, who may seek notoriety by desperate acts, often involving manslaughter—operative acts, the moral propriety of which is very doubtful, and the time and the methods for performing them, still subjects for rancorous disputes? But the present affair is not respecting the utility of man-midwives, but the impropriety of empowering any special corporate medical body to coerce the rest; to further impede female-midwives in a becoming duty, and to deprive delicate women of that great resource of self-respect. Already the prevalence of man-midwifery has driven country surgeons and apothecaries to adopt this humiliating office, and the number of women practitioners has been thence so reduced, that paupers are in many places delivered by apprentice boys under 16 years of age. The Royal College of Physicians in London, who rank the highest for learning and for decorum, have lately rescinded their admission of licentiates in midwifery, whether from considering the practice as derogatory to a physician, or as an overweening privilege toward females and children, is not avowed; but it seems that no London physician educated at Oxford or Cambridge, has yet condescended to be a man-midwife. The Royal Colleges of Surgeons in London, in Dublin, and in Edinburgh, have likewise hitherto renounced every connexion with man-midwifery.

The teachers of midwifery are indiscriminately doctors and surgeons, but at this moment the majority of lecturers and superintendents of lying-in charities are physicians, while a multitude of legally appointed sub-physicians (styled apothecaries) are equally entitled, with the other classes of the faculty, to establish tribunals for examining and licensing candidates for man-midwifery, if they could deem it expedient. Finally, it may be noted, that the different classes of man-midwives have never yet agreed among themselves to adopt a common ordeal for certifying the qualifications of their calling, and you may be assured, Sir, that many worldly interests will rage against the establishment of any monopoly of this kind in any single institution, because man-midwifery is the covert way to medical fortunes. If, however, the greediness of a few individuals should expose this subject to free discussion, and the judgment of married men and modest women should be copiously awakened, perhaps the general custom of employing women may be again resorted to, and their competent instruction publicly enforced.

It is said, that our changeable neighbours at Paris are already tired of their fashionable freak, and when our countrywomen reflect, that not one in ten thousand of their sex throughout the globe allow of the presence of a man during the rites of childbed, they may acquire courage, and unite their efforts to replace the routine of midwifery among themselves. I will not offend you and the public by any observations upon the outrageous stories collected on this occasion, to prove the violent and fatal injuries committed by unlicensed man-midwives, because I think the privilege sought for would increase those evils.

With the greatest respect,
I have the honour to be,
Your very obedient servant,
Anthony Carlisle.
Langham-place, Feb. 19.

EPIDEMIC DISEASES.

To the Editor of The Lancet.

Sir,—I will not pay so poor a compliment to your philanthropy or understanding, as to suppose for a moment that you can be indifferent to the questions respecting contagion and quarantine, which have for so long a period agitated the medical profession, and are yet officially undetermined. But you are already encumbered with such a mass of disputation from the ranks of that ill-fated profession, that I am unwilling to add to the load by any long dissertations on a subject that is not immediately before the public. The observations of your Edinburgh Correspondent, respecting the recent epidemic of that town, induce me, however, to address a very few words to you on that subject, taking it to be at all times an interesting one. He states, what would very much surprise me, were I less acquainted with the nature of Colleges and Corporations, that the College of Physicians of that capital still cling to the doctrine of contagion, notwithstanding the reforming efforts adverted to by another Correspondent in The Lancet of Feb. 17th, of the Royal Commission for visiting the Scotch Universities; and very properly adverts to the inconsistency of their language, in talking of cutting short, by curative means, fevers which they consider as depending upon a specific contagion, and which, according to the laws of these diseases, must have determinate periods of duration. I can assure him, from much experience of their treatment, in various countries and climates, that the fevers usually considered contagious in the schools, are capable of being cured in two or three days, if a method of appropriate vigour be applied, whilst, if left to the *vis medicatrix naturæ*, or unskilfully treated, they will last fifteen, twenty, or more days, and most probably terminate at last in death. When you have more time and space at command, for the consideration and admission of articles on this much-debated subject, I shall enter more in detail. And, in the mean time, I request your attention to the following statements from Bruce's Travels in Abyssinia, which are apt, and, although short, would, if dissected, afford ample illustration of the inconsistencies into which persons, otherwise enlightened, have been hitherto so ready to fail in their deductions upon these points, from the conjoint influence of terror and routine.

On Mr. Bruce's arrival at Alexandria, he found that the plague had raged in that city and neighbourhood from the beginning of March, and that two days only before their arrival, people had begun to open their houses and communicate with each other, (i. e. Christians; the Turks never shut their houses;) but it was no matter, St. John's day was past, the miraculous nucta, or dew*, had fallen, and every body went about their ordinary business in safety, and without fear.

Mr. Bruce says, "it is in February, March or April only, the plague begins in Egypt; he does not believe it an endemial disease, but rather thinks it comes from Constantinople with merchandize or passengers, and at this time of the year, that the air having attained a degree of putridity proper to receive it by the long absence of dews, the infection is thereto joined, and continues to rage till it is suddenly stopped by the dews, occasioned by a refreshing mixture of rain water, which is poured out into the Nile at the beginning of the inundation."

The first and most remarkable sign of the change brought about in the air, is the sudden stopping of the plague at St. John's day. Every person, though shut up from society for months before, buys, sells, and communicates with his neighbour without any sort of apprehension (this custom refers only to Christians); and it was never known, as far as Mr. Bruce could learn upon fair inquiry, that one fell sick of the plague after this anniversary: it will be observed, he does not say *died*; there are examples of that, though he believes but few. The plague is not always a disease that suddenly terminates; it often takes a considerable time to come to a head, appearing only by symptoms; so that people taken ill, under the most putrid influence of the air, linger on, struggling with the disease which has already got such hold that they cannot recover; but what Mr. Bruce means is, that no person is taken ill of the plague, so as to die after the dew has fallen in June; and no symptoms of the plague are ever commonly seen in Egypt but in those spring months already mentioned, the greater part of which are totally destitute of moisture.

"The Turks and Moors are known to be predestinarians; they believe the hour of a man's death is so immutably fixed, that nothing can either advance or retard it an instant. Secure in this principle, they expose in the market-place, immediately after St. John's day, the clothes of the many thousands that have died during the late continuance of the plague, all which imbibe the moist air of the evening, and in the morning are handled, bought up, and worn without any apprehension of danger; and though they consist of furs, cotton, silk, and woollen clothes, which are stuffs the most retentive of the infection, no accident happens to those who wear them, from this their happy confidence."

The contradictions with which these statements are replete, are self evident. So would those of the Edinburgh College, respecting their present epidemic, be found, I suspect, if subjected to a strict scrutiny by

A MEDICAL LOGICIAN.

London, Feb. 19, 1827.

LONDON PHRENOLOGICAL SOCIETY.

January the 4th.

Dr. ELLIOTSON, V. P. in the Chair.

W. A. MILES, of Avebury, was elected a Corresponding Member.

Mr. BENNETT presented a cast from the skull of Smith, the Greenwich pensioner, who was executed for the murder of a woman with whom he had cohabited; and Mr. SMART, one found in a tumulus, near an ancient Roman encampment.

January the 18th.

Mr. CROOK in the Chair.

Dr. SIBBALD, of the Isle of France, and Mr. FAWCETT, Surgeon, of Cambridge, were elected Corresponding Members; Mr. WINTER and Mr. MALINS, Ordinary Members.

Dr. ELLIOTSON submitted a skull, and read a letter, to the Society from Mr. Robertson, Surgeon, of Chatham, who stated that Phrenology had been the subject of much discussion in a scientific society of that place, and that he had assured them, that if they would send to the London Phrenological Society the skull of a person well known to them, an accurate character would be returned, and he accordingly requested the Society's opinion on the skull. The Society declined giving an opinion, as their object was the cultivation and dissemination of Phrenological knowledge, and not the gratification of public or individual curiosity; but it was suggested, that Dr. Elliotson having received the skull might, on his own responsibility, send back an answer.

Dr. POOLE presented a cast from the head of a murderer and suicide.

February the 1st.

Dr. ELLIOTSON, V.P. in the Chair.

Mr. J. M. BENNETT, surgeon, was elected an Ordinary Member.

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* The dew which falls on St. John's night is supposed to possess the virtue of stopping the plague.

The **Secretary** read some observations on the functions of the senses, as distinguished from those of the perceptive faculties, and particularly on the perceptions derived from the taste and smell.

A discussion arose upon Conscientiousness, which Dr. Spurzheim considers as the function of a particular organ, and Dr. Gall as the primitive function of the organ of Benevolence.

February the 15th.

C. A. **Tulk**, Esq. F. R. S., President, in the Chair.

Mr. **Bennett** presented a collection of skulls, of birds, quadrupeds, &c. and showed the correspondence of their cranial developments and peculiar habits.

Master Burke, the celebrated Irish prodigy both in musical and dramatic talent, aged eight years, was presented. The development of the organs of the perceptive faculties was enormous, and those of imitation and tune also very remarkable.

M. **Lance** exhibited two skulls of noted criminals.

Dr. **Elliotson** read the correspondence between Mr. Robertson of Chatham and himself, relative to the skull formerly sent to the Society for an opinion. The character deduced by Dr. E. from an examination of the cranial developments, was in the following words:—“ That he was a man of *excessively strong passions*—that these were far an overbalance for his *intellect*; that he was prone to *great violence*, but by no means *courageous*; that he was also extremely *cautious* and *sly*, and fond of *getting*. His *sexual* desires must have been strong, but his *love of offspring* very remarkable. His *pride* must have been considerable. I can discover no *good* quality about him, except the love of his children, if he had any. The most striking *intellectual* quality about him I should think was his wit; this must not only have been great, but probably also of a dry cast. He might also have been a good mimic.”—In reply, Mr. Robertson stated this opinion to be “ singularly correct in every particular,” and sent an account of the individual, which contained the following details:—“ J. L. was received into the Dolphin convict hulk at Chatham in Feb. 1824, under sentence of transportation for life. He was born of respectable parents at M. and all his relatives were of the class of yeomen. During his early life he evinced an attachment to every species of vulgar sensual enjoyment—the ale-house, games of chance, and particularly cockfighting; he was also an active poacher, but only of that class denominated hare-hangers, or snarers. At the period of manhood, his friends placed him in a small farm; instead of reforming his vicious habits, he now advanced farther into the paths of depravity. Living in the vicinity of the most extensive salt-works in the kingdom, he, with some others, resolved on the formation of a band of smugglers for the plunder of that article, and for the sale of it in the adjacent counties. This occupation he continued for a long time, suspected by the police and excise, but eluding their vigilance, until the duties being removed salt ceased to be an object of contraband commerce. He then, with the remains of his gang, commenced plunderer of grain, an article not easily identified; this was sometimes carried to his own farm and sometimes direct to the market-place. In an attempt to plunder a neighbouring farmer his gang was surprised; they fled to the road, where he was in wait with their horses, and all escaped but himself and one companion. They were tried and sentenced to death, but which sentence was ultimately commuted to transportation for life. His age being deemed too advanced for the voyage to New South Wales, he was detained to labour at the public works, and died in May 1826. These are the general features in the history of a man who was distinguished by the familiar name of Jack Turpin; but very few of the particular acts committed by him are known, as he always maintained an air of mystery, even at the bar of justice, and refused 100 guineas, which were offered to him after his conviction, for a detail of the adventures of his life. Some traits of his character are, however, evident from the following:—He used his gang as servants to his will, more frequently directing than acting with them. Towards his fellow prisoners he was, with one exception, reserved, keeping them at an unalterable distance. By his wife he had eight children; he had also a natural son in North Wales, and he had kept several women in different parts and at different times up to the period of his apprehension. He exhibited a severe sarcastic wit at the expense of all around; the manners and language of the kind and benevolent clergyman who officiates at the hospital was the frequent subject af his mimicry. He exhibited a strong attachment to his children, of whom he frequently spoke in the most affectionate manner, and made his last moments respectable by devoting his property to their disposal.”

A second letter, from G. Combe to F. Jeffrey, Esq., in answer to the note on Phrenology in the 89th Number of the Edinburgh Review, was read.

The Meeting adjourned to March the 1st.

THE LANCET.

London, Saturday, March 3, 1827.

The Surgeons' Petition will be presented to the Legislature, we believe, within a very few days from the present period. Those Members, therefore, who disapprove of the conduct of the Council, and consider that they ought to have a voice in the election of those persons by whom they are to be governed, and who wish to be freed from the degradation and misery of being the victims of an IRRESPONSIBLE government, must hasten to attach their signatures, or the opportunity of manifesting this mark of self-respect may be lost, and another such might never recur. The Petition is still at the Freemasons' Tavern, Great Queen Street, and is most respectably supported. But many gentlemen, we are informed, object to sign it, from an apprehension that the proceedings in the House will be of a most expensive nature, and for which they will be liable if they set down their names to the Petition. Nothing can be more erroneous: in the first place, signing the Petition does not render the individual liable to be called upon for the payment of a single farthing; and, secondly, if each Member of the College would subscribe *ten shillings*, a fund would be established, we firmly believe, of DOUBLE *the required amount*. The following is a list of *Subscribers of* CASH, exclusive of those Gentlemen who have paid their Subscriptions to the London Bankers. We shall continue this list from time to time, and after the Petition has been presented, we shall publish the names of the Petitioners.

Treasurer—Wm. LAWRENCE Esq.

	£.	s.	d.
George Young, Esq.	2	0	0
W. Lawrence, Esq.	2	0	0
F. Tyrrell, Esq.	2	0	0
James Wardrop, Esq.	2	0	0
George Langstaffe, Esq.	2	0	0
George Macilwain, Esq.	2	0	0
J. R. Bennett, Esq.	2	0	0
A. E. Lloyd, Esq.	2	0	0
Charles Aston Key, Esq.	1	1	0
James Paty, Esq.	2	0	0
A. L. Wigan, Esq.	2	0	0
Francis Kiernan, Esq.	2	0	0
R. Welbank, Esq.	2	0	0
T. Wakley, Esq.	2	0	0
George Vance, Esq.	2	0	0
L. Healey, Esq.	1	1	0
T. Alcock, Esq.	1	1	0
T. Bryant, Esq.	1	1	0
G. Dillon, Esq.	1	1	0
R. Price, Esq.	1	1	0
S. Wray, Esq.	1	1	0
T. R. Ellerby, Esq.	2	2	0
J. C. Carpue, Esq.	1	1	0
W. Dendy, Esq.	1	1	0
S. Ingram, Esq.	1	1	0
—— Beaman, Esq.	1	1	0
G. R. Rudd, Esq.	1	1	0
J. Angus, Esq.	1	1	0
Joseph Millington, Esq.	1	1	0
Robert Wade, Esq.	1	1	0
W. Pretty, Esq.	1	1	0
Henry Searle, Esq.	1	1	0

	£.	s.	d.
William Hughes, Esq.	1	1	0
George Sewell, Esq.	1	1	0
B. E. O'Meara, Esq.	2	0	0
James Shepperd, Esq.	1	1	0
James Powell, Esq.	1	1	0
—— Duncan, Esq.	1	1	0
J. Bell, Esq.	1	1	0
Joseph Hayes, Esq.	1	1	0
J. Tuson, Esq.	1	1	0
J. W. Wakefield, Esq.	1	1	0
J. C. Smith, Esq.	1	1	0
L. Leese, Esq.	2	2	0
G. Woolley, Esq.	1	1	0
R. A. Stafford, Esq.	1	1	0
G. Fincham, Esq.	1	1	0
J. Allan, Esq.	1	0	0
James Reid, Esq.	1	0	0
H. Blatch, Esq.	1	1	0
J. Franks, Esq.	1	0	0
W. D. Barker, Esq.	1	0	0
James Morrah, Esq.	1	1	0
Henry Hensleigh, Esq.	1	0	0
Charles Craddock, Esq.	1	0	0
Henry Maule, Esq.	1	1	0
W. Lawrence, Esq. ....2d sub.	5	0	0
J. Bowling, Esq.	1	1	0
T. H. Holberton, Esq.	1	0	0
J. Goodwin, Esq.	1	0	0
J. Powell, Esq.	1	0	0
W. Burrows, Esq.	1	1	0

(*To be continued.*)

So many of the pages of our last Number were occupied in noticing the exploits of Mr. Cruikshankian Thomas, the Serpentine President, and the Back Door Council, that we had no space for further comments on the abdominal surgery of Mr. Rose, or the insertion of the other case of "double hernia," which it will be recollected we promised in The Lancet of February the 10th; when we likewise stated, that we would endeavour to ascertain on what day it was that the operation was performed. In this we have not been successful; at least, our information on this point is not sufficiently well-grounded to justify us in making it the basis of either approbation or reprobation; consequently, we shall confine our observations to the report of the case, as written by Mr. Rose himself in the Hospital Book, which we accurately copied into the above Number of this Journal.

The other case of "double hernia" is reported by Mr. Charles Bell, in his "Surgical Observations;" and as it embraces several curious matters, we will take this opportunity of laying it before our readers. It is a most appropriate companion for the St. George's performance:—

"CASE OF FEMORAL HERNIA IN A MAN, RENDERED OBSCURE BY AN INGUINAL HERNIA, AND THE PATIENT LOST BY THE UNIMPRESSIVE CHARACTER OF THE SYMPTOMS.

A gentleman, 63 years of age, and living at the time thirty miles out of London, perceived a small tumour in his groin. This swelling coming in circumstances which, to his confused notions, gave him the idea of its being a venereal bubo, although he had pain and vomiting from the commencement, he threw himself into a mail-coach, and came to town. This gentleman first felt the tumour on Saturday morning, he came to town on Sunday, and I was called into consultation on Monday, after my lecture; I found him sitting in his parlour, drinking a large basin of tea; and as he was receiving his friends, I heard them compliment him upon his good looks. There was, to my observation, an unnatural excitement about him. He was animated and restless. I saw him vomit the tea which he had been drinking, and the vomiting was easy, and without distress, or such exertion of retching as accompanies a common fit of sickness.

Still my patient was of opinion that his complaint was a bubo. I (!) examined and found a tumour, which, though occupying the place of inguinal hernia, I (!!) thought came from under the femoral ligament; and so certain was I (!!!) that it was a hernia, that I (!!!!) laid him down upon a sofa, and endeavoured to reduce it. I (!!!!!) desisted, and ordered him a stimulant enema. I (!!!!!!) returned in about three hours. I (!!!!!!!) became alarmed. I (!!!!!!!!) ordered the family to be informed of his danger, and requested the surgeon, in whose opinion I (!!!!!!!!!) had nearly an absolute reliance, to be sent for. In the mean time, I (!!!!!!!!!!) took my patient in a sedan chair to the hot bath, and there made some further attempts to reduce the intestine.

We met in the evening, and the gentleman for whose advice I had anxiously waited, said, that he did not conceive that the case was hernia! the operation was, therefore, at this meeting, out of the question. We met again next day at one o'clock. I had, in the interval, seen the patient, and from the continuance of symptoms, the manner of his vomiting great quantities of fluid with little distress, I conceived that we would be of one opinion, and I had my assistant, with instruments, in waiting. We now agreed that it was a hernia; but my senior consultant saw no occasion for the operation. There were no pressing symptoms, no sign of strangulation, no apology for hurry. He was to leave town, and proposed to meet me the second day hereafter. The patient died the succeeding day. His strength held up until the tobacco clyster was administered to him, after which he very suddenly fell low, and sunk.

Upon examining the body, I found an inguinal hernia, and concealed by it, and under a load of fat, I found a small portion of intestine, strangulated by the femoral ligament. This was the cause of death; and the journey in the coach over thirty miles of bad road had been decisive of his fate. This was a great mortification to me, and I need not add, that I felt I should have been more decided. It was not the first example of the kind which I had seen."

This is another specimen of "Authentic Reports;" and, we fear, too true a picture of the Joburnian Surgery which, during so many years, has been in vogue at the Middlesex. The "Senior Consultant, in whose opinion Mr. Bell had nearly an absolute reliance," could have been no other than our old friend Joe, as the *looking-on* treatment adopted exactly squares with the hospital practice of these celebrated surgeons. Is it not surprising that Mr. BELL, with his ample experience, his accurate knowledge of the structure of the human frame, and his profound acquaintance with physiology, should have occasion to write a report so damning to his reputation as the one now before us? The issue of the case must be matter for painful reflection; indeed Mr. Bell says, at the conclusion, that "it was a great mortification to him," (a worse *mortification* for the patient, we take it,) and that "he felt he should have been more decided," in which feeling we fully participate. Mr. Bell tells us, in the "heading" to the report, that "the patient *was lost by the* UNIMPRESSIVE character of the symptoms." Although there is little of intelligence in this passage, according to its literal construction, yet there is no great difficulty in correctly guessing its *intended* meaning; how could the writer be so very foolish to employ the phrase "unimpressive," and the next moment state "that the patient was restless"—"vomited without distress, or such exertion of retching as accompanies a *common fit* of sickness;" in fact, the UNIMPRESSIVE SYMPTOMS were such, that after using the taxis, he returned in "three hours"—"became ALARMED," and "ordered the *family* to be informed of his DANGER." The absurdity, then, of saying that the patient was lost, because there were no symptoms sufficiently impressive to mark the existence of strangulated hernia, is only equalled by Mr. Bell's everlasting alliteration of I, I, I, which is no less offensive to good taste, than incompatible with correct composition. As a means of getting rid of this most disagreeable annoyance, we advise Mr. BELL to attach the following motto to the whole of his writings, whether "*Licters*," "*Opservetions*," or "*Kesses*," and which we hope will be sufficient for his purpose,—

I AM I, THE GREET CHEELS BILL.

These "Authentic Reports" of "double hernia" are, probably, the most curious documents ever recorded in the pages of a medical journal; and no less curious will be the opinions which some people, after reading them, will entertain of a portion of the *London* Hospital Surgeons. The authors of these reports are two of those singularly scientific gentlemen, who, according to the "Regulations" (not by-laws) of the College, are capable of imparting to the minds of students, as efficient a knowledge of surgery in *twelve months*, as can be communicated by the officers of *provincial* hospitals in TWENTY-FOUR MONTHS, the pupil having *two courses* of *preliminary* lectures on anatomy, and two courses of dissections to boot. Aye, so superior to provincial surgeons, in the eyes of the Council, is the writer of the following description of *post-mortem appearances*:—

"It was found that she had been affected with double hernia; a portion of peritoneum had descended under the crural arch to the extent of about an inch, or an inch and a half, and a *contiguous portion of peritoneum* had got *entangled between the fascia* RUNNING UP, and *from the pubes inside the rectus abdominis muscle*, forming a sac of *about one-third that extent*; into the latter a small portion of the ileum had been protruded and strangulated, forming the cause of death." Again, "Another portion had been strangulated in the sac, and had descended below Poupart's ligament, and which had been *reduced during the operation*; this portion showed the marks of compression it had undergone." Why should such a man as this be the advocate of "Hole and Corner" surgery! Such an operator! Such an anatomist! Such an author! What can HE have to fear from the publication of IMPARTIAL reports? "*Had got entangled between the fascia* RUNNING UP!" What are we to infer from this description? But first let us return to the operation: "A small tumour, of the size of a walnut, was felt in the *usual* situation of femoral hernia;

this was *cut down* UPON, and, on the sac being opened, was found to consist of *a portion of* OMENTUM." Certainly! Mr. ROSE, *omentum*! That's what you saw; at the time of the operation you beheld no INTESTINE; you discovered no *intestine* until you were executing the *post-mortem* operation, and then you found the naughty *intestine* "RUNNING UP," away from the knife to be sure; and quite natural that it should do so. When you operated, you found "a piece of omentum" of the enormous size of "a walnut," which MASS you returned into the abdomen, and you treated with deserved contempt the statements of GIMBERNAT, SCARPA, HEY, COOPER, and LAWRENCE, that the intestine, after passing through the "falciform process," *ascends*, and (if it be long enough) turns over Poupart's ligament. Such stuff as this you could not believe; hence your researches were at an end when you met with the omentum, and you scorned to look for intestine "RUNNING UP!" Oh, ROSE! ROSE! you proved a black thorn, we fear, to the groin of poor MARY BURNETT.

WE are at all times ready to fall in with the designs of our readers, and, as far as possible, to insert every communication that may appear to merit publicity; but latterly, the favours of our Correspondents have increased beyond any former precedent, so much so, indeed, that with all our typographical alterations, we have found ourselves unable to dispose of them in the ordinary way. To borrow a phrase from the political philosophers, the supply has exceeded the demand, or rather, our Correspondents have produced more than the press, insatiate as it is, could consume; and as we cannot look forward to years of famine to dispose of the surplus, or treat any correspondent who is himself respectful, with disrespect, we purpose in future to subject some of the papers which may admit of it, to a species of analysis, by which we hope to satisfy our readers *generally*, and their authors, as far as we are able. Our Notices to Correspondents will be continued, and, if any of our friends should not have an explicit reply, we can only plead in excuse the impossibility of doing it, in every case, without occupying a great deal of our time, and much more of the work, than the public would like to see devoted to it; but, as we said before, we will do all that we can.

We agree with "A. Z. Z." that too much dogmatism is bad, and that nosology is of little use in practice, though it certainly facilitates the acquirement of medical knowledge, and obviates tautology and circumlocution in lectures and in books; but he is quite mistaken in Dr. Clutterbuck's views of inflammation. We can assure him, that if Dr. C. were called to treat a case of peritonitis, he would not, as he supposes, "wreak his vengeance on the rebellious brain," as "A. Z. Z." may convince himself, by read- the Doctor's Lectures. His communication is left for him at the office.

"A Pupil of the London Hospital," who thanks God that his time is nearly out, complains that the great Mr. Headington has become either "*too great*, too busy, or too lazy for his situation," and that a Mr. Harkness delivered the greater part of the last course of lectures in his stead. The demonstrator, Mr. Luke, it seems, has also taken a portion of the lectures, which, in our Correspondent's opinion, he is not competent to; so that, having paid for the "real thing," to wit, said learned Headington, he is obliged, as he says, "to put up with *any thing*;" by which we understand, either Harkness or Luke, or both. It is too bad, but the Student should have known his men better at first.

We cannot say, in reply to Mr. Hodson, whether bronchocele, like cancer, is common in the neighbourhood of Tunbridge

Wells, or whether, in the districts where bronchocele prevails, cancer is more frequent than elsewhere. We never heard that it was, though the fact may be so.

We can only say to the "Borough Student," that no general rule can be laid down with respect to the taking notes of lectures. Much must depend on the student's industry, much on the facility with which he writes, and, more than all, on the matter. As lectures are at present, we apprehend very little can be gained by it. Indeed it may be questioned, whether a student may not learn more in an hour from a good author, than in listening to the common-place vagaries of our juvenile and senile lecturers at all. *A multo fortiori*, then, he can gain little by taking notes. Much may be said both *pro* and *con*, but we think the latter predominates.

In reply to "Pharmacopola," we have only to observe, that as the province of the Irish apothecary appears to us to be that of the English chemist and druggist, there can be no occasion for any corporate laws, or that we know of, any examination to keep him within bounds. The chemist and druggist does very well here without either, because his interest prompts him to be careful; and we do not see why that is insufficient in Ireland. If we err not, a certain nostrum-vender has turned the craft to good account in Sackville-street.

A Member of St. Thomas's Hospital, who signs "Medicus," writes as follows, and we beg to call the Treasurer's attention to his remarks:

"I am only attempting to speak publicly," he says, "what is murmured from every tongue within those sacred walls, viz. the sad restrictions of the patients and pupils. Time was, when every generous breast could burst in raptures for the universal good bestowed upon the world by the munificence of St. Thomas's Hospital, but 'fuit Ilium!' We are now constantly observing instances, in which advice is altogether denied; no support is offered to the sick, and their wants are listened to with apathy and disregard. Many diseases occur, second, perhaps, in importance, which are too numerous to gain complete support, even in this extensive nosocomium: and it is to these I wish to draw the attention; for, the patients not being cast in the deepest misery of life, are to gain no care or provision. In the medical department, some exception may be made; but in the surgical, the case of the out-patients is committed to the dresser for the week. I will not dwell upon the competency of that dresser, but certain it is, he is expected to touch the diseased, and to make whole; he is the only person through whom an out-patient can be seen; yet he is not in possession even of external remedies, for there are many he cannot obtain. Medicines are quite out of the question. Economy, it is said, has taught the treasurer to prohibit the use of leeches, but he has not pointed out a substitute; and I can affirm, that several patients were admitted last week, from a conscientious feeling on the part of the dresser, because he was not enabled to bestow that timely relief which a few leeches would amply have effected, while the want of them would have crippled the patient perhaps for life. This, surely, is but pooreconomy! Again, in securing the welfare of the poor, he denies that a dresser can be able to pass a bougie; yet when that bougie is obtained, his competency is not disputed. There is no limitation then to the *use*, but to the *supply*, of instruments. An out-patient, contented even with the little he can receive, may have occasion for attendance many weeks, but he can see only the *dresser for the week*, who knows not what has been done the week before, and consequently is liable to mar what has already been attempted, and in part, perhaps, well conducted.

Thence comes the necessary evil, that pupils are but scantily attended to; they have no opportunities of seeing chronic disease, and even, as in the case of a dresser, can only have their own authority for their treatment. Yet with all these inconsistencies, there appears sufficient pride in our Treasurer to endeavour to maintain the high rank his ward has hitherto enjoyed. But how shall that be? Shall the helpless sick, for want of so little aid in incipient disease, or in the slighter accidents, be rendered a burden to themselves and fellow creatures! Shall this go forth to the world, to the condemnation of those husbanding out the largest treasures that ever merited the remembrance of a charitable intention? Then on whom shall I call to awaken the dull, lethargic disposition of those whose scruples are faults, and whose inertness is crime?

Can the officers of the Institution hear me, Sir? for I am convinced they feel with me. Can they condemn the hastiness or warmth of my appeal? for I have heard more than one exclaim to the same effect. Can they approach the fountain of these evils? for their deposition must have weight. Why, Sir, should there not be an out-patient day, when all may have an opportunity of showing their complaints and obtaining advice? This is the case with other Hospitals, and yet our Treasurer endeavours to maintain our reputation in spite of this disadvantage, which he himself can overcome. If then, Sir, the spirit of controversy cannot infuse feelings of compassion for a falling sceptre, let us not cease to regard it in that awful light, which will condemn us of waste, cruelty, and sacrilege."

A Birmingham Correspondent is informed, that Professor Coleman shall have ample justice, as we intend shortly to notice his works. We shall, at all times, be happy to hear from him; but his present letter is too rambling and long, and not enough to the point, for insertion.

"Tyro Readingensis" could not suppose us serious in calling Dr. James Johnson a scholar. His first objection is not valid; the second certainly hits the Doctor. In his work on the "morbid sensibility of the stomach and bowels," p. 127, he writes, "Eo magis et dens*am* et purpu*ream* sanguinem esse, quo validius homo se exercuerit motu musculorum!" We think with our correspondent, that he deserves a sight of "that funny thing, the *Mère de Glace*, of which the Doctor talks so much," for his pains.

"An Old Practitioner" is perfectly right. In stating of moxa, that "the English are always slow in adopting *new* opinions or *new* practices;" the saints of the Mausoleum have shown an ignorance unprecedented, even with Apothecaries' Apprentices, though not with the gentry connected with that work. We are sorely afraid that the Nazarites are going to the kennel.

"A Pupil of St. George's Hospital" alludes to the

"Practice of heading each bed with the name of the invalid, his surgeon or physician, and his diet, but omitting altogether the name of the disease, thereby placing, in the way of the student, a grand obstacle to his improvement; and that this is more particularly observed in the surgical department, the pupils there being much more numerous; few indeed are enabled to speak with the surgeon, thus obliging the industrious tyro in hospital practice, to lose many cases (perhaps the most interesting and instructive) at the commencement, until he may have acquired such a knowledge from study, as to enable him to detect for himself."

We perfectly agree with our Correspondent, as to the enormity of the omission; but it may be, that the people at St. George's are not very nicely diagnostic, and do not like to placard their ignorance—sufficient having been done, in that way, already.

"A Student of Bartholomew's Hospital" complains, and justly too, that no notices of accidents and operations are posted in the Theatre, and that since the "box-carriers" have been deprived of their fees, the pupils hear nothing of post-mortem examinations. When are the affairs of hospitals to be conducted in a liberal and "straight-forward" manner? Egad, we know not. "Alps o'er alps arise,"—one grievance is removed only to make way for another. We believe pupils want something better than "implied contracts," to secure them their rights.

Another "Old Pupil" (Mr. John Smith) says, (and we regret that we have not room for the whole of his letter,)—

"Neglect is often injustice, I might say always so; and in no case is it more apparent, than in that now under consideration. Operations are performed here, without it being known when; lectures are delivered irregularly, and without connexion; and the hospital practice is viewed at uncertain hours. To be more explicit; on Saturday, Feb. 3, on applying for information whether any operation was to be performed or no, I was answered in the negative; upon which I retraced my steps, and, in the afternoon, to my astonishment, I learned that *two* operations had been done by Mr. Vincent, one of them being the removal of a cancerous lip, and the other I could obtain no information about. No notification whatever had been given of these operations; and it was only those pupils who were more fortunate, or more idle than their fellows, who witnessed them. This practice surely requires a remedy; and I trust that you will again advert to it, in the hope of producing a *permanent* reformation. Another evil, which is one pregnant with ill consequences to the students, is the uncertainty as to the time when the surgeons may arrive, and half an hour or forty minutes is often spent fruitlessly in sauntering round the square, or chattering in the wards. The time of a pupil is far too valuable to be lost in this manner; and time of the greatest importance during the day, it being that short space when no lectures are delivering, and, consequently, the chief and best opportunity of visiting the dissecting-room. One would think that the surgeons could as well make their arrangements to come at a *regular hour*, as in their present distracting manner. Mr. Vincent is the only one of these gentlemen who has any consideration for the advancement of his pupils, for he is the only one who is constant in his attendance; at half past twelve, he is always seen entering the square of the Hospital,—'true as the needle to the pole.' His regularity, his uniform kindness and attention to the students, will be ever remembered by those who have attended with him at the bed-side."

Our Correspondent also complains of Mr. Abernethy's lectures; that he jumps from subject to subject, and back again, in most admirable confusion; but we are afraid there is no help for him in this instance; Mr. Abernethy has been "serpentine" so long, that we believe he is quite incorrigible; at least, there is only one method of treatment left. Do Mr. Vincent's patients run away from Lincoln's-Inn-Fields, or he from his patients, that he, above all others, should be so tritely at his post?

"A Student" states, that at a late lecture delivered by Dr. Hopkins,—

"The whole process of parturition was exemplified by a machine, worked by imperceptible mechanical powers. This machine is the only one of the kind ever introduced to notice, and the purposes of it are effected in a manner so representative as to be altogether astonishing and beautiful. It is certainly the best substitute for the human subject that can be imagined, and as good as can be desired."

Mr. Lawrence Hill, of Wiveliscombe, has made several trials of the *secale cornutum*, or ergot of rye, in cases of protracted labour, (the strength of the infusion being that recommended by Mr. Waller—LANCET, vol. x. p. 54,) with the happiest effects.

"The first case," he says, "which presented itself to my notice was that of a poor woman, who had (when I was called in) been in labour twenty-four hours. Finding her exhausted in an extreme degree, I immediately gave her 40 minims of laudanum, which lulled her to sleep. On observing, a few hours after, that uterine action had again commenced, but not in a sufficient degree to produce the end desired, I resolved on employing the secale cornutum, composed of eight scruples to six ounces of water. The suffering woman had not taken it more than twenty minutes when its magic effect astonished every one present; the action of the uterus became excessive in the extreme, and within ten minutes more the fœtus, together with the placenta, was expelled.

"Three other cases, nearly allied to the one above described, have occurred in the course of my practice, all of which I am proud to say have terminated to my entire satisfaction, and I therefore think I am not too sanguine in saying, that the infusion of ergot will sooner or later find its way into general practice in desperate cases of protracted labour."

"Omega," of the Middlesex, (that surely should be one of the Joes,) whose letter bears no date, though it appears to have passed through the post office on the 13th of Feb., alludes to the practice at that hospital, of "Hole and Corner Surgery,"—

"Thus, yesterday," he says, "a woman came in with femoral hernia, at 12 o'clock at noon, under the reputed *care of Mr. Joburns*, and procrastination being here the order of the day, it was deferred until 12 P.M., when Mr. Shaw, with assistance of Mr. Bell and three or four others, performed the operation and reduced the hernia. It was hinted this morning that Mr. Joburns was so susceptible of the *night air*, that he was requested not to expose himself to its influence."

(*Others in our next.*)

In one of Mr. Abernethy's Lectures inserted in our present Number, he alludes to tapping the pericardium, an operation, it appears from the following extract taken from the Nottingham Review, that has just been performed in that town. Mr. Jowett will probably favour the public with a more detailed account:—

" *Tapping the Pericardium.*—A girl named Skinner, fourteen years of age, residing in White-street, Carter-gate, in this town, had this operation performed on Wednesday the 14th ult. She was attacked with rheumatism in January last, at which time Mr. Jowett, the parish surgeon, detected by the use of the stethoscope, that the *pericardium* was inflamed. By the adoption of very active measures, the severity of the disease was subdued, and she appeared to be recovering for some time; but the stethoscope, conjoined with other signs, indicated that considerable *effusion* or dropsy had taken place into the pericardium. On the 13th of February she became much worse, and on the 14th was so bad, that it was evident she could not survive the night through, unless some relief was afforded. The operation having been previously proposed, was then consented to, and performed the same afternoon, by Mr. Jowett, in the presence of Dr. Manson, the consulting physician, an assistant, and the patient's friends. It was at first intended to have drawn the fluid out by means of a syringe pump, fitted with proper apparatus, but an accidental circumstance occasioned what has since proved a material improvement, viz. the evacuation of the fluid into the left cavity of the chest, which being in a healthy state, absorbed it in a very short time. Within twelve hours after the operation, there was a manifest improvement, and we are happy to say, that although she still remains in a very exhausted state, considerable hopes of recovery are entertained.—It is with great pleasure we announce, that this important and dangerous operation has been performed, *for the first time*, by a townsman. Desault, an eminent French surgeon, attempted it twenty years ago, but discovered, after the patient's death, that he was mistaken in the complaint. M. Laennec and several others, have since proposed it, but no one, until the present instance, has hitherto ventured to perform it; and should it prove successful, it will redound to the credit of our ingenious and skilful townsman."

The Letter of Sir Anthony Carlisle, at page 701, is a curiosity, and just the testaceous sort of thing one would expect from the pen of an Oyster.

SKETCHES

OF THE

MEDICAL SCHOOLS OF SCOTLAND.

No. IV.

EDINBURGH ROYAL INFIRMARY.

In descending from the surgical to the medical departments of this institution, the spectator experiences a considerable change of scenery and of manners. He is somewhat surprised to find regions, in many respects so dissimilar, existing in a state of such propinquity; and at every turn recognises in the difference the universal operation of the old adage, that " charity begins at home." The solicitude of Physic for its offspring is forcibly impressed on his mind, by a contrast of accommodation so supereminently novercal, the venerable old Lady having parentally reserved for her own immediate comforts and dignity, the entire splendour of the establishment. Without travelling far out of the " record" of legitimate simile for the purposes of illustration, her demesne may be said to be a valley, spacious, tranquil, and salubrious—that of her disinherited progeny, the mountain top, rude, barren, and buffeted by the storm. The comparison, however, elucidates an intention rather than defines the quality of the assimilated, being made between things indifferent in their respective kind; for the habitations of medicine are tolerable only in their relation to the tenements of surgery. Pretty much the same familiarity with filth, juxtaposition of beds, partiality to presses and partitions, and horror of ventilation are evinced, and disgust the senses less, merely from being diffused in a more extensive space. The ceilings are certainly loftier; the windows of more natural proportions; and the floors, of the two, are probably the cleaner. The encouragement of domestic manufacture, and the durability of tiles, secured for them a place here also in preference to the pines of Memel, so agreeable to the sensitive toes of invalids. In order, it may be presumed, to support the weight of the tesselated mass, a double series of pillars were erected, which extending down the whole length of the wards, give to those apartments a distant resemblance to the stalls of a well fitted-up horse stable. In all that elegance of appointment which distinguishes hospitals of recent erection, and which adds a new power to the lever of medicine, the Royal Infirmary is sadly deficient, particularly when considered in reference to the treatment of fever. Diseases of every nosological type are indiscriminately mingled together—typhus with tubercles, and small-pox with the unvaccinated. By some, this medley of distempers has been considered useful to the student, on the principle of variety and economy of time; but admitting the truth of the opinion, it is more than questionable whether such a motive ought to exert any influence in hospital arrangements. The custom at least brings theory and practice into obvious collision, as the breeze that cools the burning cheek of fever, would twinge the fibres of the rheumatic into paroxysms of torture, and completely set aside the agency of ammonia and diaphoresis. Besides this therapeutic contradiction, the fact is notorious, that persons received for other ailments have become the victims of infection, and notwithstanding their death has been imputed by their physicians to this cause, they continue the practice, convinced of the contingency of similar results. The occurrence ought surely to justify a separation, and remove the dilemma of speculation, being so directly if not cruelly opposed to discipline.

Singular enough, though a division involving such important considerations to the health and lives perhaps of many, should be deemed unworthy of a thought, the imaginary line of demarcation which separates pure physic from the slough of surgery, is inviolately preserved. The visitor indeed immediately perceives himself to be in the presence of the high priests of Esculapius, by the more ceremonious and pompous rituals observed in the worship of the god. The crowd is less numerous and turbulent—the officers more formal and dignified in the discharge of their duties—and seemingly more respected by the spectators. The solemn, speculative, pragmatical mannerism of the doctor, dealing in doubts, and measuring his blows by the shadow of the foe, is strikingly contrasted here with the guerilla skirmishing of the surgeon and his followers above stairs against visible disease. Every face seems metaphysically bewildered, every sense tuned to the highest key of perception, and every part of the frame instinct with deliberation; the racing of steel-pens over note-books, the ticking of the pulse-watch, and the occasional announcement of a prescription, alone disturbing the meditative stillness of the scene. In one of those moments of studious quiescence, any person whose mind had been tinged with a love for the supernatural, by dipping deeply into the arcane literature of the dark ages, might readily imagine that the era of signs, ascendants, and astrology, was about to return, and that Dr. Duncan, jun. was no other than a metempsycosis of Albertus Magnus, ushering in the new millennium of alchemy and magic. His pallid countenance, relieved by locks of intense jet, seemingly inspired into disorderly erection; his spectacles all but endued with the power of vision, and intently bent on a chronometer; his motionless attitude over the sick bed, as if in communion with the invisible spirit of disease; would make a sceptic a convert to the creed of Pythagoras, and believe that no less sublime a speculation than the discovery of the philosopher's stone could communicate such an aspect of unearthly abstraction. The illusion thus excited of the performance of some potent spell for the expulsion of the demon of disease by an enchanter, is further heightened by his sepulchral and interrupted tones rolling in guttural reverberations on the listener's ear, and filling the whole apartment. The young votaries too of the "grave science of physicke," seem to sympathise with its vacuous sublimity, and as the rationale of a symptom and its cause, now and then flashes across their imagination, evince by a look of sapience an incipient manifestation of the travail of prognosis. Here their attention is never distracted by external complaints; or if one in its origin, supposed within the prescribed boundaries of medicine, should in its progress suddenly jump from the inside to the outside of the system, as if to mock the mandatory distinction of the nosologists, "thus far shalt thou go, and no farther," the rebellious affection is immediately transported to the back-settlements of surgery. There ought, surely, on this principle, to be established some half-way house, some therapeutic purgatory, for the treatment of those complaints which are too surgical for the physician, and too medical for the surgeon; in short, for the management of that mixed class of disease irreducible to the rules laid down by the Alvarys of pathological prosody, and of which may be said, with the same truth as of syllables, "Quæ neque longa, brevis, natura dicitur anceps." On what trifles do not philosophers waste their wisdom!

There is another department of the institution, which, if its privacy and inutility were sufficient reasons for silence, might be justly passed over unnoticed—The Lock, the interests of which are consigned over to a doctor and his clerk. While the other wards are the fashionable resort of the pupils, and a fever or a fracture almost dissolves under the visual focus of the crowd, syphilis is left to "waste its sweetness on the desert air;" notwithstanding Dr. Duncan, senior, prophesied that the addition of a venereal ward would render the establishment perfect. Out of many reasons for this neglect of an important disease, the mere routine capacity of the officer in charge of the department, and the influence of a scrupulous morality, may be selected as the principal. The discouragement to attend under an uninteresting practitioner, is thus further increased by the amiable interdictions of pious individuals, who, perhaps, speculate on the eradication of the malady, or wish to have it supposed that such a complaint does not exist in our city. The female wards are consequently closed against studious obtrusion, and so might the others too, for any profitable purpose in the way of instruction, which they at present serve. It is to be regretted, for the sake of humanity and science, that the religious sentimentality of the age should scale the walls of the conventicle to play the puritan in an hospital, or that piety, forgetting its loftier aspirations, should descend to mingle with the impurities of pathological pursuits. Upon what grounds such an interference has been founded, it is not easy to imagine, unless, perhaps, on the recondite doctrine of infusing into the soul through the organs of sight, or, in other words, of committing occular "crim. cons." during the inspection of a chancre or a bubo. A writer, who evinced many of the frailties of human nature in his own person, has remarked, that persons most punctilious in their habits and expression, are not always men of the most delicate ideas; and certainly the inferences of this imaginative theory of guilt, savour very strongly of a prurient invention.

Whatever effects such forbidden sights may produce on the lively sympathies of

> "The little round, fat, oily man of God,
> Who has a roguish twinkle in his eye,
> And shines all glittering with ungodly dew,
> If a tight damsel chanc'd to trippen by,"

they merely excite the scientific curiosity of the student, and any prohibition based on a contrary assumption, is not only an insult to his feeling, but a serious injury in his professional capacity. Where these flights from the sanctuary to the surgery may terminate, there is no telling; fanaticism being one of those passions which feeds on indulgence. We may next possibly hear of the pencil and the chisel being placed under the bans of the spiritual police of the tabernacle; for it would be just as rational to prevent the one or the other of the assistance of a living model, as to deprive the pupil of the opportunity of examining disease, because it happened to occur under the shade of the fig leaf. While the painter on those occasions is absorbed in the poetry of shape, and the surgeon coolly calculating a *methodus medendi*, it is rather unfortunate that the moralist alone should indicate symptoms of concupiscent emotion. It is this which provokes the contrast, and makes us unveil the human heart for arguments against an injunction which is the more mischievous, from the Royal Infirmary being the only place where venereal complaints can be studied in Edinburgh.

In any general view of this Institution, the system of clinical instruction pursued in its wards, and for which it has been so justly celebrated, ought, necessarily, to find a place. In examining the manner in which this laudable practice is conducted, the inquirer, struck by its excellence, may naturally ask, why it should be comparatively confined to this establishment? The solution of the question is not so difficult, as at first sight it might appear, there being many obvious causes for its being so sedulously cultivated here, and so much neglected in other cities. In enumerating these reasons, it might appear invidious to separate its origin and continuance from those motives, to which its founders and present supporters would wish their labours to be solely attributed. Let them, therefore, have the full merit of so admirable a custom, and not one inuendo of the *generandi gloria nummus* be breathed on the occasion. As this platonic affection for science, however, seems not to have actuated the professors of other schools, and as it is an object of the first importance that clinical lectures should be delivered in all, it may not be improper to include the profitable consequences which they produce here, in the account of the system itself, as the strongest incentive to its adoption in other countries. In the first place, in no other city was its assistance so imperiously demanded by circumstances, as in the Scottish metropolis. The plurality of hospitals, in other cities, rendered the opportunities of learning so much more facile, that the student, without the help of any assistant, could acquire a competent knowledge of disease. The patient was accessible to his approach; he could feel his pulse; see his tongue; personally inquire into all his sensations; perform, in short, the process of diagnostic examination, without the help of a *cicerone*, or violating the quietude of the sick bed. Here, on the contrary, from the multitude attending, such a course could not be followed with propriety; exhausted nature would sink under repeated scrutiny, or human patience tire of endless interrogation. This the writer has repeatedly witnessed; the patients, weary of inquiry, absolutely refusing to give any information of their state. To obviate this inconvenience, the reading of reports in the sick chamber, and commenting on them in the lecture-room, offered the most feasible means. In this manner a superficial knowledge was communicated; intelligence of the patient's state, if it may be said so, was telegraphed to the crowd; who, if left to their own efforts, would be the general object of search, and frustrate the ends of an hospital. Clinical instruction, in fact, from being a matter of choice in the early history of the school, subsequently became necessary to its preservation. Besides this evident demand for the usage, like virtue, it may be said to have been its own reward, and the writer feels great pleasure in thus recording the munificence of Plutus, in remunerating the worship of Apollo. Some notion may be formed of the pecuniary advantages which the city and the school derive from these sources, when it is stated, at a rough calculation, that upwards of sixty thousand pounds are annually expended on medical education. Of this sum, a large proportion goes to the professors of the University—a considerable moiety to the support of the Infirmary—and another dividend falls to the lot of no less than thirty private teachers, who, it may be presumed, in the birth-place of political economy, would not retail lectures without profit. Of the attractions of the system, the school are well aware; and it is to it they turn their chief attention, and in which they excel. With all its advantages, however, it never can equal, or be a substitute for personal contact with disease. It is only in hospitals, therefore, where the pupils bear some proportion to the patients, that it can ever produce its full effects. And here opens a new vista of discussion, with the monopolies of chartered bodies, the expenses of family hospitals, and all the other causes in view, which prevent the diffusion of pupils through the smaller medical establishments, and the general adoption of clinical instruction throughout these countries, just as the short space now remaining was about to be occupied, by remarking, (in reference to the feelings of displeasure excited by a previous notice of this hospital,) that contempt is a necessary consequence of anything being overrated. Reason, finding fraud detected in such cases, revenges the insult by handing over the task of sober judgment to levity and ridicule. The impatience of justice dispenses with deliberation, and proceeds to punish imposition without the ceremony of a trial. Every item of praise given, beyond what the subject of it deserves, only provokes the spectator to a more rigorous examination of its pretensions. In the estimation of matters thus magnified beyond their specific dimensions, we are instinctively induced to invert the telescope of criticism, in order to bring them down to their natural size; and it may not always happen, that the excited hand will stop the object-glass at the focus of precision. So it is when we are told, *ex cathedra*, that the Royal Infirmary "is the most important branch of the most eminent school in Europe;" the blood of Knox rushes into our capillaries, as we throw a glance at the institutions of France; we protest against such a popish and infallible proclamation, and cannot help exclaiming to the venerable patriarch of the medical "Propaganda" of our native city, in the language of Persius:—

> "O! Senex dignissime bulla!"

SCOTUS.

Edinburgh, Feb. 25, 1827.

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF INFLAMMATION OF THE MEDIAN BASILIC VEIN, SUBSEQUENT TO VENESECTION.

A WOMAN, æt. 25, was admitted into Elizabeth's Ward, Dec. 2, under Mr. Lawrence; she had married at the age of 15, and been in the habit of drinking spirits freely from that time. When crossing a street six days ago, she was knocked down by a cart; and, on account of some bruises, was bled on the following day, from the left median basilic vein. She kept her arm in a sling, and returned to her usual occupation of weaving on the following day. Towards evening, she felt the arm stiff and painful, and the bandage tight. Next day, (Wednesday,) she continued working, which produced a sensible aggravation of all the symptoms. On Thursday and Friday she was incapable of using the arm; she applied poultices; and feeling very unwell, came to the Hospital on Saturday morning. The arm, for some distance above and below the inner side of the elbow-joint, was swollen, hard, red, and very painful on pressure. The wound in the vein has a small crust over it; axillary glands unaffected; the face pale, and anxious; the skin hot and dry; the pulse full, incompressible, and 120; tongue white and moist; great thirst; no appetite; bowels well open, from some medicine previously taken; bled from the other arm to sixteen ounces, which made her faint; blood highly buffed and cupped; twenty leeches to the inflamed arm in the evening; dose of calomel and jalap; and the saline medicine, with antimony, to be repeated every six hours.

December 3. Passed a restless night; skin hot; respiration hurried; moans a great deal; pulse small, and 140; bowels open. She complains of pain in the abdomen, which increases on pressure, or upon taking a deep inspiration. Thirty leeches to the inflamed arm.

4. Symptoms nearly the same; pulse less frequent; arm less painful than the epigastric region, of which she complains greatly; thirty leeches to epigastrium.

5. Continues much the same; the arm, however, rather easier; the inflammation extends towards the axilla; pain in the epigastrium quite gone, since the application of leeches; tongue white on the sides; light brown, and dry, in the middle. Ordered calomel gr. iij. every fourth hour; the saline medicine to be discontinued.

7. Arm less inflamed; wound in the arm discharges rather copiously; the pus, which is of the ordinary consistence, is sometimes of the usual colour, sometimes red, from the admixture of blood. A considerable quantity of this reddened matter issued from the vein, on pressure of the neighbouring parts. Continued very restless during the night, and deprived of sleep; the face pale and anxious; pulse small, and 104; tongue furred, and dry in the middle; bowels open. Yesterday and to-day she has complained of pains over the whole body, which are particularly severe in the extremities; she suffers more from these than from the arm.

8. Continued restlessness, and want of sleep; countenance flushed and anxious; respiration hurried; severe pain of the limbs, particularly in the calves of the legs; redness; heat and tension of the left fore-arm rather increased; the purulent discharge from the vein still continues; the tongue is less dry; the bowels have been kept constantly open by the calomel, which seems beginning to affect the mouth. Ordered calomel to be discontinued; saline draught every six hours; twenty-five leeches to the fore-arm, and fomentations, which have been continually used, and given relief.

9. Passed a very restless night; countenance more anxious, and sallow; arm better; tongue still dry; considerable thirst; pulse full, soft, and 100; bowels open. Ordered saline medicine to be continued, with a drachm of colchicum wine in each dose, and a drachm of the tra. hyosciami at bed-time.

Evening. A dose of colchicum and hyoscyamus has been taken; pulse full and frequent; skin warm, but moist; tongue moist; pain in the limbs diminished; feels better.

10. Had some refreshing sleep during the night, and is, in all respects, better; the swelling and pain of the arm are nearly gone; thin pus still exudes from the orifice of the vein.

11. Slept a little in the evening, but restless during the night; complained much of the pains in her limbs; her appearance is improved; respiration nearly natural; pulse weak, and 108; tongue dry, and a little brown in the middle; thirst diminished; bowels purged; the left arm is now nearly of a natural size; two doses of opium, consisting of one grain each, were given in the course of the day; other medicines discontinued.

Evening. Appears more pale and anxious than in the morning; pains in the limbs, however, are much diminished; skin cold, respiration laborious, and 30 in a minute; pulse small, weak, and 104; bowels continue purged, and abdomen is painful on pressure.

12. Passed a better night, having slept for five hours; her countenance much altered, and pale; matter has formed under the skin of the right arm, without redness; five ounces of good pus evacuated by a puncture; painful swelling from effusion into the articular cavity. Ten grains of calomel, and one of opium, to be given immediately, and to be repeated every 12 hours.

13. Only one dose of calomel and opium has been taken; it caused profuse purging. Passed a very bad night; is much worse today; the pallid and sunk countenance, feeble pulse, and other symptoms, indicate clearly the termination of the case in death. Ordered chalk mixture, and tincture of opium.

14. Died early in the morning; the husband chose to be present at the examination; it was therefore hurried and imperfect. The following points were ascertained: inflammatory condensation of the fore-arm and arm; in the inflamed parts, a chain of small suppurations in the course of the blood-vessels, with white healthy pus from the elbow to the axilla; the axillary and subclavian veins, with the superior cava, and the lining of the heart, quite natural; no diseased appearance in the chest; the liver light-coloured, and beginning to assume the yellow appearance produced by indulgence in spirits; the other abdominal viscera sound.

GUY'S HOSPITAL.

DISEASE OF THE BLADDER.

T. S., ætat. 31, a shopman, unhealthy in appearance, was admitted into Naaman's Ward under the care of Mr. Key, on account of disease of the bladder.

When admitted, he complained of lancinating pains about the pubic region, with a constant sensation of weight or bearing-down in the perineum, a frequent and irresistible desire to void his urine. He stated that he could retain but a small quantity, being compelled to empty his bladder every two or three hours, and sometimes more frequently, and seldom making more than a wine glassful of urine at each time. During the time of voiding his urine, he experienced severe pain along the whole course of the urethra; at the same time there were darting pains about the anus, with tenesmus.

The patient stated that he had laboured under the preceding symptoms upwards of four months; and that about five years previously had laboured under a similar affection, when he passed a number of small transparent bodies, which Mr. Brookes (the eminent anatomist, we believe) pronounced to be hydatids. His general health, he said, had suffered much under his present affection; he had become emaciated; the frequent desire which he felt to void his urine continued throughout the night, and hence precluded him from obtaining comfortable repose for any length of time.

Upon the supposition of the disease being calculus in the bladder, the man had been repeatedly sounded by Mr. Key, previous to his admission; no stone, however, could be detected. It may not be unimportant to remark, that bloody urine had never been passed, except after the operation of sounding. The urine voided on the day of admission, contained a small quantity of mucus; it was light coloured, and had no peculiar odour; on examination, we found the prostate gland to be somewhat enlarged.

[The daily reports of this case are lying before us, but as they present but little variation, it will not be necessary to enter them here; we will, therefore, give a brief summary of the treatment adopted during the patient's continuance in the Hospital—a period of two months.]

Fifteen minims of the *liquor potassæ* taken three times a-day, with lime water, for ordinary beverage. The same medicine, with ten drops of laudanum, continued for a fortnight. Cupping on the loins, with the exhibition of saline aperients; leeches to the perineum and pubic region. Alkalies again administered; oleaginous mixture, with manna; the wine of colchicum, in doses of half a drachm, three times a-day. The use of the warm bath (this appeared to aggravate the symptoms); spirit of turpentine, half a drachm three times a-day, and, subsequently, one drachm. The insertion of a seton in the loins, and a saline effervescing mixture, with the addition of large doses of tincture of henbane. These were the principal means employed, and nearly in the order enumerated; but we cannot specify any *one*, as especially productive of much benefit. The symptoms were alternately aggravated and relieved; but, eventually, the patient left the Hospital in an improved condition.

In Vol. X. of THE LANCET, at page 633, will be found reports of two cases, in Guy's Hospital, of a similar description.

OPERATIONS.

The operations performed at this Hospital, since our last report, are—amputation of the fore-arm, amputation of the leg, and lithotomy by Mr. Bransby Cooper.—Removal of a scirrhous mamma by Mr. Key.

The patient on whom Mr. B. Cooper operated for lithotomy, was a man about twenty-seven years of age; he had suffered for a long time from the symptoms peculiar to calculus in the bladder, and his general health was thereby materially impaired. Great difficulty was experienced at the operation in extracting the calculus, from its great size; and being of a friable nature, in the attempts which were made to remove it, it broke into several pieces. The poor man died on the evening of the second day after the operation, without having manifested any particular symptoms to which the fatal issue of the case could be directly attributed.

The friends of the patient removed the body from the Hospital soon after his decease; but they subsequently permitted a private examination to be made. We understand that the bladder was found to be entirely free from calculous matter; it was, however, in a highly diseased state; all its coats were much thickened, and the mucous coat had a granular appearance. There were minute points of suppuration in various parts of the cellular membrane throughout the pelvis. At the lower and back part of the bladder, internally, there was observed a dark spot of about the size of a sixpence; and, in the centre of this, there was apparently an ulcerated opening, extending nearly through the coats of the bladder. It appeared as if the stone had been attached to, and forcibly detached from, this part of the bladder.

There is a circumstance connected with this case, to which we feel ourselves bound to allude: it is, the fact of two young men, pupils of the Hospital, having mentioned within the hearing of the patient, that a portion of stone was left in his bladder after the operation. Such conduct, on the part of medical pupils, is thoughtless and cruel in the extreme; we will not assert that the poor man lost his life in consequence thereof, (although there are such cases on record,) but we know that he suffered the greatest possible mental distress. The sister of the ward informs us, that from the period at which the ill-fated words were uttered, (on the morning after the operation,) the poor man became despondent; and, on going to his bed-side, we ourselves found him in tears; and it was in vain we endeavoured to persuade him, that his apprehensions were groundless with respect to a portion of stone being left in the bladder. We would fain be charitable, and hope that the words were uttered through want of thought, rather than from want of feeling, and thus dismiss the subject. The *local authorities*, we understand, expressed themselves strongly on the occasion; we trust they will not have to repeat their monitions.

ST. THOMAS'S HOSPITAL.

CASE OF POPLITEAL ANEURISM—OPERATION BY MR. TYRRELL.

George Graham, ætat. 32, a blacksmith, was admitted into the Hospital on the 1st of February, under the care of Mr. Tyrrell, on account of a swelling in the left ham.

The patient, a man of spare habit and sallow complexion, stated at the time of admission, that he had only perceived the swelling about a fortnight previously. Before the appearance of the tumour, he suffered for some time with occasional violent pain in the leg and thigh; but after the tumour had formed, the pain was no longer acute, being merely a dull aching or numbing pain. He applied to the Surrey Dispensary for relief, and the senior surgeon of that institution, Mr. Gillam, informed the patient that *the swelling in the ham was an abcess. Leeches, and subsequently poultices, were applied by the direction of the said Mr. Gillam.* On looking at the limb, a swelling at the lower part of the thigh was apparent, and on examining it with the hand, was found to be well defined, occupying the lower third oft he thigh, internally, and also extending into and filling the popliteal space. The tumour was moderately firm to the touch, but slightly elastic, and a pulsatory motion was distinctly felt at every part, the pulsation being synchronous with the heart's beat. Pressure on the artery in the groin stayed the pulsation in the swelling, but did not, for the short time it was continued, materially diminish its size: the pulsation speedily recurred on removing the pressure. On passing the hand over the abdomen, there was found to be a preternatural pulsation existing at this part; the beat of the artery at each groin was also more forcible than natural. The heart's action appeared to be healthy. It was at first supposed that there was aneurism of the abdominal aorta; Mr. Tyrrell, however, attributed the increased pulsation felt in the abdomen, to the circumstance of the patient having anterior curvature of the spine at its lower part, and by this means the aorta being carried forward, its pulsations were rendered more apparent through the parietes of the abdomen. The patient had suffered much distortion from rickets, for in addition to the curved state of the spine, the thighs and legs were also much bent.

The nature of the disease, and the necessity of an operation in order to effect its cure, being explained to the poor man, he readily assented to the measure proposed—tying the artery at the middle of the thigh. Mr. Tyrrell, however, thought proper to obtain the concurrence of his colleague Mr. Green, more especially as the increased pulsation of the abdominal aorta threw a shade of doubt on the propriety of operating. Mr. Green saw the patient a few days after admission, and, we believe, fully agreed with Mr. Tyrrell, that the operation should be undertaken.

Operation.

The ligature was passed round the artery at the usual situation, about six inches below Poupart's ligament. There were no peculiar circumstances worthy of note attendant on the operation; the artery at the part where it was secured was healthy, and only one ligature was employed.

The patient, at the date of this report, February 10, is going on well.

WINCHESTER COUNTY HOSPITAL.

EXTIRPATION OF THE EYE,

Samuel Couzens, a native of Fareham, ætat. 8, was admitted into the Hospital under the care of Mr. Henry Lyford, for a disease of the left eye. The poor child presented a most horrid spectacle, the affected eye having been protruded more than two inches from the circumference of the orbit. The palpebræ, though free from disease, were extremely livid from the pressure of the globe, which was enlarged nearly three times its natural size, and of course quite disorganised; it was unattended with pain, and seemed quite, indeed, devoid of sensibility. The child had the power of moving it to a certain extent in every direction.

The mother states her belief that the complaint was congenital, and that the child never enjoyed perfect vision in that eye; she is convinced that at the early period of

12 months, the left eye was more prominent than the right. The child, she says, has enjoyed good health from its birth, though occasionally troubled with headache. Within the last six months the protrusion and enlargement had been most rapid.

Mr. Lyford stated that he considered the complaint was not malignant, and that the eye had been protruded by a tumour situated at the bottom of the orbit, and consequently that extirpation was the only plan that could be adopted with any reasonable chance of success.

The operation was performed in the following manner :—The boy being laid on the table, with the left eye towards the light, an incision of half an inch was made through the palpebræ at the external canthus, to afford plenty of space for the remaining steps of the operation. The conjunctiva was then divided above and below by a semicircular incision with a small scalpel; a curved needle armed with a ligature was then passed through the centre of the globe, by which extension was slightly made so as to draw the parts gently forward from the orbit; the operation was completed with the curved scalpel. The hæmorrhage was very inconsiderable, and was instantly restrained by washing the orbit with cold water; the eyelids were closed in their natural position, and covered merely with lint spread with simple cerate, bandage or compress being applied. The patient was removed to bed almost immediately, after which he was sick, and a small quantity of dark fluid was thrown up, having the appearance of blood which had been swallowed during the operation.

(10 p.m.) Has had no return of sickness; slept four or five hours, and is in every respect quite comfortable.

2d day. Has passed a good night, with much sleep, free from fever, no headache, free from pain. Ordered ol. ricini. ℥ss. st. sumend.

3d day. Bowels been relieved twice; passed a good night; no fever. The dressings have been removed; no discharge.

4th day. Has passed a restless night, pain in the head, tumefaction of the eyelids, with a considerable accession of fever. Ordered hyd. submur. gr. iv., pulv. antim. gr. iij. st. sumend.; mist. cathart. ℥j.; a lotion with ammon. mur. ʒj., acet. ℥iv., aquæ ℥xij. to be constantly applied.

5th day. Bowels have been most copiously evacuated; the tumefaction of the eyelids nearly subsided; the headache quite relieved; has passed a quiet night.

6th day. A considerable discharge of purulent matter from the orbit; the eyelids quite in contact; the patient comfortable; has been allowed to sit up for a short time.

10th day. The discharge has ceased; the eyelids appear to be adherent, and have regained their natural appearance. The patient in every respect quite convalescent.

15th day. Discharged, cured.

On an examination of the parts after removal, a steatomatous tumour, the size of a large walnut was found, completely encircling the optic nerve. No trace of the humours could be discovered, they had become absorbed, and the whole interior of the globe was distended with adhesive matter.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

The two following cases are examples of ulcers of the cornea, each having a very different character, and requiring very different modes of treatment.

ULCERATION OF THE CORNEA, FROM A WOUND.

Whilst a man, upwards of fifty years of age, was breaking some stones, a small piece flew up into his right eye, and wounded the cornea. Violent inflammation supervened; and notwithstanding the means used, suppuration of the cornea had taken place before he applied to the Hospital.

On then examining the eye, it appeared that besides a considerable degree of redness of the globe, a puriform fluid was deposited between the laminæ of the cornea, occupying its central part, and extending nearly over one-third of its surface. Antiphlogistic treatment was employed to subdue the inflammatory symptoms; and as he suffered little pain, it was not deemed expedient to evacuate either the purulent matter, or the aqueous humour, by the assistance of art. The matter accordingly escaped by the exterior laminæ of the cornea ulcerating, which ulceration did not penetrate into the anterior chamber, so as to allow of the escape of the aqueous humour. The ulcerated surface gradually healed in the usual manner, leaving but a slight degree of obscurity of the cicatrix.

The circumstance, Mr. Wardrop observed, which particularly merited attention in this case was, the ulcerative process extending as deep as the internal lamina of the cornea, or *capsule of the aqueous humour*, without destroying that delicate membrane; this pathological fact affording a beautiful demonstration of the different structures of which the cornea is composed. The ulcer penetrated deep enough to expose the capsule of the aqueous humour only at one point, and there a small transparent, and to a certain degree prominent tumour was perceived, which was formed by the aqueous humour pressing forward the inner membrane of the cornea, at that part.

The fact of ulceration affecting one texture, not spreading to another, even although that be quite contiguous, is often strikingly exemplified in ulcerations or abscesses in the vicinity of any of the larger blood-vessels, where suppuration seems to work its way and extend round them, destroying the neighbouring soft parts, but leaving the vessels insulated and detached, with their coats untouched.

ARTHRITIC ULCER OF THE CORNEA.

In page 62, of Vol. I. of the last edition of his Essays on the Morbid Anatomy of the Eye, Mr. Wardrop states, "There are two other kinds of ulcers of the cornea, of which I have observed a few examples. In one, a considerable number of small white points appeared on the cornea, which, in the centre, had a distinct depression, as if made by the point of a pin. In the other, there was an ulcerated surface of considerable extent; the limits, however, were distinctly circumscribed, the adjacent cornea remaining transparent, whilst the whole surface of the ulcer was covered *with a matter resembling wet chalk*." Mr. Wardrop now conceives that the species of ulcer last described, is of an *arthritic* character, and occurs only in gouty people, and that the peculiar white matter effused on the ulcerated surface resembles the arthritic depositions which take place in serous capsules that have suffered from gouty inflammation.

The following case affords an excellent example of the peculiar character of this species of ulcer, and when the arthritic diathesis of the patient was remarked.

J. æt. 65. There is an ulceration of the cornea of the left eye, about the size of a silver penny, but of an irregular form, having its surface covered by an opaque white incrustation resembling chalk; the rest of the cornea is turbid. The sclerotic and corneal conjunctiva is considerably inflamed, their vessels being extremely turgid. The conjunctiva of the right eye is in a similar condition. He experiences no pain or uneasiness on exposure to light, his eye-lids being always kept open. He states, that about two years ago he received a blow on his left eye, which produced a great degree of inflammation, for which leeches were applied to his temple, and drops put into his eye daily. Four months afterwards, he became quite blind of this eye, violent pain continuing in it and in the forehead. For this he was freely cupped and leeched on the temples, when the right eye became inflamed, and has since continued so. Three years ago, he had an attack of gout in the feet and legs, which lasted for a month; from this time he remained free from it till last summer, when it a second time affected him, the disease being principally seated in the ball of the great toe of the right foot.

The bowels having been freely evacuated for some days, Mr. Wardrop ordered him to take five grains of the powdered colchicum root every night, which he has now continued for three weeks with decided benefit.

Not only has his general health greatly improved, but the inflammation of his eyes is much lessened; most of the opaque matter on the ulcer has disappeared, and the ulcer is gradually healing. The sensible effects of the colchicum have been to produce sleep, regulate the bowels, and gently promote the action of the kidneys and skin.

TO CORRESPONDENTS.

Bishop D. should understand that we do not profess, attempt, or intend to reply individually to the whole of the letters we receive, such a practice would not only be a blotting of our pages, but worse, a waste of *time*—an irremediable evil!

We are not regardless of the affair mentioned by Q. R. Y., which certain people will soon know to their cost.

The letter of Dr. ANTHONY TODD THOMSON, in reply to Dr. ELLIOTSON, shall appear next week.

We regret that we could not comply with the request of "A Constant Reader," relative to the Westminster Medical Society. Could he not favour us with a brief account of what passed?

The *portrait* alluded to by "An Old Borough Student," deserves a place in our gallery of abuses. We understand that near 700*l.* were subscribed.

We did not write to P. P., as requested by "AN UNDER-GRADUATE," being evidently for a hoax.

Several communications are under consideration, many of which will be noticed next week in a manner similar to that adopted at page 708 of our present Number.

THE LANCET.

No. 184.] LONDON, SATURDAY, MARCH 10. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

On the Absorbent Vessels and Glands.

With respect to the *absorbent vessels*, an account of them was given in the Introductory Lectures, which renders much more to be said about them, at this time, unnecessary. In *structure*, they are exceedingly like veins, as was then told you; they are exceedingly minute, and it's very difficult to fill them with injection; like veins, they communicate with one another very frequently; they anastomose; and there is a good in this; for, by it, the different kinds of matter or fluid which they imbibe, become all commixed together.

Glands.—But what is the structure into which these absorbents run, and from which they again shoot out? Why anatomists are in doubt upon this subject; some say they are *cellular*—some say they are merely contorted vessels; but this fact does not seem to me to be of the slightest interest. It is doubtful, in different parts of the body, whether, what we may consider a gland, may not be some sort of enlargement of vessels, and it can have no particular effect in relation to *functions*. We know that these glands do produce a *remora* to the ready emptying of the contents of the absorbents; that whatever was in the absorbents, is arrested for a time in the glands, and that the absorbents are capable of again going on with it. Now the glands are very vascular; if you inject them, you make them exceedingly red; and after a gland has been injected, I have found in it a mixture of red matter and quicksilver; therefore the belief is, that no secretion takes place from the *aorta*, that the contents of these glands are commixed with the blood from the absorbent vessels, and that there is a modification produced in these glands, by new animal juices added to them. We do not find them everywhere; we find them intervening between the vessels of the lower and upper extremities, and the trunk; such as, in the *groin*, in the *axilla*, in the *neck*, and so on; and it is believed that they would stop anything from going forward, that would be noxious if conveyed into the blood, and that they stay irritation of the sanguiferous parts. There is an opinion of Mr. Hunter's, that vessels do modify their contents, that the life of the vessels acts upon their contents, and that altered actions of blood-vessels, produce altered states of the blood. Now it is clear that vessels have this property. *Digestion*, I may say, is performed in the absorbent vessels of many animals: what they imbibe, is imparted into the nutritive fluid of the animals. It is so in *vegetables*; the roots of vegetables absorb fluid, which becomes converted into sap in the trunk. And there has been abundant proof of these vessels doing what we may fairly ascribe to the office of vessels in general, that they modify their contents; for, of late, great attention has been paid to the contents of the absorbents. The *chyle* seems to be made more and more to approximate to the relation of blood, in proportion as you find it nearer and nearer to the *thoracic duct*; and if the contents of the thoracic duct be examined, they are as near to blood as possible; they separate spontaneously into *crassamentum* and *serum*. What is it that replenishes the absorbents, but the serum they drink up—the *lymph*? They were called *lymphatic vessels*; however, what you have in the thoracic duct, which is a vehicle for all, is not serum—it is a fluid very much approximating to the nature of blood.

I should have said that the vessels are valvular; that whatever gets into them, must go on, and that it cannot get back, from the number of their valves. *Pressure* will urge on the contents of the absorbents, as it does with respect to the veins; and *friction*, which is but pressure, will do the same thing. Then it is believed that these glands do, in a particular degree, modify the contents of the vessels, and this is supposed to be the use of them.

Absorbent vessels.—Now, then, I go to give an account of the absorbent vessels: It is exceedingly difficult to inject them well, and if you have preparations of them, by moving them about, the vessels get cracked, and the contents get out of them. At the school in Windmill Street, where there was a great deal of pains bestowed on them, a chart of this kind, which I now present to your view, was published by *Mr. Cruikshank.* No anatomists can pretend to say, they really can inject all the absorbent vessels, which exist in multitudes, in every part of the body—they are so minute. A Mr. *Fyfe* of Edinburgh did inject the body of a malefactor; I mean the absorbents, and here is the view. Well, it certainly was a *shade* of talent, but what idea does it give you of these multitudes of vessels?

Now *Morgagni* hit upon a new mode of injecting absorbents, for till his time they were injected with steel pipes, which were apt to rust: he hit upon a new mode; he got tubes of *glass*, like barometer tubes, but made with very fusible glass—glass in which there was a good deal of *alkaline* matter; and therefore when he put it into the heat of a candle it would fuse, and when he heated it to a considerable degree, O, he drew it out to a very fine point, to the size of a hair, and then snapped it. Now this was a tube that never would become rusty, and he did inject the absorbents with it to a wonderful degree—to a degree to which it never could have been done unless this mode had been thought of. If the point of the tube broke, he had only to heat the glass again, then draw it out, and point it. He had the opportunity too of living in the pure air of *Italy*; and there are preparations thrown about there, considered as useless, which would be put up in bottles here, and preserved as very grand specimens of anatomical art. Morgagni even wished to find out the mouths of these vessels, and he absolutely put ink and fluids of different colours into the cavities of animals recently dead—into the abdominal cavity; for it does appear that absorption is a process going on longer than circulation: people who are about to die, and have *œdematous* limbs,—in them, as the circulation falls off, the deposition diminishes, but the absorptions continue at work, and the œdema disappears. And Morgagni has drawn what he imagines to be the mouths of the absorbent vessels, but I have nothing to say of them; you may fancy that they are the mouths of them, or you may fancy that they are not—it is of no consequence. If there was any part of the body, where we had any hope of knowing any thing about the absorbent vessels, I should think it must be in the *villi* of the *intestines*, and yet we have no distinct knowledge of them there. I have told you what I think of the villi there; it is evidently vascular, and the chyle coagulated in it, distends it.

Well, then, Morgagni having, I say, laboured, has given us charts of the absorbents that he has been enabled to inject; and he has injected them, in the lower extremities, even from the toes, all the way up to the groin; but those we are to consider as trunks of the superficial absorbents. He has injected them on the outside, but he does not find that they go all the way up. That there are absorbents every where, he demonstrates; but those vessels we are to consider as the *trunks*, and those trunks do not go over the superficial part of the thigh, but pass over so as to join the trunks of the absorbents on the inside of the thigh. You have likewise trunks of absorbents in company with the arteries—always in company with the blood vessels; he has injected them running in company with the different arteries. He has injected subcutaneous absorbents every where.

Now, then, the superficial absorbents of the thigh come to the groin, under a number of glands that are situated about Poupart's ligament; they are generally five in number, and are arranged, as it were, into two rows, one row above the ligament and one row below it. These are the glands in the groin which are so often diseased; there is an *inguinal phalanx*, as they call it, and a *femoral phalanx*, and this is said to deserve the attention of the surgeon, inasmuch as it may denote the cause of disease. If, for instance, you have one of the glands of the inguinal phalanx diseased, you may suppose it arises from irritation in the genitals, in the testicles, and so on; but if it be in the *lower* row, it may arise from *ulcers* in the leg. Often where there is tumefaction in the leg do you find disease in this part. Often when my opinion has been asked about a swelling in the groin of a lad, suspected to be a *bubo*, I have found it to be in the low row, and then I have said, immediately, no, it is not a *bubo*. Upon an examination I have found that the lad had some irritation, or sore about his heel, which had communicated irritation to these glands.

Here, again, are absorbents in the legs, which are traced on to absorbent glands in the *ham*. There are three or four absorbent glands in the ham which nobody ever thought of till Morgagni pointed them out; and I sometimes say, I would lay a wager that a gentleman may dissect a ham, pick away all the fat, and not find these glands. They are very small, but Morgagni has injected them. Now without injection, without anatomical artifice, any body might be convinced that they are there, for they often become swollen and suppurate. I have seen many cases where there has been enlargement of glands in the ham, and subsequent abscess. I don't think Morgagni gives us that enlarged knowledge of the vessels from his injections which we are capable of deriving from disease in the parts.

Here, again, are the deep-seated absorbents; there are several glands as you approach to the groin. The deep-seated absorbents of the thigh go under Poupart's ligament; they form a trunk on the inside of the femoral artery. Morgagni has injected them, and shown that they are passing through the pelvis, which a person must be convinced of merely from what we meet with in disease. We find the glands of the groin all diseased, without any impediment to the absorption in the lower extremity in general, therefore there must be other passages by which the absorbed fluid can move on.

Then there is an immense plexus of absorbent glands in company with the *external iliac artery*, and another in company with the internal iliac artery; there are also many absorbent glands about the sacrum. I have seen all these very much diseased in cases of cancerous rectum, and in diseases about the pelvis; I have seen them exhibited far better than Morgagni has depicted them. They are exceedingly numerous, and I remember one patient in whom I tied the iliac artery, and who died in consequence of disease in these glands; the artery having been tied, irritation came on, the glands became diseased; one of them suppurated, and it lying on the artery an aperture was made into the artery, ulceration took place, and the blood oozed out through the aperture into the gland, and it gradually sunk him; there was no great hæmorrhage, but a continual oozing of the blood.

Then Morgagni comes to show you the absorbents scattered all over the loins; it is astonishing to see the vast number of them; and, in disease, you find all the lungs covered with enlarged absorbents. You would think it scarcely possible that a man could inject absorbents in this manner, and yet there is no reason to doubt the validity of these charts. Now, with regard to the absorbents of the bowels, supposing the glands were meant to modify their contents, we should expect that those would be very numerous where the chyle, or the scarcely animalised fluid, as we may say, is introduced into them, and actually a hundred and twenty, or more, absorbent glands have been counted in the *mesentery*; and the absorbents have gone through three or four tier of glands before they have got out of the mesentery; nay, a single absorbent has been traced through four rows of the glands ere it has got out of the root of the mesentery. Now Morgagni has shown the absorbents of the larger bowels, and he represents many as connected with the colon, but still they go like that net-work which you find in the lungs; and this leads me to state what anatomists have said concerning the *formation* of the *thoracic duct*, that the trunks of the absorbents belonging to the right side of the body coming together make one principal tube, and that those coming from the left side make another principal tube; that the two tubes converge, and that just by the root of the mesentery they become connected to the great trunk of absorbents which emerge from the mesentery, so that by this conjunction of the three trunks the thoracic duct is formed. Now we often see these vessels large at one end and not at the other, but we are often able to give a reason for this; for instance, in the thoracic duct, it may appear very large in one part and then become suddenly small, and then large again; this may be owing to an absorbent going off from the vessel laterally and joining it higher up, so that there may be no disproportion between the size of the tubes and the contents. Well, you see our powers of injecting the vessels are so imperfect, that it is supposed nobody can confidently say whether there is a cavern into which the chyle is poured or not; but it is believed that the union of those three vessels makes the commencement of the thoracic duct, and then the thoracic duct goes through the diaphragm, (for it is not yet thoracic duct,) it goes through the *diaphragm* at the aperture out of which the aorta passes—that it goes through the aortic orifice of the diaphragm, and afterwards you find it the thoracic duct.

There are multitudes of absorbents on the convex side of the liver, and so there are on the concave part of it; you make it appear a perfect net-work; those on the concave side descend and join the lumbar absorbents; those on the convex side penetrate the diaphragm, and get into the thorax.

In these charts, they are also injected, passing from the abdomen into the thorax, also in the interstitial cellular substance of the lungs in the bronchial glands; absorbents from the heart; absorbents about the jugular vein; absorbents of the arm, running up from the finger into the arm; absorbents of the jaw, and belonging to the head. I should state that all the absorbents Morgagni has shown in the arm, are traceable to the glands of the axilla; and when they become thoroughly diseased from cancer, you have an uncontrollable œdema from the extremity. Really this is a grand cause of suffering in the advanced stage of disease, to some individuals; the arm is so swollen, that we are obliged to puncture it, to let the fluid drain out, just as you do in *anasarca*.

No one that I ever knew of, ever attempted to demonstrate absorbents in the skull or brain, till Morgagni did, and he has asserted that he has injected them. There are quantities of absorbent glands in the course of the deep-seated vessels of the neck, as I have seen in cases of general disease of those glands.

Now, notwithstanding such discovery as has been made by Morgagni, still I maintain that it is a very insufficient exhibition of these vessels. In Haller's time, it was believed that the veins absorbed, because Haller did not think that the number of vessels then demonstrated, were adequate to account for so great an absorption as was doubtless necessary. Secretion is allowed to be a constant process, and if there was not a proportional absorption, there would be an alteration in the parts, an alteration in the form of the parts. Mr. Hunter, therefore, used to call the absorbent vessels, on that account, the *modelling vessels*, taking away what the arteries laid down, and preserving an uniformity. In Haller's time, absorbents were not discovered in *birds* or *fishes*, but since then, they have been frequently demonstrated. Mr. Hunter, wishing to ascertain whether the veins did imbibe, he was induced to introduce fluids into the intestines of animals, and they were absorbed by the *lacteals*; he introduced fluids coloured with indigo and saffron, and scented with musk; he opened the trunks of the lacteals and got the fluid, so coloured and scented; he opened at the same time the corresponding veins, and got the blood out of them, but it was not coloured with indigo or saffron, or scented with musk; therefore, said he, those are the only absorbing vessels. And believing them to be so, he spoke of what they did, which is, indeed, most surprising that they should even absorb bones in the way they do; but it is more surprising to suppose that the veins do absorb. I know it is a very fashionable doctrine to maintain, that the veins do absorb; but, as I told you in the preliminary Lectures, I was not convinced that they did any thing of the kind; and here I repeat an observation of Haller's, which I hold to be a very judicious one: "Surely," said Haller, "Nature would not have created such multitudinous vessels, made them travel so long a course, and made them unite with the blood-vessels in so curious a manner, if the same object could have been effected by the veins absorbing, or by those vessels being made to terminate directly in veins." But you see of how much importance it is, that whatever is taken into the vessels, should be made, as soon as possible, to acquire the property of blood. Here we see a grand object to be answered, by such complicated structures, and the course that these vessels are made to pursue.

White fluids are sometimes found in the blood-vessels—that is known; the blood sometimes seems to lose its colour—that is known. White fluids may be seen in the vessels, but this does not show that the absorbents have poured it into them. You know *Magendie* thought by his grand experiment, to prove this beyond doubt; but I told you that it was no proof to my mind. Magendie cuts off the limb of an animal, leaving no connexion between the limb and the trunk, but by means of the vessels—the arteries and the veins; he then wounds the foot of the animal, and introduces some deadly poison into it; if he stops the vein, the animal is not affected, but as the blood returns, the animal becomes affected, and dies. He says, he could even modify the effects of the poison, by letting the blood pass more freely or more slowly into the system. Then how is this? If the veins do not imbibe the poison (that's what Magendie asks,) there is no absorbent, no channel by which it can be conveyed into the system, but by the veins, and if the veins do not imbibe the poison, how is it to be accounted for? But I say, to render this experiment satisfactory, it is first necessary to prove how poison operates: and *Fontana*, who made a great many experiments with respect to poison, was led to entertain this opinion, that it had an influence on the blood itself, that it did not get into the system, but had an immediate influence on the blood itself. Now this may be; and then the blood being poisoned, as it were, will of course, when it goes into the circulation, destroy the animal. I say it must be first proved that such poison as I am now speaking of, deadly poison does not exert an influence in some direct manner upon the blood contained in the vessels, which *Fontana* was led to suppose it did, before Magendie's opinions can be upheld.

A great deal might be said about the mode of absorption, but really we know nothing at all about it, therefore it is talking to no purpose, and I am not very willing to do that, so that here I shall close.

FOREIGN DEPARTMENT.

ANATOMY AND PHYSIOLOGY.

A Description of the Fluid found in the Cranium and Spine of Man and some of the Mammiferous animals.

Magendie has recently read to the Institute two papers on this interesting subject of which the following is an analysis. To the fluid here described he has given the name of *cephalo-rachidien*.

This physiologist commences by determining the total weight of the fluid which he has found to vary in the adult, from two to five ounces. Among other uses this liquid appears more especially destined to maintain the whole cavity of the cranium and spine in a state of plenitude, particularly in the advanced periods of life when the shrinking of the brain and spinal marrow tends to leave a certain vacuity in the cavities mentioned, which would very much interfere with the support of life. A fact which appears to support this opinion is, that he has always found, in the infirm and decrepid old women who have died at the Salpêtriere, this liquid in considerable quantity. Numerous experiments have convinced Magendie that when this fluid is drawn off, it is again secreted like the humours of the eye.

The ordinary effect of drawing off this fluid is the production of a state of torpor and hebetude which continue until the reproduction of the fluid. In two cases the animals were thrown into violent convulsions by its abstraction, which continued for two or three days. An artificial accumulation of the fluid produces paralysis by its pressure. The disease known under the name of *spina bifida*, consists, according to M. Magendie, of a species of hernia or protrusion of the membranes containing this fluid. In children afflicted with this disease, he has produced the same symptoms by pressing upon the tumour as he did in animals, by increasing the quantity of the liquid.

Having ascertained its quantity, he next proceeds to examine its temperature, which he has found generally to be about thirty-one degrees. Having abstracted a certain amount, and having allowed it to cool down to ten, he found that on injecting the same fluid a degree of trembling and momentary paralysis were occasioned: and it was also observed that if the canal were refilled with the same liquid at the same temperature at which it was abstracted, no evil symptoms appeared. The inference drawn is, that a temperature of *thirty one degrees** is indispensable for the integrity of the functions of the brain and spinal marrow.

Magendie conjectures that this fluid may play an important part in the development of electricity, which the recent experiments of M. Becuerel appear to support. These two gentlemen are about to undertake a series of experiments on the subject.

It was formerly supposed that the ventricles of the brain were filled with the fluid found there after death; but some modern anatomists have rejected that opinion, and contended that they contain during life only a light vapour which lubricates their sides, and that when fluid is found there, it must be regarded as a pathological condition. Magendie appears, however, to have solved this problem. He examined, with the greatest care, a large number of healthy brains; and he satisfied himself that there is an *opening* between the floor of the fourth ventricle, and the spinal cavity immediately beneath the arachnoid membrane. This communication, he adds, is established by a round opening placed between the two posterior cerebral arteries, and is, at least, three lines in diameter, sometimes larger; it is situated immediately in front of the termination of the fourth ventricle, at that point which anatomists call the point of the *calamus scriptorius*. Magendie proposes to call this opening the *entrée des cavités du cerveau*, or, if it may be deemed preferable to preserve the ancient phraseology, the *entrée des ventricules cerebraux*, "the opening of the cerebral ventricles." It appears, then, from this discovery, that the fourth ventricle communicates with the third, and the third with the lateral ventricles, and that there exists a direct communication between the fluid of the spine, and all the cerebral cavities. Magendie asserts, that in all the morbid affections of the head, such as acute and chronic hydrocephalus, in which there is a dilatation, more or less, of the ventricles of the brain, this opening, and also the aqueduct of Sylvius, are very much dilated. The continuity of this fluid of the spine and cerebrum, may be ascertained in cases of *spina bifida*, which is generally accompanied with hydrocephalus. When the tumour in spina bifida is compressed, the fontanelles may be seen to be enlarged, and the child suffers all the symptoms of compression of the brain; that is to say, there is a drowsiness which continues as long as the pressure is kept up on the tumour. The same circumstance has been often remarked by others.

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* That is to say, according to the centigrade scale which is used for thermometers in France. To ascertain the relative value of this scale with those of Reaumur and Fahrenheit, we refer to a table published on page 736.—Ed. L.

To ascertain that this communication does positively exist, Magendie made the following experiment:—He injected into the lower part of the vertebral canal four ounces of ink; this was done with great caution, and this quantity was found sufficient, not only to blacken all the surface of the brain, but also the internal part of all the cavities of this organ. In making this experiment, he found that the least pressure made on the membranes of the spinal marrow was sufficient to cause a fresh quantity of the ink to be forced into the third ventricle. This experiment, together with the fact mentioned as occurring in spina-bifida, to say nothing of the absolute anatomical arrangement, clearly proves that there is a direct communication with the cavities of the brain and the spinal marrow, and that those anatomists were right who regard the serous fluid found in the brain as a normal production, and as existing in the healthy state of the organ. Magendie avers that he has found, in more than fifty examinations, that the quantity of this serosity varies from half an ounce to two, without the patients having exhibited any signs of a previous cerebral affection. But if the quantity of fluid should exceed two ounces, it may be regarded as a morbid phenomenon.

Magendie finishes his second paper with these words:—"Is it not remarkable that the parts of the brain named by the ancients, the *valve*, the *aqueduct*, the *bridge*, have precisely the uses that their name indicates? It is thus that the valve of Vicussens, or the great valve of the cerebellum, performs exactly the functions of a valve, since it prevents the exit of the fluid which traverses it, or which fills the fourth ventricle. Never did any part merit its name better than the *aqueduct of Sylvius*, since, according to the experiments which I have related, this canal conveys the water of the ventricles toward the spine, and sometimes the water of the spine toward the head. Lastly, that part which has been called a *bridge* is, in fact, a large medullary arch placed above the currents of fluid which traverse the aqueduct."

PATHOLOGY.

The Examination of the Body of Talma by his own Physician.

The following is the only correct account of the nature of Talma's disease which has been published; it was read to the Academy of Medicine by Biett, his principal physician:—

The body was opened twenty-six hours after death. The intestines were excessively distended by gas and fœcal matter, and there was an effusion into the abdomen of a dark-coloured liquid. The rectum formed a vast sac in the pelvis; at about six inches from the anus, there was a circular contraction of that gut of about two inches in length, reducing the intestine to a hard and solid cylinder of about three lines in diameter, so that the canal was completely obliterated. Below this contraction, the rectum was reduced to about the size of one of the small intestines of a child; above it, on the contrary, it was enormously dilated, and presented near the contracted part a small opening, through which the fœcal fluid had escaped into the abdomen. This opening had partially adhered to the neighbouring surface of intestine below the strictured point, and both were ulcerated. This accounts for the circumstance that, during life, although all direct communication was completely cut off between the upper and lower portions of the rectum, a certain quantity of gas and fœcal matter occasionally escaped per anum. In the left ventricle of the heart, there was an aneurismal pouch of about the size of a small egg, filled with a fibrous mass. M. Biett concludes that the organic lesion of the intestine, which terminated the life of Talma, must have existed for a very long period, and that it might even have been the result of a congenital malformation of the parts.

SURGERY.

The female for whom Lisfranc amputated the neck of the uterus, and who became afterwards pregnant, has been safely delivered of a full-grown child, and is doing very well. (See the announcement of the case in No. 180 of THE LANCET.)

"HOLE AND CORNER" WORK OF THE FACULTY OF MEDICINE IN PARIS.

Those who have spent much time in the French capital, must have witnessed the wretched effects of that party spirit which at present reigns there among the teachers of medicine, from the lowest to the highest, pervading alike the benches of the Amphitheatre, and the chambers of the Institute. Ever since the abolition of the former faculté, the greatest discontent has prevailed among its members, at seeing young and inexperienced men introduced, through ministerial favour and jesuitical intrigue; but for some cause or other, the government appears to be just as jealous of the present members, although entirely of their own creation. The ex-members of the former faculté most heartily despise the members of the present; and the latter, again, affect to domineer over the former. The editor of the *Gazette de Santé*, Dr. Miquel, was brought up too long in the republican school, to relish the decumbency of late so prevalent among his colleagues to political, or rather spiritual power, and his journal is the only one in which the system is freely exposed. In order to show the manner in which the affairs of the faculté are at present conducted, we insert the following extracts from a letter written by a French student, addressed to Miquel:—

"We will commence with the distribution of the prizes of the Ecole Pratique. Formerly, this annual meeting was a fête day, a day of some importance in the school of medicine; now, the prizes are distributed in silence, and only a few persons are allowed to be present. The opening discourse was pronounced by Mr. Cruveilhier, secretary of the faculty; it was consecrated to the eulogy of Moreau de la Sarth, Pinel, Royer-Collard, late editor of the *Bibliotheque Medicale*, and of Laennec. After having signalised the services rendered to science by Pinel and Royer-Collard, M. Cruveilhier dwelt with apparent satisfaction on the merits of Laennec, and saluted the ears of his friends, clothed in ermine, with the following passages: 'Independent by situation as by character, he never bent a servile head to power; he remained faithful to an unfortunate dynasty; and the bust of Cardinal Fesch, of whom he was the physician and friend, still ornaments his apartment. If he participated in the organisation of the new faculty, it was because he could not prevent the dissolution of the ancient, where his place was marked long ago.' At these words, a burst of applause issued from the pupils' benches; but the new professors, whose places were not marked like that of Laennec in the ancient faculty, confounded by such temerity, turned to the orator such looks, as intimated that he would repent his imprudence. This hardihood is so much the more astonishing, as M. Cruveilhier was, as every one knows, the favourite of the new faculty, the *enfant gâté* of this regenerating committee. Some other expressions escaped the young professor, which were immediately reported to the minister, but with what effect is not yet known.

"Now as to the 'concours' of the 'aggregation;' this concours at present occupies the chief attention of the faculty." The following observations tend to show the absurdity of renewing the practice of carrying on medical disputes in a dead language, and of reviving the habits of the fifteenth in the nineteenth century. It appears that the language of Cicero was horribly maltreated. "Figure to yourself," says the correspondent, "eight grave professors pretending to take notes of a medical discussion, hearing every moment the most barbarous expressions, half French, half Latin, insignificant and broken down phrases, and the usually uncouth scholastic jargon converted into the ridiculous and burlesque. Imagine an assembly of students in medicine, who thought to hear some instructive discussions, but who, catching at the barbarous expressions of the candidates, evinced by their loud applauses their disgust at the whole proceeding. Imagine candidates talking without understanding each other, and you will then have but a faint idea of the truly comic spectacle afforded at the Faculté de Medicine." One of the candidates, on being pressed by another competitor, and not understanding the question put to him, replied, "*Non est clarus in tua quæstione.*" The rival repeated his question, but it was no better understood, and he received no other answer for a full quarter of an hour! By dint of repetition, he at last appeared to understand the question, and replying in an unintelligible phrase, the auditory began to laugh, when the mortified student turned round and said, "*Il y'a quinze ans que je n'ai pas revu mon Latin.*" His adversary, with an air of triumph, finished his argumentation with these words, "*donc*, reliquo questio;" at which the students renewed their laughter with increased relish. Another candidate commenced his question with some degree of assurance: "*Quæram a te, egregie candidate, quænam sint causæ morbi qui . . . . qui . . . . qui,*" and there he stuck for five minutes on his *qui*, without being able to mumble out any thing further than a few incoherent sentences. Another, speaking of death by suspension, expressed himself thus: "*Duorum in cadavere suspensorum quos mors modo interfecerat!*" Another eluded a question by saying, "*Tibi respondam me non debuisse de hoc loqueri!*" The correspondent of the Gazette de Santé goes on to say, that it is his firm conviction, that no one even of the eight professors could translate, *sur-le-champ*, a single page of Cicero, that might be read to them from the Chair.

This certainly appears to have been a most ridiculous exhibition; and it says little for the education of the Parisian students, and still less for the policy that rendered such exposures necessary.

ARTIFICIAL PUPIL.

Case of a Lady born Blind, who received Sight at an advanced age by the formation of an Artificial Pupil. By JAMES WARDROP, Esq. F. R. S. Edinburgh, Surgeon Extraordinary to the King, &c.

[*From the Philosophical Transactions.*]

READ BEFORE THE ROYAL SOCIETY, JUNE 15, 1826.

As imperfections in the original structure of our organs of sense, which are remediable by art, are extremely rare, and as cases of successful operations on these organs essentially contribute to illustrate their functions, as well as to throw light on the operations and development of the human mind; the following instance of vision being imparted to a lady born blind, by an operation at an advanced period of life, will, it is hoped, not be considered unworthy of being submitted to the consideration of the Royal Society.

The case, besides establishing the curious physiological fact, that the nerve of the eye can remain fit to receive the impressions of external objects, though totally excluded for a long series of years from the performance of that function, claims a much higher interest in a philosophical point of view; some of the facts here detailed confirming in a remarkable manner what BERKLEY had predicted of "a man born blind being made to see," in the 79th Section of his "New Theory of Vision," published in the year 1709. He says, "a man born blind being made to see, would, at the first opening of his eyes, make very different judgments of the magnitude of objects intromitted by them from what others do. He would not consider the ideas of sight with reference to, or as having any connexion with, the *idea* of touch." It may also be observed, that in the present case the blindness was more complete, and the period at which vision was acquired was much later in life, than in any instance which has hitherto been recorded.

The lady, whose case forms the subject of this paper, was observed, during the first months of her infancy, to have something peculiar in the appearance of her eyes, and an unusual groping manner, which made her parents suspect that she had defective vision. When about six months old, she was placed under the care of a Parisian oculist, who performed an operation on both her eyes, with a view to afford her sight. The operation on the right eye was, however, followed by violent inflammation, and a collapse of the eye-ball, thus causing a complete destruction of the organ of vision. The operation on the left eye, though equally unsuccessful in attaining its object, was not followed by any alteration in the form or size of the globe. From the account stated by her friends, it was impossible to form any correct notion of the state of her eyes previous to the operations which were performed. It seems, however, extremely probable that the blindness, which was attempted to be remedied, had been produced by congenital cataracts, and that these operations had for their object the removal of the opaque lenses.

From the above early period she had continued totally blind, being able merely to distinguish a very light from a very dark room, but without having the power to perceive even the situation of the window through which the light entered; though in sunshine or in bright moonlight she knew the direction from whence the light emanated. With regard therefore to the degree of sight, this lady was more completely blind than the boy in the celebrated case related by Mr. Cheselden, in the 35th vol. of the Transactions of the Royal Society; for in that instance the boy knew black, white, and scarlet apart from one another; and when in a good light he had that degree of sight, which generally continues in an eye affected with cataract; whereas in this lady, the pupil being completely shut up, no light could reach the retina, except such rays as could pass through the substance of the iris.

When she was placed under my care, she had reached her 46th year. The right eye-ball was collapsed, but the left retained its natural globular form. The cornea of this eye was transparent, except at one point near its circumference, where there was a linear opacity, which had probably been the cicatrix of the wound made during the operation in her infancy. The anterior chamber of the eye was of its natural capacity, but I could not distinguish any vestige of a pupil, some streaks of yellow lymph being deposited in an irregular manner over the central part of the iris. There was every reason to believe that the retina was sound; for though she could not perceive objects, nor had any notion of colours, yet the circumstance already mentioned of her being able to distinguish between a very light and a very dark chamber, and between a gloomy day and sunshine, rendered it probable that the nerve was in a sound and natural state. Under this impression, I thought that the restoration of her sight, by making an artificial pupil, was practicable, and certainly well worthy of a trial. Accordingly, on the 26th of January, I introduced a very small needle through the cornea, passing also through the centre of the iris; but I could not destroy any of the adhesions which had shut up the pupillar opening. After this operation she said she could distinguish more light, but she could perceive neither forms nor colours. The result of this first attempt justified the favourable views entertained of the state of the retina, and Mr. LAWRENCE, who at this time was consulted, coincided with me in this opinion.

On the 8th of February, a second operation was performed, which consisted in passing a sharp-edged needle through the sclerotica, bringing its point through the iris into the anterior chamber, repassing it into the posterior chamber at a small distance, and then dividing the portion of iris thus included between the two perforations of the needle. Only a very slight inflammation followed,—the light became offensive to her,—she complained of its brightness, and was frequently observed trying to see her hands; but it was evident her vision was very imperfect; for although there was an incision made in the iris, some opaque matter lay behind this opening, which must have greatly obstructed the entrance of light.

On the 17th of February, a third operation was performed, which consisted in still further enlarging the opening in the iris, and in removing the opaque matter, by a needle introduced through the sclerotica. This was followed by a very slight degree of redness. The operation being performed at my house, she returned home in a carriage, with her eye covered only with a loose piece of silk, and the first thing she noticed was a hackney coach passing, when she exclaimed, "What is that large thing that has passed by us?" In the course of the evening she requested her brother to show her his watch, concerning which she expressed much curiosity, and she looked at it a considerable time, holding it close to her eye. She was asked what she saw, and she said there was a dark and a bright side; she pointed to the hour of 12, and smiled. Her brother asked her if she saw any thing more? she replied, "Yes," and pointed to the hour of 6, and to the hands of the watch. She then looked at the chain and seals, and observed that one of the seals was bright, which was the case, being a solid piece of rock crystal. The following day I asked her to look again at the watch, which she refused to do, saying, that the light was offensive to her eye, and that she felt very stupid; meaning that she was much confused by the visible world thus for the first time opened to her. On the third day she observed the doors on the opposite side of the street, and asked if they were red; but they were in fact of an oak colour. In the evening she looked at her brother's face, and said that she saw his nose; he asked her to touch it, which she did; he then slipped a handkerchief over his face, and asked her to look again, when she playfully pulled it off, and asked, "What is that?"

On the sixth day, she told us that she saw better than she had done on any preceding day; "but I cannot tell what I do see; I am quite stupid." She seemed indeed bewildered, from not being able to combine the knowledge acquired by the senses of touch and sight, and felt disappointed in not having the power of distinguishing at once by her eye, objects which she could so readily distinguish from one another by feeling them.

On the seventh day she took notice of the mistress of the house in which she lodged, and observed that she was tall. She asked what the colour of her gown was? to which she was answered, that it was blue: "so is that thing on your head," she then observed; which was the case: "and your handkerchief, that is a different colour;" which was also correct. She added, "I see you pretty well, I think." The teacups and saucers underwent an examination: "what are they like?" her brother asked her. "I don't know," she replied; "they look very queer to me; but I can tell what they are in a minute, when I touch them." She distinguished an orange on the chimney-piece, but could form no notion of what it was till she touched it. She seemed to have become more cheerful, and entertained greater expectation of comfort from her admission into the visible world; and she was very sanguine that she would find her newly-acquired faculty of more use to her when she returned home, where every thing was familiar to her.

On the eighth day, she asked her brother, when at dinner, "what he was helping himself to?" and when she was told it was a glass of port wine, she replied, "port wine is dark, and looks to me very ugly." She observed, when candles were brought into the room, her brother's face in the mirror, as well as that of a lady who was present; she also walked, for the first time without assistance, from her chair to a sofa which was on the opposite side of the room, and back again to the chair. When at tea, she took notice of the tray, observed the shining of the japan work, and asked "what the colour was round the edge?" she was told that it was yellow; upon which she remarked, "I will know that again."

On the ninth day she came down stairs to breakfast in great spirits; she said to her brother, "I see you very well to-day;" and came up to him, and shook hands. She also observed a ticket on a window of a house on the opposite side of the street, ("a lodging to let;") and her brother, to convince himself of her seeing it, took her to the window three several times, and to his surprise and gratification, she pointed it out to him distinctly on each trial.

She spent a great part of the eleventh day looking out of the window, and spoke very little.

On the twelfth day she was advised to walk out, which recommendation pleased her much. Mr. ——— called on her, and she told him she felt quite happy. Her brother walked out with her as her guide, and took her twice round the piazzas of Covent-garden. She appeared much surprised, but apparently delighted; the clear blue sky first attracted her notice, and she said, "it is the prettiest thing I have ever seen yet, and equally pretty every time I turn round and look at it." She distinguished the street from the foot pavement distinctly, and stepped from one to the other like a person accustomed to the use of her eyes. Her great curiosity, and the manner in which she stared at the variety of objects, and pointed to them, exciting the observation of many by-standers; her brother soon conducted her home, much against her will.

On the thirteenth day nothing particular took place till tea-time, when she observed that there was a different tea-tray, and that it was not a pretty one, but had a dark border; which was a correct description. Her brother asked her to look in the mirror, and tell him if she saw his face in it? To which she answered, evidently disconcerted, "I see my own; let me go away."

She drove in a carriage, on the fourteenth day, four miles on the Wandsworth road; admired most the sky and the fields, noticed the trees, and likewise the river Thames, as she crossed Vauxhall bridge. At this time it was bright sunshine, and she said something dazzled her when she looked on the water.

On the fifteenth day, being Sunday, she walked to a chapel at some distance, and now evidently saw more distinctly, but appeared more confused than when her sight was less perfect. The people passing on the pavement startled her; and once when a gentleman was going past her, who had a white waistcoat and a blue coat with yellow buttons, which the sunshine brought full in her view, she started so as to draw her brother, who was walking with her, off the pavement. She distinguished the clergyman moving his hands in the pulpit, and observed that he held something in them; this was a white handkerchief.

She went in a coach, on the sixteenth day, to pay a visit in a distant part of the town, and appeared much entertained with the bustle in the streets. On asking her how she saw on that day? she answered, "I see a great deal, if I could only tell what I do see; but surely I am very stupid."

Nothing particular took place on the seventeenth day; and when her brother asked her how she was, she replied, "I am well, and see better; but don't tease me with too many questions, till I have learned a little better how to make use of my eye. All that I can say is, that I am sure, from what I do see, a great change has taken place, but I cannot describe what I feel."

Eighteen days after the last operation had been performed, I attempted to ascertain by a few experiments her precise notions of the colour, size, forms, position, motions, and distances of external objects. As she could only see with one eye, nothing could be ascertained respecting the question of double vision. She evidently saw the difference of colours; that is, she received and was sensible of different impressions from different colours. When pieces of paper one and a half inch square, differently coloured, were presented to her, she not only distinguished them at once from one another, but gave a decided preference to some colours, liking yellow most, and then pale pink. It may be here mentioned, that when desirous of examining an object, she had considerable difficulty in directing her eye to it, and finding out its position, moving her hand as well as her eye in various directions, as a person when blind-folded, or in the dark, gropes with his hands for what he wishes to touch. She also distinguished a large from a small object, when they were both held up before her for comparison. She said she saw different forms in various objects which were shown to her. On asking what she meant by different forms, such as long, round, and square, and desiring her to draw with her finger these forms on her other hand, and then presenting to her eye the respective forms, she pointed to them exactly: she not only distinguished small from large objects, but knew what was meant by above and below; to prove which, a figure drawn with ink was placed before her eye, having one end broad, and the other narrow, and she saw the positions as they really were, and not inverted. She could also perceive motions; for when a glass of water was placed on the table before her, on approaching her hand near it, it was moved quickly to a greater distance, upon which she immediately said, "You move it; you take it away."

She seemed to have the greatest difficulty in finding out the distance of any object; for when an object was held close to her eye, she would search for it by stretching her hand far beyond its position, while on other occasions she groped close to her own face, for a thing far removed from her.

She learned with facility the names of the different colours, and two days after the coloured papers had been shown to her, on coming into a room, the colour of which was crimson, she observed that it was red. She also observed some pictures hanging on the red wall of the room in which she was sitting, distinguishing several small figures in them, but not knowing what they represented, and admiring the gilt frames. On the same day, she walked round the pond in the centre of St. James's-square, and was pleased with the glistening of the sun's rays on the water, as well as with the blue sky and green shrubs, the colours of which she named correctly.

It may be here observed, that she had yet acquired by the use of her sight but very little knowledge of any forms, and was unable to apply the information gained by this new sense, and to compare it with what she had been accustomed to acquire by her sense of touch. When, therefore, the experiment was made of giving her a silver pencil case and a large key to examine with her hands, she discriminated and knew each distinctly; but when they were placed on the table, side by side, though she distinguished each with her eye, yet she could not tell which was the pencil case and which was the key.

Nothing farther occurred in the history of this lady's case worthy of notice, till the twenty-fifth day after the operation. On that day she drove in a carriage for an hour in the Regent's Park, and, on her way there, seemed more amused than usual, and asked more questions about the objects surrounding her, such as, "What is that?" it is a soldier, she was answered; "and that, see! see!" these were candles of various colours, at a tallow chandler's window. "Who is that, that has passed us just now?" it was a person on horseback: "but what is that on the pavement, red?" it was some ladies who wore red shawls. On going into the Park, she was asked what she saw particularly, or if she could guess what any of the objects were. "Oh yes," she replied, "there is the sky, that is the grass; yonder is water, and two white things;" which were two swans. On coming home along Piccadilly, the jewellers' shops seemed to surprise her much, and her expressions made those around her laugh heartily.

From this period, till the time of her leaving London on the 31st of March, being forty-two days after the operation, she continued almost daily to gain more information of the visible world, but she had yet much to learn. She had acquired a pretty accurate notion of colours, and their different shades and names; and when she came to pay me a farewell visit, she then wore a gown, the first of her own choice, with the light purple colour of which she seemed highly gratified, as well as with her cap, which was ornamented with red ribbons. She had not yet acquired anything like an accurate knowledge of distance or of forms, and up to this period she continued to be very much confused with every object at which she looked. Neither was she yet able, without considerable difficulty and numerous fruitless trials, to direct her eye to an object; so that when she attempted to look at anything, she turned her head in various directions, until her eye caught the object of which it was in search. She still entertained, however, the same hope which she expressed soon after the operation, that when she got home her knowledge of external things would be more accurate and intelligible, and that when she came to look at those objects which had been so long familiar to her touch, the confusion which the multiplicity of external objects now caused, would, in a great measure, subside.

May 1826.

GUY'S DINNER.

To the Editor of The Lancet.

Sir,—The Lancet of the 17th ult. contains some remarks on the proceedings which took place at the late Anniversary Dinner of the gentlemen educated at Guy's Hospital, and the conduct which I thought proper to pursue on that occasion is therein strongly censured. But as it is stated that your account of the circumstances was only obtained "through indirect channels," the whole affair was, I believe, entirely misrepresented, and therefore I trust you will give insertion to the following brief statement of facts:—

Several toasts had been drunk, when the Chairman (Dr. Bright) announced the "Royal College of Surgeons." Upon this I rose from my seat and respectfully inquired—I repeat, *respectfully* inquired, whether it was intended to toast the Council of the College of Surgeons *exclusively*; or whether it was to be understood as drinking the healths of the members at large? The phrase "Royal College of Surgeons" was, to me, so equivocal, that I really did not comprehend its meaning. I could scarcely conceive that the Council of the College of Surgeons, *exclusively*, would be toasted in an assembly consisting, for the most part, of its degraded and insulted members, and therefore it was with a desire of obtaining information that I proposed the question. I have yet to learn that I was out of order in putting the question, as it was uttered without a single offensive remark. But no sooner had I put the question, and indeed I had not concluded it, when "a most disgraceful scene of riot and confusion" was created by some two or three, who, I should almost be inclined to suppose, were "hired to bawl" on the occasion. So exceedingly obstreporous were these *gentlemen* in their vociferations, that a considerable time elapsed before the Chairman could command silence; this being at length obtained, he observed, that the toast certainly did refer to the College of Surgeons, as a *corporate* body, and he then proceeded to argue on the propriety of giving the toast. This was perfectly unnecessary, because I had offered no objections, and, as I before remarked, had merely put a plain question, without indulging in any comment. Neither was it my intention to make any further observations, for I had purposed, on receiving a reply from the Chairman as to the Council being the subject of the toast, that I would sit down and invert my glass, or that I would otherwise leave the room, because I would not, nor will not, join in any mark of respect towards a body of men for whom, in their corporate capacity, I entertain the *strongest possible feeling of contempt*. The Chairman had concluded his remarks (to which, as I was bound in common politeness, I stood up for the purpose of listening) and I was about to resume my seat, when I was assailed with the same discordant yells that had been made on my proposing the question. It was at this period that a somewhat angry observation escaped me; I said that I had listened with submission to the Chair, but that "I was not to be *put down* by the bawlings of some two or three toad-eaters." I am free to confess that I was annoyed, and uttered this expression in anger, but it is one for which I am by no means sorry at having used, for I knew my men, and it was an epithet well deserved and well applied.

At this period I left the room *of my own accord*; what occurred subsequently I know not. I may remark, Sir, in conclusion, that in attending this dinner and proposing the question to the Chairman, I was actuated by no other feeling than that arising from a sense of duty. I have ever received from the Surgeons of Guy's Hospital the most marked attention, and I feel indebted to them for the many opportunities which they have afforded me of effectually pursuing my clinical studies, and I should gladly have seen them enlisted in that cause which, being founded on truth and justice, must ultimately prevail, when each man will stand or fall on his own merits or demerits.

I am, Sir,
Your obedient servant,
James Lambert.

Walworth, March 4th.

HYDROCYANIC ACID IN DYSPEPSIA.

To the Editor of The Lancet.

Sir,—If it be true that "it is the duty of every man to endeavour that something may be added by his own industry to the hereditary aggregate of knowledge and happiness;" it is equally so, "that no man, who is conscious of having performed this duty, however small the labour, willingly quits opinions favourable to himself." It is this natural feeling which induces me to trouble you with a few remarks on some expressions contained in a letter from Dr. Elliotson, published in Number 182 of The Lancet. On the general matter of that letter, I should have been silent; for I have no desire to break a lance in the field of controversy with Dr. Elliotson, or with any other of my professional brethren; but it is not easy for an individual, however peaceable, to remain passive on reading in a journal of such extensive circulation as The Lancet, such a sentence as the following: "I did not notice Dr. Thomson's call, because his claim was *perfectly ludicrous*." In reply to this aspersion, I mean merely to present a plain statement of the facts upon which my claim is founded. At the time that claim was set up, I was as ignorant as Dr. Elliotson that Sprengel, Hufeland, Haller, and others, had prescribed hydrocyanic acid as a remedy in dyspepsia.

In Dr. Elliotson's work on the Efficacy of the Hydrocyanic (or Prussic) Acid in Affections of the Stomach, which appeared in 1820, the author acknowledges that he did not employ the Prussic acid, until after he had read Dr. Granville's Treatise on the internal use of the Hydrocyanic Acid; and he quotes from that work, a case which had suggested to me the idea of prescribing the hydrocyanic acid in affections of the stomach. Although I might have conceived that Dr. Elliotson had not given the importance to my observation on the effect of the acid in that case, which it merits, yet I should not have blamed him on this account; but, in noticing the case, to use his own language, as an instance of "a heat of the tongue cured by the acid," he *suppressed* the following reasoning upon the modus operandi of the remedy, which accompanied the case: "As the state of the stomach affects the tongue by sympathy, perhaps the unexpected effect of the acid in this instance, may be ascribed to its relieving the morbid irritability of the surface of the stomach, thereby enabling the juices of the organ to be more slowly secreted, and of a more healthy character. We know that opium, and some other narcotics, produce temporary relief in cardialgia, arising from acidity; but, after their effect is over, the morbid irritability of the organ not only returns, but is augmented; if, therefore, the Prussic acid produces a more permanent, and an equally beneficial effect, its importance as an adjunct to tonics in the treatment of dyspeptic affections, must be obvious."*

Now, Sir, the case which led me to observe the influence of hydrocyanic acid in relieving affections of the stomach, and the above explanation of the mode in which I conceive it produces benefit, were published a year before Dr. Elliotson's work appeared; and, as I have already stated, were read by him before he had prescribed a minim of the acid in stomach complaints. If accident directed my attention to the value of hydrocyanic acid in dyspepsia, I reasoned scientifically on its action; and it must, in common candour, be admitted, that Dr. Elliotson must have seen my explanation when he read the case; and that I must have taught him to prescribe the remedy on scientific principles, supposing that he was satisfied with my theory. Dr. Elliotson, however, not only avoids acknowledging his acquaintance with my theory, but assumes it as a fact, that I was so stupid as to neglect the advantages in treating dyspeptic complaints which my own observations were calculated to point out. Thus, in his letter to THE LANCET, he asserts that "so little impression did this case make even upon Dr. Thomson himself, that neither he, nor Dr. Granville, nor any other person, had followed it up and published a single case of dyspepsia treated with the acid, at the time that his work appeared." The only true assertion contained in this sentence, is that respecting the non-publication of cases. Dr. Elliotson could not be ignorant that, in the same year (1820,) in which his book appeared, a second edition of Dr. Granville's treatise was published, containing the two following paragraphs of a letter addressed by me to Dr. Granville.

"In the remarks on the fourth case, related in my former letter, you will perceive I was led incidentally to believe, that the hydrocyanic acid might be employed with advantage in dyspepsia, and in other affections of the stomach, connected with a morbid state of its secreted juices. At the period of the publication of that letter, the following case, and several others, were under treatment; but as the results were still problematical, they were not mentioned in that communication. I have since had many opportunities of verifying the powers of the acid in relieving those affections of the stomach in which alkalies and bitters are usually prescribed; and, from its effect, I am now inclined to ascribe the benefit which sometimes follows the use of alkaline remedies in these complaints, rather to the well-known power they possess in diminishing morbid irritability, when applied to secreting surfaces, 'thereby enabling the juices of the organ to be more slowly secreted, and, consequently, of a more healthy character,' than to their chemical property of neutralising the superabundant acid, which is always generated in dyspepsia.

"I think it unnecessary to detail more than one of the cases of this kind in which I have given the acid, as the practice was nearly the same in all, with the exception of the employment of purgatives being more requisite in some of them than in others. I may, however, here mention, that in the case of Mr. R.——, the dyspeptic symptoms, marked by the heat of tongue, have been again relieved, as rapidly as they were at first, by a repetition of the acid; and I am now administering it, with equal success, to a lady upwards of eighty years of age, for the removal of cardialgia, consequent to a violent pneumonic attack, from which she has just recovered, in which the heat of tongue has proved a very distressing symptom."

Having made these statements, I leave those who feel any interest in the question, to decide whether my pretensions deserve the epithet "*ludicrous*," as applied to them by Dr. Elliotson. The claim of having first prescribed the hydrocyanic acid in dyspeptic diseases, I concede to Sprengel, and to various other continental physicians; and I have no wish to rob Dr. Elliotson of the merit of being the first who employed the remedy "intentionally;" since it is impossible that he could have done otherwise, after having read, as he has admitted, my remarks in the first edition of Dr. Granville's Treatise, prior to his employment of prussic acid as a remedy in affections of the stomach.

I have the honour to be, Sir,

Your humble servant,

ANTHONY TODD THOMSON.

3, Hinde Street, Manchester Square,
February 28, 1827.

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* "An Historical and Practical Treatise on the *Internal* use of the *Hydrocyanic* (*Prussic*) *Acid*, &c.; by A. B. Granville, M. D. 1st Edit. London, 1819."

"ON A

Pretended New Surgical Operation

CALLED

EXCISION OF TEETH.

"We cannot but feel surprised at the apathy which seems to have seized upon the dentists of the metropolis, in having overlooked the acknowledgments which they owe to Mr. Fay for his extraordinary and beneficial discoveries in their art. They are no longer, it seems, to be tooth-drawers, but tooth-cutters. The anxiety and dread with regard to tooth-breaking, altogether disappear, and nothing remains but for them to clip away and pocket the guineas with confidence and nonchalance; with the delightful feeling, in addition, that the more they do, the more they shall hereafter *have to do*: the first operation on any mouth committed to their charge being merely intended to sow the seeds of a fourfold golden harvest.

"Seriously, however, it may be worth while to inquire as shortly as possible into the pretensions of Mr. Fay. They are, if we understand them aright—1. That he is the inventor of a new surgical operation, which he calls excision of teeth; and consequently that, 2dly, he has invented the instruments for performing such excision; 3dly, that roots of teeth which have been so excised, give no uneasiness, do not become diseased, and never require extraction; and, 4thly, that their stumps support the remaining teeth, and preserve the form of the jaws. With regard to his assertion that excision occasions no present pain nor subsequent uneasiness, we cannot do better than appeal at once to *Mr. Fay's patients themselves.*

"Respecting his claim to original invention, it really appears quite absurd that such claim should be set up, since it cannot fail to be well known to Mr. Fay himself that this identical operation has been practised by dentists for a long series of years, and is to this day had recourse to for the purpose of getting rid of the tops of decayed teeth, with a view chiefly to the insertion of pivots in the cavities of the remaining fangs, in order to carry what is called pivoted teeth. The same process is likewise resorted to at times when the crown of a tooth is ragged, and the patients will not submit to the operation of extraction. The mode of proceeding is nevertheless adopted as rarely as possible by all dentists of the present day who conduct their practice on any thing like true pathological principles, because extensive experience has sufficiently demonstrated the injurious consequences resulting therefrom.

In the second place, Mr. Fay asserts that his instruments are original; but we conceive, if it once be admitted that the *operation itself* is not novel, it necessarily follows that the means of performing it must have been made use of before. In fact, instruments not at all differing in principle from Mr. Fay's, now are, and long have been, in the possession of every practising dentist, although probably not so much resembling the tools of farriers as Mr. Fay's *grandes pinces tranchantes.* If we ask Ewing, that worthy old veteran, and dentists' best cutler, how long he has been in the habit of making these instruments for Waite, Cartwright, Nasmyth, Thomson, Dumergue, &c. &c., although he might not perhaps find it convenient to execute Mr. Fay's orders, we shall come to a pretty fair conclusion as to that gentleman's claims to original invention. Those who are anxious to acquire more minute historical information on this matter, may look into any of the old French authors; or if these should not be readily at hand, they may examine Delabarre's twenty-third figure, at the end of his second volume, where they will find represented Mr. Fay's *pinces tranchantes de divers genres*, without any alteration on the part of that gentleman.

"We come now to the third assertion, viz. that the stumps of excised teeth occasion neither pain nor inconvenience—neither becoming diseased nor requiring removal. It is scarcely credible that even Mr. Fay himself should have made such an assertion, disproved as it is by universal experience. Every body knows the nature of the fistulous sore called a gum-boil; and we do not hesitate to say, that if Mr. Fay should live long enough to see those patients who have submitted to his *excise*, after they have suffered from the vicissitudes of climate, the effects of disease, medicine, &c., he will, from the loss of *custom*, be compelled to abate his confidence. We can at any rate assert as a fact (for the truth of which we appeal to the exprience of all respectable dentists) that *gum-boil*, *abscess*, *ulceration of the periosteum*, and *absorption of the sockets*, together with *great pain*, general *constitutional derangement*, *irritation*, and to crown all, the ultimate necessity for the *extraction* of these fangs or stumps, are sooner or later the almost inevitable results of *excising teeth*, as well as of stumps of every other description being allowed to remain in the head. Such, indeed, are the distressing consequences of leaving stumps in the mouth, whether excised or not, that our best-informed dentists now practise but sparingly, and only in healthy constitutions, the mode of replacing teeth by means of a pivot, from an observation of the distressing consequences so frequently attendant on such practice.

"Mr. Fay is made to talk of *healthy roots*. There, however, must certainly be an error in the report. We cannot believe any man to be so absurd as to apply the epithet *healthy* to substances *dead*, as every part of an organised body must be when its vessels are completely destroyed. Mr. Fay also asserts, that the cavity in the root is very often filled up with an osseous deposit; but had he examined that matter carefully, he would have found it to be nothing more than *tartar*. It is undoubtedly hard enough to assume the appearance of bone, but affords no security whatever against the diseases to which these roots are liable. With respect to his strong point, viz. the advantages arising from his *new surgical operation*, we have already in brief disposed of the advantage of *pivoting*; and regarding the keeping up the form of the jaw, and supporting the remaining teeth, we maintain the fact to be quite the reverse. It is very seldom that any one uses freely that part of the mouth in which stumps are left, and consequently he twists his jaws into a distorted shape. The irritation superinduced by the presence of bodies which may justly be considered as extraneous, occasions a softening of the bone, and ultimately a much greater (indeed an unnatural) absorption of the sockets, than would otherwise take place. Even though the roots remain in a state of quiescence, they afford no support to the remaining teeth. In fact, they rather tend to undermine them by the irritation, callus, and fungus often produced around, of which circumstance any person may satisfy himself by the bare inspection of the living or dead subject. A very simple consideration, however, will serve to convince every body; for suppose the teeth to be a set of cones, such as the letters VVVV, supported by the contact of their inverted bases, it is evident that if the superior half of one of them be broken off, the remaining half can afford no support to the others; and it is also clear that there is nothing to prevent their falling into the space if their antagonists tend to force them into that position. But the truth is, that Mr. Fay takes a very limited view of the beautiful process of nature, which is rather improperly called the *absorption of the alveolar process*. On examining the state in which nature leaves the jaw, or part of a jaw, from which teeth have been extracted, after having finished the work, you will find that the term *absorption*, if taken to mean strictly the diminution of substance in a particular part, does really *not* take place, there being actually a new formation: the original alveolar process is absorbed, but a beautiful ridge of bone is substituted, except in cases where violence has been committed, or where nature has been disturbed in her work by the presence of bodies she wishes to get rid of, and is thus forced into what is termed diseased action. This diseased action is generally the consequence of dead roots. In fact, absorption may be said, literally speaking, never to occur except in consequence of ulceration of the periosteum and sockets, induced by the pressure of dead teeth, or remains of teeth.

"When, however, the teeth have been removed without much violence to the surrounding parts, and nature has been permitted to complete her work without interruption, in her usual harmonious manner, you will find that the ridge of new-formed bone is on a level with the alveoli of the original or remaining teeth, possessing a harder consistence and a sharper edge.

"As the learned physiologist, M. Serres, observes, "Il reste beaucoup des choses à faire sur les dents." There are many very interesting subjects connected with the teeth touched upon in the notices in the daily prints, in a manner much calculated to deceive the public, and even such medical men as have attended but superficially to this department of practice. The fact is, that certain terms have got into general use in this department, as well as others of the surgical art, which are calculated only to mislead and bewilder; and it is curious to observe their pernicious effects upon the progress of sound reason.

"We feel much tempted to dilate on many other points of this most interesting subject, but must now conclude.

"It is somewhat strange that the dentists of the metropolis should be dazzled by the brilliancy of two transatlantic luminaries at one time, and that both of them should be so indiscriminately lauded, although their principles of practice are diametrically opposite—the one insisting on "stumping" the public, and the other having written a huge volume on little else than the principles of "unstumping" them. We allude to Mr. Koecker's recent work on the Teeth

"It is really unfortunate that this branch of the healing art should never have excited the attention of any member of the London Medical Society sufficiently to enable him to contradict the unfounded assertions, and detect the glaring absurdities promulgated by Mr. Fay, at his exhibition in their hall on the 2d of October last."

CHEMISTRY.

Miners' Safety Lamp.

The only real objection to the use of Sir H. Davy's safe lamp for coal miners is the inferior degree of light that it gives when compared with that given by the naked candle. This arises from two causes, namely, the necessary obstruction offered by the black wire of which the cage, or gauze, is composed within which the lamp is placed, and the casual obstruction occasioned by the adhesion of smoke to the inside of the cage when the lamp is not carefully trimmed, and of smut and dust on the outside of the cage.

To diminish the obscuration occasioned by the first cause, Mr. Roberts, of St. Helen's, Lancashire, proposes that the wire should be kept bright and polished, by cleaning the cage every night with a soft brush and the black powder, or smut which occurs in all coal mines, especially in the neighbourhood of faults; this smut is a pulverulent non-bituminous coal, sufficiently hard to remove the rust from the surface of the wire without materially wearing the wire itself. As the lamp is at present constructed, the oil will run out of the cup, or receptacle in which it is placed, if the lamp is laid in a horizontal position, an accident which frequently occurs, on account of the lamp being rather top heavy. When this happens, the gauze becomes smeared over with viscid oil, which causes the coal-dust floating in the air of the mine to adhere to it, and in a short time to fill up more or less the meshes of the gauze.

In Mr. Robert's lamp the overflow of oil is impossible, on account of the dome-shaped cover which surrounds the wick; the dust, therefore, that settles on the gauze may be dislodged by a mere tap of the finger, or by the application of a small brush, similar to that which the soldiers carry to clean the pan of their muskets, and which might be attached by a bit of small chain to the handle of the lamp. This improvement of Mr. Robert's, for which he has received the silver Vulcan medal from the Society of Arts, is likely to prove of great advantage to that numerous body of men, the coal-miners.—*Transactions of the Society of Arts, Feb.* 1827.

A Comparative Table of the different Thermometrical Scales.

It frequently happens that when we have to speak of physiological and other experiments performed upon the Continent, that temperature requires to be mentioned, and it should be remembered, that in different parts of Europe the temperature is estimated according to different scales. The Germans, Danes, and Norwegians, employ the thermometer of Reaumur; the French for the most part use the *Centigrade*, whilst in this country Fahrenheit's thermometer is almost exclusively employed.

The two fixed points usually resorted to in dividing a thermometrical scale, are the boiling and freezing points of water, which under the same degree of atmospheric pressure always occur at the same temperature. This plan is adopted in the scales of the Centigrade and of Reaumur; in the former the intermediate part is divided into 100°, and in the latter only into 80°.

Fahrenheit's scale commences at 32° below the freezing point, and his boiling point is 212°. Now in order to arrive at the relative value of any degree on these scales, the following rules will serve us:

Each degree of Fahrenheit is equal to $\frac{4}{9}$ of a degree of Reaumur; if therefore it be desired to know what is the equivalent degree of Reaumur for any degree of Fahrenheit, it will only be necessary to multiply the number of Fahrenheit by 4, and to divide by 9, the quotient will be the corresponding degree of Reaumur, of course always making an allowance for the 32° of Fahrenheit below the 0° of Reaumur.

For example, 68° of Fahrenheit minus 32°, will be equal to 36°, which being multiplied by 4, afford 144, and this sum divided by 9, will give 16°, the equivalent number in the scale of Reaumur.

To reduce the degrees of Reaumur to those of Fahrenheit, they are to be multiplied by 9 and divided by 4, to which 32° must be added.

For example:

R. $80° \times 9 = 720 \div 4 = 180 + 32 = 212$ F.

Every degree of Fahrenheit is equal to $\frac{5}{9}$ths of a degree on the Centigrade scale; the comparison is therefore to be made as follows:

F. 212° minus 32° are equal to 180, which being multiplied by 5, afford 900, and this number being divided by 9, gives 100°, the equivalent number of the Centigrade scale. To ascertain the value of any number on the Centrigrade it will only be necessary to reverse the latter method;

C. $100 \times 9 = 900 \div 5 = 180 + 32 = 212$ F. and so on for any intermediate degree.

THE LANCET.

London, Saturday, March 10, 1827.

The speech of Lord Thurlow has made our worthy Council quake to the very marrow. They are really in a state of pitiable trembling, and we could out of mercy gladly desist from further attacking them, if our public duty, and the interests of science, did not imperiously demand a continuance of the conflict, until victory, complete victory, shall crown our exertions. Overwhelmed with the infamy which their corporate tyranny has brought down upon them, they *feel* their disgraceful and perilous situation, but have not sufficient talent to make any movement that is in the slightest degree calculated to relieve them from their difficulties. The arguments of Lord Thurlow against the present Charter are unanswerable, and his exposure of its gross injustice and impolicy most conclusive. Good heavens! upon what principle is it, that twenty-one persons, *who elect each other*, shall possess the property and execise unrestrained supervisal over the affairs of thousands of their professional brethren? It is really too monstrous to be tolerated; and our surprise that any individual should have had the audacity to insult the ear of the throne with a prayer for such a power, is equalled only by the pity we must feel for the weakness of the King who could grant it.

In one of our Numbers for *May* 1824, is the following passage: "*we are inclined to question the* legality of the Charter, *and* we *think it highly probable, that it will ultimately prove in point of* law, *utterly futile and powerless*;" we are still of the same opinion, but at this time it would not be prudent to state the grounds on which we have come to this conclusion; this much, however, we may divulge, that we firmly believe there are many members of the *late* Corporation of Surgeons now living, through whose instrumentality the Charter could be set aside, and the present Council proved to be *a set* of usurpers. Something on this point, should it be necessary, may be attempted hereafter; meanwhile we must direct our attention to, and rely on the wisdom of Parliament. We should embrace every opportunity of making our grievances known to those members of the Legislature with whom we might happen to come in contact, and likewise explain to them the reasonable nature of the method we seek to adopt for their removal and prevention. The notices and discussions which have appeared in the newspapers, both metropolitan and provincial, have been most serviceable to our cause; these have not only been diffuse, but frequently repeated. Within the last fortnight, the College has received a precious exposure in the journals of the North. On Tuesday the 20th ult., a numerous meeting of the members of the College was held in the Court House at Leeds; it was not only attended by the surgeons of that populous town, but by those of the neighbouring country. The resolutions in favour of the prayer of the *London Petition*, and denouncing the conduct of the Council, all passed *nem. con.* Not a single voice was raised on behalf of the College; not a syllable was heard in extenuation of the "Regulations" of the "Ruling Powers;" nor in vindication of the Charter. In fact, so honourble, so just, so praiseworthy, does opposition to the College appear to the surgeons of Leeds and its vicinity, that some of them are now waging a literary warfare, with a view to establish who were the first to display it; and some of the seniors, although heartily hating the tyranny of the "Ruling Powers," were so nettled because they had no share in convening the meeting, would not attend at all. Oh! fie, fie! Mr. Chorley, from a man of your intelligence and independent mind, we expected better things. Such a display of contemptible vanity as we perceive in these proceedings, ill becomes the votaries of science. Mr. Corsellis, in the course of his speech, stated, that when he was examined at the College, the first question put to him was, " Whose *lectures* have you attended?" he replied, "I studied anatomy under Mr. Grainger." The Examiner rejoined, "That is a d——d lie;" and continued the same conduct throughout. We thank Mr. Corsellis for introducing our friend Pluto to the people of the North.

It was moved that John Marshall, Esq. be requested to present the *Leeds Petition*—and that Lord Milton, R. F. Wilson, Esq., and the Hon. Wm. Duncombe would give it their support.

We perceive by the newspapers, that the Lectures are to be commenced at the College, on Tuesday next; the following is the advertisement which contains this information.

" Royal College of Surgeons in London. —Notice.—The Ensuing Course of Lectures will be commenced on Tuesday, the 13th instant, at 4 o'clock in the afternoon, and will be continued on Tuesdays, Thursdays, and Saturdays, at the same hour, until completed. Edmund Belfour, Sec."

Now to whom is this addressed? To no other than the members of the College; and such is the manner in which they are accosted by Edmund Belfour, Sec., their own servant, but who is under the command the Council. What could have been more simple, easy, or proper than—

Gentlemen,—I am directed to inform you, &c. &c.? no, this would have been too respectful from a servant to his master, at least it would have been too much respect for the Council to have shown the great body of the Members, hence they say;—"Here! notice! you contemptible wretches!—the lectures are to be delivered, and as a mark of our great condescension, you may once more pollute the College and come to hear them; if not, you may stay away and be ———." This is the language these insignificant coxcombs would employ towards us if they dared, which in truth is only in unison with the feeling that dictated the above insulting notice!

There is a circumstance that we have often observed in the theatre of the College, which has been particularly painful to us, and never more so than when we had the misery to hear the Cruikshankian Oration; we allude to the indecent distinction invariably conferred on the *London Hospitol Surgeons*, these gentlemen being always permitted to enter the theatre at a *different door* from the *General Practitioner*, and to occupy seats in the *first division*, with the President and visitors; thus constantly separated from Members generally, by an invidious and disgusting partition. Hence it frequently happens, that young men, not many removes from " beardless boys," are comfortably seated on benches not half occupied, whilst many of the aged and venerable Members have their " grey locks" insulted, in being directed to seats which they are unable to reach, in consequence of their infirmities. This is a most scandalous practice, and requires immediate abolition. We are not so unreasonable as to desire that all distinctions should be laid aside, far from it: we willingly concede the seats in the first division to the Officers of the College, to the Visitors, and to the present and past Professors, as Messrs. Bell and Green, and Messrs. Lawrence and Brodie. But we do protest most strenuously against bestowing marks of honour and distinction on *Hospital Surgeons*, to which they have no more just claim, than the senseless boards they encumber; and if they presume again to occupy those seats, we hope that their brother Members will on Tuesday next give them a lesson that shall improve their taste, and make them recollect it is said in holy writ, " He that exalteth himself shall be abased."

Jemmy Johnson says he never wrote " *Mère de Glace.*"

At page 734, will be found an article on "Excision of the Teeth," "Mr. Fay's Forceps," "Mr. Fay's Stumps," and, indeed, on "Mr. Fay" himself. The MS. of this exquisite production was sent to us some months back, with a request, that if "disapproved," it should be returned to our office; we did "disapprove," and returned it accordingly. Afterwards it was *printed,* we do not say published, in "Anderson's Quarterly Journal of British and Foreign Medicine," now *defunct,* (and really, considering the Medico-Fudgico trash *still* afloat, it merited a more protracted existance,) it has been circulated in the form of a "Tract on Dental Surgery," and we believe has been stitched up with the magazines. Had it not been thus distributed, we should have again declined its insertion, and we only give it a place now, that we may answer its *arguments,* and expose its cut-throat malignity. A paper of this description, insidiously and silently promulgated amongst medical practitioners, and private families, might be productive of great injury to the individual against whom, in reality, it is directed, and we feel particularly indebted to our esteemed correspondent for having called our attention to the subject, and thus given us an opportunity of protecting Mr. Fay as far as we are capable from the assassin-like attack of his slanderous foe.

With regard to this writer's two first propositions, it is only necessary to state, that the Society of Arts during its last session, presented Mr. Fay with the large Silver Medal, in consequence of what were supposed to be the excellence and originality of his instruments; and that before that honour was conferred, all the most eminent dentists of the metropolis, and several very eminent surgeons, attended at the Society, examined those instruments, and had no facts to offer against either their excellence or originality, although some of them were most industrious in their opposition, and displayed considerable ingenuity. Of the originality of the instruments, therefore, it is not necessary to say another word. At the Society it was also acknowledged, that "*excision,*" as performed with Mr. Fay's forceps, was as much a novelty as the instrument. The *third* and *fourth* propositions which the writer fathers on Mr. Fay, being mere bastards of his own fabrication, we shall not further notice them; to avoid all quibbling, however, and with a view to expose the effrontery of this writer, we will extract a passage from Mr. Fay's paper, published in the last volume of the Society's Transactions; when speaking of excision, he says, "I recommend it as a most valuable substitute for extraction of the teeth in the *majority* of cases of caries, *but by no means to supersede it altogether,* as there *are and must ever be cases requiring the* ENTIRE EXTRACTION *of the teeth.*" Enough on this point.

The writer next affects to sneer at Mr. Fay, because he speaks of HEALTHY ROOTS being left after "excision," and of their *supporting* the *adjoining teeth*; he says, "We cannot believe any man to be so absurd as to apply the epithet *healthy* to substances *dead,* as every part of an organised body must be, when its vessels are completely destroyed." Certes, Mr. Sapient! But does the removal of the CROWN of a tooth destroy the vitality of its *roots*? Do the vessels enter the *crown* first, and then pass on to the roots, or do they enter at the *roots* first? Does the amputation of a foot destroy vitality in the leg, or amputation of the hand that of the arm? If the first supply of blood were through the toes and fingers, such consequences might occur; but as the first influx of blood meanders along the parts which are left, so do they live; and as the *fangs* of teeth *first* receive all the vessels, so do they live, when not destroyed by disease, after the crowns are removed. In another place, this consistent writer speaks of the *pain* often experienced in these *dead* stumps; and he stoutly contends, that the *roots*, when left, afford *no support* to the adjoining teeth; he says, "Suppose the teeth to be a set of cones, such as the letters VVVV, supported by the contact of their inverted bases, it is evident, that if the superior half of one of them be broken off, the remaining half can afford no support to the others." But what becomes of this hypothesis, when we daily, nay, hourly, see persons in whom the *crowns* of the teeth neither are, nor ever were, in contact, yet are healthy, upright, and firm? Again, in children, how seldom is it that their *incisores* are in contact, and yet, are they not firmly fixed? The truth is, that the *fangs* of the teeth, and the *alveolar processes*, may be compared to *two* sets of *cones*, with *reversed* bases, and that any healthy portion, whether fang or alveolar process, tends to maintain the natural position of the parts. The writer tells us, that after teeth have been extracted, "a ridge of bone is formed on a level with the alveoli of the original." Nothing can be more false, as every Museum in this town will furnish ample proof; and so far from the remaining teeth receiving support from this ridge of bone, it is a notorious fact, that after a tooth has been removed a few years, the adjoining ones approximate so as to be nearly, or quite, in contact. One extract more, and we have done: "Although *Ewing* might not, perhaps, find it CONVENIENT to execute Mr. Fay's orders:" the inuendo contained in this sentence cannot be misunderstood, and a thing of greater baseness we never beheld. To write thus of an unprotected stranger, of a foreigner who has come amongst us, and publicly exhibited the fruits of his talents! Had Mr. Fay brought with him "*peculiar* forceps which he could not expose," and had he professed to "extract" or excise teeth by methods peculiar to himself, like some other dentists in this town, we should have despised as much as we now respect him. He came with no "*secret operation*," but, on the contrary, exhibited his instruments and mode of operating to the surgeons and pupils of the Westminster Hospital, to the surgeons and pupils of Guy's, to the members of the Westminster and London Medical Societies, and finally, before the Society of Arts. This is not the conduct of a quack, of an unprincipled empiric; but, on the contrary, the open and frank behaviour of an honest man, who feels sufficient security in the utility and integrity of his principles.

In our last Number, (page 709,) we inserted an extract from the letter of a correspondent, containing some very severe animadversions on the treatment experienced by the out-patients of St. Thomas's Hospital; he added, however, that "in the *medical* department, *some* exception might be made;" we are happy to find that this "*some* exception," in the *medical* department, is too qualified an expression, as we have the authority of Dr. Roots, the assistant physician, for stating, that he is not placed under the *slightest restraint* in prescribing for the out-patients, who frequently amount from *eighty* to *one hundred* in a day, and for some of whom on particular occasions Dr. Roots has ordered upwards of a hundred leeches, which have been supplied without murmur or hesitation. Our correspondent had not the most distant intention of imputing neglect to Dr. Roots, who, from the zeal and ability he invariably displays in the discharge of his important duties, is a blessing to the poor sufferers of the Hopital.

At the St. Thomas's Dinner, held last week, so "huge and deep" was the darkness occasioned by the presence of the Great Surgical Eclipse, that eighteen additional chandeliers were suspended. Ben Travers inquired particularly for Sultana Raisins.

It is said, that Mr. SECRETARY CANNING, on being asked to attend the Annual Prosing with which the COLLEGE of PHYSICIANS regales its friends, and by which an attempt is made to bring us back to the *pure* ages of scholastic nonsense, answered, "So, Sir, you have discovered that the College has got the climacteric disease. I shall attend when she requires a purging; but the task of invigorating her may better be intrusted to your hands, though, I fear you have a bad case."

COLLEGE OF PHYSICIANS.

(*From a Correspondent.*)

February 20th, 1827.

SIR,—I am desired to inform you, that in consequence of a correspondence which has taken place between the President of the College of Physicians and the President of the College of Surgeons, the Board of Curators have adopted the following Resolution:—

"That the Licentiates of the College of Physicians shall hereafter be admitted to the Museum of the College of Surgeons, upon all days of public exhibition, without further ceremony than that of inscribing their names in the Visitors' Book."

I am, Sir,
Your humble Servant,
WM. MACMICHAEL,
Registrar.
By order of the Royal College of Physicians.

This letter is only gratifying, as a symptom of the salutary terror which the past discussions, and the anticipation of future castigation, have imprinted on the minds of the indolent drones of our *learned bodies*. It is evident that the extra professional curators have felt the gross impropriety and absurdity of the invasion attempted to be made by the fellows of the College of Physicians, on the rights of their equally meritorious brethren, and we trust they will go on and feel that the same privilege ought to be extended to every member of the medical profession, especially to that very numerous body of well informed and industrious practitioners to whom the public is hourly more indebted, than to the idle dolts of the College of Physicians in twelve months. It is said that a feeling exists among the Fellows of the College, of the absolute necessity of their doing something to redeem their character with the public. If they are at last become sensible of the altered circumstances of the times in which we live, we are glad of it, though it would have afforded us more pleasure to see their endeavours at a reform in the profession proceed from a purer source. We cannot, however, look upon the above letter as a very pure specimen of this spirit. We should be glad to see a good reason assigned for the licentiates of the College of Physicians being *admitted as visitors*. Why do they not,—why does not every person, practising physic in any of its branches (we do not even except the apothecary), walk into this national Museum by right, by an equal right with those presumptuous persons who live within the sainted pale of the College? This Museum was bought with the public money, was given for a public and useful purpose, and the object of the legislature has been frustrated, we have no hesitation in saying, by a base and paltry trick on the part of the two Colleges. The President of the College of Physicians caused the words "Fellows of the College" to be inserted in the Treasury Minute, well knowing that the persons to whom he addressed himself, believed every physician in London to be what he ought to be, a fellow of the College. The worthies of the College of Surgeons have gone a step further in chicanery, and have wholly excluded every member of the College, except the few of the craft, from the advantages intended for them by the munificent donation of the *Parliament* of the country.

It would be well, however, for the licentiates of the College to pause a little, ere they avail themselves of the privilege thus doled out to them. Let them reflect, and they will easily perceive that this measure is not adopted without a party motive. The fellows of the College have felt the public opinion too strong for them, and see that if they do not bend they must break. They are willing, however, to make an insidious attempt to rivet the chains of the licentiates still faster than before. In the instances in which the just claims of the licentiates to be admitted into the College have been subjects of litigation, the answer of the Court of King's Bench has been, that the licentiates, by signing their names to the laws of the College, admitted their justice, and cannot, therefore, be allowed to found a plea in court on their oppressive nature. They may depend upon it, that the same use will be made of their signatures in the Visitors' Book, when the petition of a wronged profession is discussed in the two houses of parliament. Their having accepted of this insolent proposal, in which that which may and must eventually be extorted as a right, is miserably offered as a boon, will be construed by the enemies of science into a tacit confession, that enough has been done.

If anything were wanting to urge the persons to whom this letter is addressed, to refrain from inserting their names in the Visitors' Book of the College of Surgeons, it is supplied by the terms of the resolution, at once insolent and crouching. We call their attention, in a particular manner, to the words "*without further ceremony*," evidently meant to conciliate and soften down the just indignation of the profession at what has already taken place, and to blind them as to what is still withheld. We trust the licentiates will, at last, show some bold conduct, and cast off the supine and timid spirit which has hitherto disgraced them. Let them be true to themselves, and they will have no occasion to complain of want of sympathy on the part of the public. Let them insist on a parity of rights, on the right of using a public museum without being questioned by any one, on the power of introducing whom they will, and on every other privilege possessed by others.

It is difficult to divine on what pretext such measures as these, which have been adopted to ruin this Museum and destroy its utility, can possibly be defended. The intention, if not the literal meaning of the Parliamentary grant, evidently was that the magnificient collection it contains should be placed in the College of Surgeons for the benefit of the whole medical world, and the encouragement of the study of anatomy. But by whom has the exclusive benefit of it been usurped? By the fellows of the College of Physicians, men for the greater part ignorant of every branch of anatomy, and by a few surgeons either disabled by age or precluded by business from making any use of it. There might even be some excuse found for them if they did use it, but we much question whether the visits of all of them put together since the foundation of the Museum, average one per week. They have not hesitated to sacrifice the whole of their profession, the interests of science, truth, justice, and honour, to obtain a paltry, and as it now appears, a disgraceful distinction for themselves.

MAN-MIDWIFERY.

To the Editor of THE LANCET.

SIR,—Not having had a sight of Sir Anthony Carlisle's Letter, published in *The Times* newspaper, containing his very learned and liberal views of the present state of obstetric practice in this country, I had no opportunity of judging of its merits but from report, until it appeared in the pages of your Journal. Had this notorious letter, (for notorious it has become,) been dictated by a cool and dispassionate faith in the powers of Nature fulfilling her object in the parturient process, it would have been a pleasing, instead of a painful task, for any physiological reasoner to have entered the controversial field, and to have taken up the gauntlet which he has so wantonly thrown down. Manifest as it must be, that the whole tenor of his observations is marked by a total want of knowledge of his subject, and that his language is that of intemperate censure and invective against a respectable class of practitioners; it would, perhaps, be more compatible with professional respectability, to allow the letter to pass unnoticed, particularly as the indignity which it offers to every honest and conscientious man practising midwifery, is too palpable to require comment. Yet, Sir, I cannot help volunteering a few brief remarks, and although urged to them by wounded feelings, which I, in common with my brother practitioners, must experience upon the occasion, I will endeavour to avoid that rock of scurrility, which would have wrecked the bark of the adventurer, even had it not been assailed with the thousand adverse winds which now blow on it from every part of the United Kingdom.

The Letter sets out with a preliminary observation upon the condition and management of our national institutions, but soon diverges into the subject of an intended society for the licensing of men to practise the obstetric art; at the same time cautioning Mr. Peel (to whom the said Letter is addressed) and the public, of the probability that *vice* and *avarice* may have some share in this professional movement; as if the circumstance had been familiar to the author, that these two heinous sins had already found their way into the medical establishment of this country! As a Member of the Society alluded to, denominated "The Obstetric Society," it would be an act of injustice to myself, and to the members generally, (amongst whom are to be found men of talent, honour, and integrity,) if I omitted to state that its leading object is to petition Parliament, that the practice of midwifery may be subject to the same restrictions as the other branches of medical science, the necessity of which appears to be almost universally admitted; and unless I labour under some misconception or ignorance, such intention was never for a moment entertained by the Society, as that of applying to the legislature for a separate Charter.

The author of the letter, to whom the profession is indebted for many ingenious hypotheses, has certainly again contributed to the promulgation of a very important discovery, that parturition is a natural process! as if the whole world were ignorant of the fact; and insinuates, that because the late Queen Charlotte passed through the period of child-birth with comparative ease and safety, assisted only by "good Mrs. Draper," the Princess Charlotte, under the same management, would have been now alive to have espoused the cause of the worthy Knight! he, therefore, *respectfully suggests* that parturient women should no longer be assisted by male practitioners. Now, Sir, if the functions of parturition were never opposed by physiolgical difficulties, nor the system of the female affected by disease, midwifery would never have existed as a science; but it is these difficulties, and this aberration from healthy structure, which declare the necessity of midwifery as a science; and I would appeal to all unprejudiced practitioners, whether such do not impede the progress of labour oftener than once in "a thousand cases!" The register of every lying-in institution in the kingdom will be a sufficient contradiction to this gratuitous assertion. Again, I would appeal to any man competent to a faithful discharge of his professional duties, whether circumstances as unforeseen as alarming, do not commonly arise, which, if not instantaneously controlled, prove destructive to the patient; and I would ask, whether there is a woman to be found possessed of sufficient nerve and capability to carry into effect those means upon which the safety of the patient so frequently depends?

A strict knowledge of the anatomy and physiology of the parts, both in a healthy and morbid state, concerned in the process of parturition, is equally necessary for the operative practitioner in midwifery, as general anatomical and physiological knowledge is for an operative surgeon, from the acquirement of which, women are in a great measure precluded; besides, a woman, unfitted by nature, as she is, from scientific mechanical employment, can never possibly use obstetric instruments with advantage or precision, had she presumption enough to undertake their management. And I do maintain, that when difficulties, whether mechanical or otherwise, do present themselves, that practitioner will be able to render the most effectual assistance, who is most familiar with parturition in all its varieties, by attending upon all cases indiscriminately.

I most humbly suggest, if the lives of his Majesty's female subjects are to be intrusted to the care of nurses and midwives, and I think I shall be supported by every person interested in the welfare of the sex, that a legislative enactment should be made to compel them to study anatomy, which, in truth, is the only solid basis of all medical acquirement; that the author of the letter shall be "recognised" as demonstrator to the "female practitioners," in consideration of his peculiarly delicate feelings towards the sex in general, and by which he will enjoy opportunities of urging his recommendation, "that the judgment of modest women be copiously awakened." Again, Sir, to be more serious, if it should appear that a female is capable of going through the operative part of midwifery, it will be obvious, or at least a fair presumption, that she ought also to be competent to the various operations of surgery, in which case it would be advisable that a few reputable matrons be placed at the head of affairs, to co-operate with the worthy knight in diffusing "more generally and scientifically sound chirurgical knowledge." How far this amalgamation would be beneficial to society, I leave it for the public and the profession to decide. I shall not intrude upon the time of your readers, with any tedious comments regarding the style in which the author of the letter attempts to justify his remarks, nor upon the manner in which he has vilified a respectable body of practitioners, the words "greediness of a few" are alone a sufficient specimen of his peculiarly elegant phraselogy, while his insinuations regarding "outrageous stories" must ever stamp his taste, and be considered by the accoucheur and general practitioner, an insult as wanton as unmerited. To conclude, let the subject be open to fair and temperate discussion, and I am quite sure that not one proselyte will be made to the cause which the author attempts to support, unless he can produce still more solid reasons than those he has so *disinterestedly* and so *religiously* advanced.

I have the honour to remain, Sir,
Your obedient and humble servant,
George Jewel.

Sackville Street, London,
March 5, 1827.

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF NÆVUS MATERNUS.

An infant of four months old was admitted into the Hospital on Thursday, Jan. 15, on account of an aneurism by anastomosis (a subcutaneous nævus of considerable size) situated on the back, about the middle of the dorsal spine; the base of the tumour was nearly three inches in circumference. At the time of birth a discoloration of the size of a sixpence was perceived; shortly after it became elevated, and daily augmented up to the date of the patient's admission: its present form and size is that of half a small orange. The tumour is soft and compressible; squeezed into the hand it yields like a sponge, and is reducible to nearly one-half its original size. On removing the pressure, the tumour rapidly filled again. Mr. Lawrence, to whom the case belonged, was disposed to treat it by ligature. The fatal hæmorrhage that resulted from the excision of a nævus, which occurred to Mr. Wardrop, made him doubtful as to the safety of employing the knife. The production of a slough by caustic was mentioned as having been attended with a happy result. Mr. Lawrence observed, that he had had no experience in such cases, but the success attendant on the use of the ligature in a case recently treated by Mr. Wardrop, had influenced him in his present determination, which meeting with the concurrence of his colleagues, the child, on Saturday, was removed into the operating theatre.

The basis of the tumour was transversely traversed by a needle carrying a double ligature; it was tied both ways, so that either half of the diseased mass was included in a separate noose. Considerable doubt was expressed as to the ultimate well-doing of the child, many present imagining that the irritation consequent on the operation would be adequate to the destruction of life. During the remainder of the day the child cried incessantly; in the night it was much convulsed, and was excessively fretful the whole of Sunday. Towards evening it took the breast for about three minutes, the first time since the application of the ligature; a slight bleeding took place, which was arrested by the application of cold. During the night of Sunday the child was very much convulsed. On Monday it again took the breast for about five minutes; the parts in the neighbourhood of the tumour did not appear more irritated and inflamed than could have been expected. In the course of the night bleeding again recurred; the house-surgeon was sent for, cold was applied, and the bleeding ceased. Early in the morning the child was extremely ill. At our visit, the sister of the ward informed us that its death had been hourly expected. Mr. Lawrence, with a double-edged scalpel, sliced off two-thirds of the tumour; a piece of lint, previously wet with cold water, to be applied immediately; about a desert spoonful of blood oozed from the part. The excised part at first sight had a medullary appearance, a firm and liver-like feel. Its surface presented two appearances; the more internal resembled the substance of enlarged nymphæ—the other was dark and grumous, similar in appearance to diseased spleen.

On Wednesday the child was much better, it took the breast tolerably well; the ligatures were removed on Thursday; a groove was perceptible around the basis of the tumour; a poultice was applied, and on Friday the slough came away; the ulcer has a healthy granulating appearance, and in the course of a few days the child will leave the Hospital.

A few days since Mr. Lawrence performed the operation of extraction, on a man affected with capsulo-lenticular cataract. A piece of lint, wetted with cold water, was laid over the eye after the operation, the opposite eye darkened, and a loose bandage applied over the whole, so as more *effectually* to exclude the stimulus of light. Strict orders were given that the bandage was not to be removed.

On the following day three *suckling professors*, scorning the idea of light being a stimulus, and treating with contempt the idle supposition of consecutive inflammation, *triumphantly* set aside the *truly absurd* injunctions of Mr. Lawrence, by removing all covering from the eye, and *exposing it to a stream of vivid light*. After their exit, the sister of the ward, doubting the efficacy of this new mode of treatment, replaced the bandage, &c., and gently hinted to Mr. Lawrence, when he came to the Hospital the following day, that during his absence his orders had been treated with the most sovereign contempt. After questioning the man as to the feeling of the organ, Mr. Lawrence proceeded to remark upon the conduct of the three luminous bodies of the preceding day. He was not before aware that there was an individual belonging to the Hospital so grossly ignorant of the common principles of his art—so totally destitute of every the remotest idea connected with the principles or practice of surgery. Any gentleman, either present or elsewhere, would do him a great kindness by giving him the names* of the offending parties, and he would take care they should not go unrewarded.

On Saturday Mr. Earle performed the operation of lithotomy on a child, about fourteen years of age. The first incision was followed by a tremendous gush of blood from the *tranrersus perinæi artery*, which was enormously enlarged; the vessel was immediately secured by ligature, and Mr. Earle proceeded to complete the operation; the calculus was of the mulberry kind; the child had been labouring under symptoms of stone for the last ten years. Mr. Earle had seen a similar case of enlarged *transversus perinæi artery* in a child, upon whom he operated some years since at Christ's Hospital; he felt inclined to attribute its enlargement in those cases to the long-continued irritation kept up by the stone in the bladder.

CASE OF EXTENSIVE INFLAMMATION OF THE ARM, CONSEQUENT ON VENESECTION, TERMINATING FATALLY.

Henry Arnold was admitted into Henry's Ward, on Thursday, January 25, having an ulcer on the leg, of an inflammatory looking character. Being a robust and plethoric subject, sixteen ounces of blood were ordered to be taken from the arm, (left) and a dose of calomel and jalap exhibited. On the following Sunday, January 28, he felt a degree of stiffness at the elbow-joint: which, however, he considered too trivial for notice. During the night his sleep was broken and interrupted, and on being questioned as to the cause, expressed himself as if he felt a peculiar and indescribable sensation in his head.* Monday passed through without any one's attention being directed to the patient's precarious state. He passed a restless night, being delirious at times. On Tuesday, January 30, Mr. Lawrence being at the Hospital, his attention was drawn to the patient's situation by the sister of the ward. The arm, on examination, was found considerably tumefied, tense, and augmented in temperature; the veins were enlarged, and had a cord-like feel. On comparing it with the opposite extremity, the increase of size was strikingly manifest, the tumefaction having extended beyond the lower margin of the pectoralis major. The axillary absorbent glands were enlarged, and vessels traceable into them; the face was flushed, and the countenance expressive of considerable anxiety; the tongue white to its edges, with a yellowish appearance in the centre; the pulse 122, soft, and not particularly full; the bowels lax; and urine scanty and high coloured. Mr. Lawrence seemed fully impressed with the man's dangerous state; and said nothing but the most active treatment would be available. Accordingly, 16 ounces of blood were taken immediately from the *opposite* arm, a dose of calomel and jalap, *statim*, and one grain of the antimonium tartarizatum, with half a drachm of potassæ nitras, in solution, every four hours. Mr. Lawrence observed that he was induced to give grain doses of emetic tartar in combination with nitrate of potass, from the representations of its good effects by Mojon, in his interesting account of the Petechial fever, which he had just perused. At this moment a host of remedies was proposed to Mr. Lawrence by a few "*aspirants*." One thought a division of the vein would be the most effectual remedy; he did not mention *what* vein; but from an observation he made, we are inclined to suppose he meant the *brachial*. A second *informed* Mr. Lawrence that blistering was the universal remedy employed in America. A third ventured to observe, that salivation was *a very powerful* remedy; at this eloquent truism Mr. Lawrence (as if he had received the new light,) exhibited the white of his eye. A fourth was convinced that the production of a slough by lunar caustic, from the elbow upwards, as far as the lower margin of the axilla, would prove an infallible remedy. Mr. Lawrence took no notice of this lunar observation.

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* We have some suspicions with regard to these gentry, and believe they are professors of "sound chirurgical knowledge," having passed the pons asinorum in surgery—the College.

* We have thought this symptom peculiarly worthy of mention, because it was observed to Mr. Lawrence, that from the first the man had not complained of cerebral disturbance.

31. On visiting the patient this morning, we found *that only one dose* of the medicine had been given, the *sickening* reason assigned by the dresser for its discontinuance, being the production of *nausea*. Thirty leeches were ordered to be applied to the arm, and vesication excited by a large blistering plaster; the general appearance of the limb was much the same as yesterday. The tumefaction had not extended. He had passed a restless and disturbed night, the blood taken yesterday was neither buffed nor cupped.

Feb. 1. To-day he was again seen by Mr. Lawrence. The actual state of the limb could not be ascertained, on account of the irritating effects of the blister. The constitutional disturbance exhibited a more serious character; the pulse was small and quick, beating 140 in the minute; his tongue more foul; urinal discharge diminished. The characters of typhus began more fully to develop themselves. Upon being informed that only one dose of the prescribed medicine had been given, and having ascertained the intelligent reason for its discontinuance, Mr. L. instantly ordered the medicine to be resumed.

2. On visiting him this morning we were informed he had passed a wandering night; his eyes had a glare, a sort of lurid look; the conjunctivæ were indicative of cerebral disturbance; pulse 136; medicines continued.

3. This morning his countenance appeared more flushed, but not so sunk as on the 1st; the pulse was diminished in frequency, but increased in volume. The antimonial mixture having occasioned vomiting and distressing nausea, was discontinued. Twelve minims of the tincture of digitalis in ℥ss. of saline mixture, were substituted; to be repeated every four hours.

4. He passed a very restless night; the features were keen and expressive, indicative of considerable suffering. He complained of severe darting pains through the thigh and calf of his left leg. His bowels had been evacuated three times during the 24 hours; very little urine voided in that period; pulse 130.

5. To-day the contitutional symptoms appear decidedly better; the expression was more natural, and the arm considerably reduced in size, and nearly of its natural temperature. During the commotion in the system the ulcer on the leg, for which he had been admitted, had been almost forgotten. The clothes being turned down, it was found to have cicatrized kindly enough, but on the opposite limb was discovered acute inflammation of the synovial bursa of the knee-joint. (He had not previously complained to Mr. Lawrence of any pain in the limb.) From the great effusion that had taken place it was tense, hard, and unfluctuating; the thigh was tumefied, and innumerable veins, charged with dark-coloured blood, were seen conspicuously meandering beneath the integuments. Sixteen ounces of blood were ordered to be cupped from the knee, and the constant use of fomentations subsequently; four grains of calomel, in a pill, to be given with the digitalis mixture as before, with an addition of three drops of the tinct. digitalis, made every four hours.

6. He had passed a better night; his tongue was cleaner, and the skin moistened by a gentle perspiration; the state of the limb much as yesterday; he complained of pain in his right shoulder. The calomel pill and digitalis mixture to be continued.—Distant hopes of recovery were now entertained.

7. On our visit this morning we found a sudden change, greatly for the worse, had taken place. The tongue was brown and parched; the countenance sunk and of a cadaverous appearance; his speech, from being cheerful, had dwindled into a faint, low, whisper, the pulse being 116; the motions passed involuntarily. The whole thigh was greatly augmented in bulk, and of a somewhat livid appearance. Towards evening he became comatose, and died at half-past four on the morning of the 8th.

Post-mortem Examination nine hours after death.

Upon the removal of the integuments of the arm, a small quantity of pus was seen pointing at the aperture in the vena media basilica. The space containing the matter was just of sufficient size to hold an ordinary horse bean. The induration and thickening of the coats of the vein, had extended as far as the insertion of the coraco brachialis; beyond that point the texture of the vessel appeared healthy. The vein was pervious throughout. No disease could be detected in the veins of the fore-arm. On cutting into the knee joint, instead of finding the supposed quantity of synovial fluid, a mixture of pus and blood, of the consistence and appearance of anchovy sauce, flowed from the opening. The interior of the joint being minutely inspected, the cartilages at the greatest convexity of either condyle of the femur, and on the corresponding surface of the tibia, were found absorbed. On sponging the parts, numerous little excavations denoting the partial absorption were recognized; the unabsorbed portion was minutely injected with blood. The incision being carried from the joint upwards, it was discovered that the cellular tissue above and external to the capsule, occupying the space between the rectus and cruræus at the lower and anterior part of the femur, was completely infiltrated with good-conditioned pus. The interstitial cellular tissue connecting the fibres of the cruræus and vasti muscles throughout their whole extent, was infiltrated with a similar matter. A slice of the muscle, when pressed between the fingers and thumb, gave out matter similar to a squeezed sponge. The cause of the pain complained of in the right shoulder two days before death, was next sought for. The fibres of the deltoid being divided, pus was discovered in the cellular tissue, occupying the space between the under surface of that muscle, and the capsule of the shoulder joint. On division of the capsule, inflammation did not appear to have attacked the interior of the joint. Removal of the skull-cap and dura mater exhibited the tunica arachnoides thickened and opaque, of a milky appearance, such as chronic doctors would rejoice in. The cellular tissue connecting the pia matral vessels was completely saturated with serous fluid. This being withdrawn from the sulci, the convolutions seemed shrunk and shrivelled. Mr. Lawrence observed, that this character of brain, taken in connexion with the state of the arachnoid membrane and pia mater, was generally met with in examining the brains of old maniacs. The divided cerebral substance appeared highly vascular, studded with innumerable bloody points, and covered with blood on pressure. The lateral ventricles contained no fluid, but had evidently been distended; the water escaping through the foramina of Monro, through the foramen commune anterius into the third ventricle, through the canalis medius into the fourth ventricle, and through the calamus scriptorius into the vertebral canal. The heart, lungs, and large vessels presented a healthy appearance; no adhesions of the plura. There was nothing unusual in the appearance of the abdominal viscera, (except in the liver, which was pale,) they were incased in fat. The spinal marrow, with its membranes, was not examined; indeed it was very fortunate any examination whatever was obtained, two of the deceased's relatives having very *weighty scruples* against any such proceeding. They proved to be of that class of sensitive, sentimental souls, who, roused by overwhelming heart-rending recollections, are in the habit of exhibiting on these occasions their tender sympathies and agonized feelings, by "shying their valued bodies into the Thames," or to (commit murder on the solemn occasion and) put it poetically,

> "Of shying them" into "that bourn*
> From whence no traveller returns."

During and after the examination, the inmates of the dead-house were assailed with *grievous* Billingsgate of no ordinary stamp. Being butchers, it would be unfair to deny their right to the following character:—

> "Bloody rogues, with many a horrid oath,
> Arcades ambo, id est, blackguards both."

OSTEOSARCOMA OF THE LOWER JAW.

The following is the outline connected with the history of the present disease, as far as we have been enabled to elicit it from the patient:—

William Cooper, æt. 50, a vigorous and healthy-looking man, states, that about twenty years ago, he had one of the molares teeth extracted on the right side of the lower jaw. Two months after, he perceived a small nodule, which was produced from that part of the alveolar process whence the tooth had been drawn. It imperceptibly increased in size for several years, but its progress was unaccompanied by pain. To the best of the man's recollection, sixteen years after the appearance of the nodule, the two remaining molares of that side became loose, and eventually dropped out. He then, for the first time, discovered a hardness extending from the bicuspid of the same side backwards, to the ramus of the *mylo-hyoid line*; occasional pains attacked the part, yet he did not seek medical aid. In the month of June last, a swelling began to manifest itself externally, which (taking the direction of the man's finger for our guide) occupied the space intervening between the right ramus, and the anterior edge of the masseter muscle; there was occasional severe pain extending upwards to the side of the head. He applied, at this period, to a medical man in the country, whose advice gave great consolation. He desired him to apply a bread and water poultice, and gave him to understand he would expedite the cure in a week. Both patient and doctor were deceived, however. Finding no relief, and fancying Galen rather out in his prognostics, he withdrew himself altogether from the benefits of " sound chirurgical." In the month of October last, he fell and struck the part against the shaft of a wagon; considerable bleeding took place into the mouth. A fortnight after the receipt of the blow, the tumefaction sensibly augmented; the pain became more severe, and of greater duration, and toward the end of December, exfoliation of a small portion of bone took place close to the bicuspid tooth, which was followed by temporary relief. The swelling continued to increase up to his admission into the Hospital, on the 4th of February last. On examination, the disease extended from the angle along the ramus of the right side, as far as the cuspidati, and thence backwards to the basis of the tongue. A concavity, of about an inch in depth, occupies the vacant alveolar process, extending from the bicuspid tooth to the ramus of the mylo-hyoid line. The swelling has a firm cartilaginous feel; the glands of the neck appear free from disease, and likewise the integument covering the diseased bone. A portion of bone being felt in the hollow, a pair of dressing forceps were introduced, and the fragment extracted. Since the removal, the patient has experienced little or no pain: an occasional fœtid discharge takes place. As the jaws will not admit of a wider separation, than merely to admit a small finger, mastication is performed with much difficulty. The only treatment that has at present been adopted, consists in the exhibition of Plummer's pill every second night, and occasionally a dose of house physic.

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* Johnson—a brook, a river. Scotice—*burn*.

We have inserted this case for the information of medical men in London, desirous of seeing unusual diseases. When Mr. Earle makes any change in treatment, or resolves on operating, the result shall be noted and reported.

A CASE OF " SOUND CHIRURGICAL,"

Respectfully dedicated to the Royal Mart of Surgeons in London; as an important instance in proof (should that establishment wish to present a *Counter* petition to Parliament,) of the value, efficacy, and undoubted superiority of Metropolitan Hospital education over the " unsound" drivellings of an eleve interne * of the Hôtel Dieu, or of a dresser to such unsound surgeons as Hey and Hodgson.

As the Royal tradesmen are so fond of imitating Don Quixote, they cannot think us culpable, if, like Sancho Panza, we lug in a quotation totally inaccordant with the preceeding dedication—by way of motto.

" A young man who has money enough, becomes a *dresser* without reference to his qualifications. I have known a youth from the country, who knew nothing of his profession but what could be gained from the use of the pestle and mortar; who had never before entered the wards of an Hospital, commence as a dresser to a large Hospital in London, and on his accident day, have the first arrangement of a fracture, the dressing of a burn, the examination of a strangulated hernia, or the first treatment of an injury to the head; and I have seen him daily poking a bougie into the stricture of an irritable and inflamed urethra." *

A few weeks since, a man was brought into Rahere's Ward, with simple fracture of the tibia, about three inchs from the tubercle, with slight abrasion of the integument near the fracture. The limb was placed on splints, and all went on well for three or four days. On the Friday, when seen by Mr. Lawrence, nothing unusual presented itself. On the Monday following, the dresser (we abstain from names,) requested Mr. Lawrence to see the limb, saying he was *afraid* it was not going on quite as well as could be wished. Upon the removal of the clothes, a pretty leg indeed was displayed to view. The calf and anterior part of the leg were greatly swollen and distended, the integuments being of a dark brown colour, and crepitation very distinct.

Our readers can well imagine the looks of Mr. Lawrence and bystanders; the former never (in our recollection) betrayed so much irascibility. He said the surgeons had better be without dressers altogether, than have their confidence *so shamefully* abused; " I was at the Hospital yesterday," continued Mr. Lawrence, " why did you not mention the case to me then? Such shameful conduct I cannot, and will not tolerate." During this curtain lecture, the poor dresser seemed all at once attacked with the *morbus cæruleus*.

Two incisions, of about three inches in

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* Chosen from the dressers, who have held their situation two years, and according to the proofs they give of their attainments: which dressers themselves are chosen annually by the surgeons and physicians, after undergoing verbal examinations, and writing answers to proposed questions.

* Sketches of the Medical Schools of Paris, by John Cross; an impudent " unsound" surgeon: unsound for two reasons, first, he is provincial, (Norwich,) but worst of all, he had the audacity to go over to the Parisian Schools, in direct contempt of that valuable man Sir William Blizard's, sage advice.

length, were made on either side of the gangrenous mass; they gave exit to a quantity of foreign matter and stuff; air-bubbles were distinctly seen issuing from it. The constitutional symptoms were not such as might have been expected from the nature of the case. Two grains of the sulphate of quinine were ordered to be taken every six hours, and half a pint of egg and brandy mixture in the course of the day; the limb to be enveloped in a yeast poultice. On the following morning the leg had a better appearance; it was perceived that the gangrenous mischief extended itself only to the integuments and cellular tissue, intersecting the muscles of the calf. We visited this man daily for some time afterwards.—The sloughs being detached, the reparation has been gradual and progressive, and at the time of making this report the wound is now nearly cicatrized.

On Saturday Mr. Vincent performed the flap operation in removal of a scrofulous knee-joint.

AN EXTREMELY RARE CASE OF COMPLETE DISLOCATION OF THE FOURTH CERVICAL VERTEBRA WITHOUT FRACTURE.

C. B., a stout young man, 22 years of age, was brought to this Hospital about 5 p.m. on the 8th of January, and placed in Rahere's Ward, under the care of Mr. Lawrence. On inquiry, we learnt that while descending a step about two feet in height, with a barrel (weighing 1 cwt.) upon his shoulder, his foot slipped, and he fell on his sacrum, the barrel resting on the back of the head and upper part of the neck. From this situation he was relieved by some bystanders, and brought here.

He labours under a complete loss of sensation and voluntary motion in every part below the neck. Respiration is performed solely by the diaphragm, and the abdominal muscles do not appear to act in expiration. He is quite sensible. His pulse is weak and slow; the surface of his body is quite cold, and he has a constant priapism. He was placed carefully in bed. At ten p.m. he had in some measure rallied; the pulse, from being weak and slow, had become full and hard; the respiration was hurried, and the heat of the body increased beyond the natural standard. It was considered prudent to abstract sixteen ounces of blood; after which four grains of calomel and ten of jalap were administered. The catheter was introduced (the expellant power of the bladder being lost) and four ounces of urine were drawn off.

Jan. 9. He has dozed through the night but not slept. A little feeling is perceptible in the front part of the chest, and he can, in a very slight degree, move the arms; he complains of pain in the lower part of the neck. His respiration is less hurried than it was last night, and the heat of the surface is diminished. The pulse continues full, and the dejections, which have been passed involuntarily, are dark and offensive; about a table spoonful of urine was drawn off by means of the catheter.

10. Noon. Has had about four hours sleep in the course of the night, and expresses himself as feeling refreshed from it. Has had a tingling sensation this morning in his hands, and is sensible to impressions on the upper part of the arms and thighs.—The pulse and temperature of the body continue much the same. On introducing the catheter to-day, about eighteen ounces of dark-coloured urine were drawn off, which, on standing awhile, deposited a dark-brown sediment. Dejections continue to be passed involuntarily. Priapism continues more or less throughout the whole 24 hours. Nine p.m. Four ounces more of urine drawn off.

11. Eleven a.m. The patient is getting worse. Has had no sleep through the night, but most strangely imagines that he can walk home, and is frequently asking the nurse for his clothes. The constitutional symptoms are more aggravated; the countenance looks dejected and anxious; the tongue, from being moist, has become dark and brown in the centre, and the pulse and respiration quick and hurried; six ounces of urine drawn off of a lighter colour than that of yesterday.

Ten p. m. Has suffered a material change for the worse; the countenance has assumed an extremely anxious cast; the respiration is performed with the utmost difficulty; the pulse is weak and slow, and the surface has become again cold and bedewed with a clammy sweat. He continued gradually sinking till about one the following morning, when he expired.

Sectio Cadavaris.

A *complete dislocation* of the fourth cervical vertebra from the fifth was found; its inferior oblique articulating surfaces had passed completely in front of the superior articulating surfaces of the fifth cervical vertebra; its body, separated from the intervertebral substance, stood over that of the fifth by its whole depth. *No fracture could be discovered.* The viscera appeared in a healthy condition, with the exception of the small intestines, of which there was considerable ecchymosis in one part.

No case of this kind has, as far as we know, been before recorded in this country.

GUY'S HOSPITAL.

CASE OF STRANGULATED SCROTAL HERNIA—OPERATION—FATAL TERMINATION OF THE CASE, FROM SUBSEQUENT RUPTURE OF THE INTESTINE.

——, ætat. 62, was admitted into Job's Ward on the 13th of February, under the care of Mr. B. Cooper, on account of strangulated scrotal hernia, of the right side. The patient stated that he had been affected with hernia about twenty years, and that he usually wore a truss. Ten days previous to admission, whilst at the privy, and when the truss was on, the hernia descended; he attempted for some time to reduce it, but failing, he sent for his medical attendant, who also employed the taxis without effect. He was then advised to come to the Hospital, but obstinately refused; the bowels were not relieved during the ten days prior to his admission, and he had frequent vomiting of offensive matter. He had taken largely of purgative medicine, had had injections, and been bled from the arm. When admitted, there was considerable tenderness of the abdomen, but not of the tumour, which was not of very large size, and had the usual shape and appearance of scrotal hernia. The pulse was small, with a degree of hardness in its beat; the countenance was anxious.

The patient was put in the warm bath by the direction of the dresser, (Mr. Fagg;) he was bled to syncope, and the taxis then employed for a considerable length of time, but without producing any change in the tumour. Mr. Cooper now saw the patient, and immediately recommended the operation, to which the poor man assented.

Operation.—The usual steps of the operation were observed, as far as the opening of the sac; on doing which, a large portion of omentum was seen; and, on raising this, a small knuckle or fold of intestine was found lying beneath. The omentum was adherent to the sac, as well as to the intestine; and its vitality was evidently so far destroyed, that Mr. Cooper deemed it proper to remove it, only leaving a small portion at the mouth of the sac. (The omentum which was removed was found to weigh upwards of three ounces.) The intestine was exceedingly dark-coloured, and dull in appearance; we were not close enough to observe whether there were any gangrenous spots on the gut, but it certainly seemed to be closely approaching to, if not actually in, a state of mortification. The stricture, which was at the internal ring, was freely divided, and the intestine was returned without much difficulty. The man bore the operation well, and remained tolerably comfortable, and apparently relieved, until about three quarters of an hour had elapsed, when a sudden collapse took place. The pulse became so feeble, that, at the wrist, it was scarcely to be distinguished; the abdomen was exquisitely tender and tumid; the extremities were cold, and the whole surface of the body was covered with a cold clammy sweat. In addition to these symptoms, there was great restlessness, anxiety of countenance, and frequent vomiting of feculent matter. The poor man did not rally in the least, but died about six hours afterwards, with little or no change in the symptoms, enumerated above.

The body was removed to Deptford by the friends, a few hours after the patient's decease, and it was with great difficulty that an examination was obtained. We learn, that on laying open the abdomen, a strong feculent odour was perceptible, and the cavity of the pelvis was found to be filled with feculent matter. The omentum was seen crossing the brim of the pelvis, and passing to the mouth of the sac, the portion which laid within the opening of the sac was in a gangrenous state. The stricture appeared to have been freely divided. There was a fold of intestine lying at the upper part of the pelvis, distinguished by its dark colour. It was a portion of the ileum, not far distant from the mouth of the sac, and was evidently the knuckle or fold of intestine which had been strangulated, and was returned in the operation. On pressing the intestinal contents into this fold, they were seen to pass out of two small openings in the gut, one on each side, and immediately at the part where it had been crossed by the stricture. The openings had the appearance of ulcers, and the peritoneal coat appeared to be destroyed in several parts, about the seat of stricture.

It is evident that the immediate cause of the patient's death was the rupture of the intestine, and the consequent effusion of feculent matter into the abdomen. The propriety of returning the intestine, considering its appearance, was to our minds highly questionable at the time of the operation; and it also appeared to us, that Mr. Bransby Cooper did not sufficiently draw down the intestine, after dividing the stricture, so as to expose the healthy or unstrangulated portion. Had he done this, he would certainly have perceived the gangrenous spots, (at the immmediate seat of stricture,) which, as we find, gave way in the course of a few hours after the operation, and thus occasioned a fatal termination of the case.

OPERATION.

On Tuesday, Feb. 20, Mr. B. Cooper performed the operation for popliteal aneurism.

ST. THOMAS'S HOSPITAL.

CARCINOMATOUS DISEASE OF THE BREAST, OCCURRING IN A MAN.—APPEARANCES OF THE BODY ON POST-MORTEM EXAMINATION.

In Number 169. of The Lancet, a case was reported from this Hospital of cancerous disease affecting the breast of an old man, under the care of Mr. Travers. We then remarked that the patient exhibited symptoms of thoracic disease, which it was to be feared were beyond the reach of medical aid. This prognosis proved to be correct, for the poor man died a few weeks after the report was made. The appearances which his body presented on examination were as follow:—

The body was much emaciated, and the skin of a yellowish tinge.

Head.—The tunica arachnoides was of a milky tinge in different places; there was a considerable infiltration of turbid serum into the pia-mater, covering the hemispheres; the blood-vessels were moderately distended.

Thorax.—There were old adhesions on each side of the pleura pulmonalis, to the pleura costalis. The exterior of the lungs was of a dark colour; the lobules projecting considerably above the interlobular septa, and being emphysematous in many places. In the substance of the lungs was found an immense number of tubercles of the first and second degrees, and contrary to what is usually observed, they were as numerous and as much advanced towards the third stage (softening) in the lower, as in the upper lobes. The intervening cells contained a large quantity of pulmonary black, and they gave, on pressure, a red spumous fluid. The pericardium contained several ounces of straw-coloured serum, and throughout its whole extent, internally, was covered by a yellowish false membrane, which was soft and not organised; on scraping off this membrane, the blood-vessels exhibited a number of red points. There was simple hypertrophy of the left ventricle, hypertrophy with slight dilatation of the right, and the vessels and cavities of the right side were distended with black blood. The orifices were natural; but the aorta, to its bifurcation, presented numerous white patches, which varied in character from condensed cellular tissue, to fibro-cartilage and bone.

Abdomen.—In the duodenum, the mucous membrane was red, thickened, and harder than natural. In the small intestines, the mucous membrane was observed to be generally in a thickened state, and, at some parts of the ileum, softening was apparent. The liver was hard, but natural in colour; the pancreas also hard, but presenting no signs of disease. The spleen and kidneys were apparently healthy. The mucous membrane of the bladder was more injected than natural; the testicles were unusually small.

AMPUTATION AT THE SHOULDER JOINT, IN CONSEQUENCE OF WEST-END SURGERY.

The operation of removing the arm at the shoulder-joint, was performed by Mr. J. H. Green, on Friday, Feb. 16. The particulars of the case are as follow, and they are especially worthy of attention, as affording another illustration of the "sound chirurgical knowledge" of the surgeons of that Hospital which bears the name of England's tutelar saint.

The patient is a boy about 15 years of age, his name is Elijah Bird. More than two years ago, the whole of his right arm was severely burned, in consequence of his clothes catching fire. He went into St. George's Hospital three days after the occurrence of the accident, under the care of Mr. Keate, and remained there upwards of thirteen months, at the expiration of which period *he left the Hospital with his arm permanently flexed, and in a complete state of ulceration from the wrist to the shoulder.* Early in the month of September last, he was admitted into this Hospital under the care of Mr. Green, and from the time of admission to the operation, recourse was had to an almost endless variety of local applications in order to obtain cicatrization, but without effect. At length it became apparent that the continual drain kept up on the patient's constitution by the discharge from such an extensive secreting surface, had so far impaired the general health, that serious consequences were likely to ensue unless the limb were removed.

In the performance of the operation, the boy was placed in a chair, and the arm carried to some distance from the body, by an assistant. Mr. Travers attempted to make pressure on the subclavian artery, above the clavicle, but this was found to be impracticable from the severe pain which the pressure occasioned; the artery was therefore compressed below the clavicle, and this so effectually, that but a small quantity of blood was lost in the operation. Mr. Green made two lateral flaps—he first formed the inner flap by cutting upwards from the anterior fold of the axilla to the processus acromion, and then carrying the incision from the last-mentioned point downwards, the external flap was made. The flaps having been carefully dissected back, and the joint exposed, the capsule was next opened, and a long knife being carried behind the head of the bone, (which at the same time was thrown outwards by the assistant depressing the elbow,) the section of the remaining portion of the capsule, the vessels and nerves, was accomplished at one stroke, and the operation thus completed.

CASE OF STRANGULATED FEMORAL HERNIA.—OPERATION, AND FATAL TERMINATION OF THE CASE FROM PERITONEAL INFLAMMATION.

A woman of spare habit, 65 years of age, was brought to the Hospital at midnight, on the 5th of February, labouring under strangulated femoral hernia of the right side. She was admitted into Ann's Ward, under the care of Mr. Tyrrell.

The patient stated that she first perceived the swelling four days previously, but it was unattended with pain or constitutional disturbance until two days had elapsed, when nausea, occasional vomiting, and pain in the abdomen ensued, and she sought medical advice. The means had recourse to by the medical attendant, Mr. Toulmin of Hackney, consisted simply in the application of cold and the employment of the taxis.

When the patient was admitted, the dresser of the week not deeming the symptoms urgent, contented himself with attempting, for a short period, to effect the reduction of the swelling, and prescribing an aperient enema. At eleven o'clock in the forenoon of the 6th, Mr. Tyrrell saw the patient; the abdomen at this time was tender and somewhat tense; the swelling was also tender to the touch; it had an irregular feel, and differed in some respects from the tumour of femoral hernia; it extended outwards, not bending upwards in the usual manner. There was nausea, occasional vomiting, and some anxiety of countenance. Mr. Tyrrell, under these circumstances, considered it expedient to perform the operation, to which the patient speedily gave her consent, and it was performed at noon.

There were a number of enlarged glands spread over the hernial tumour, and it was necessary to divide some of these. The fascia propria was found to be firmly adherent to the hernial sac; the sac, when laid open, was found to contain a small knuckle or fold of intestine, which was of a dark chocolate colour. To the outer side of the sac was a cyst, which gave way to the pressure of the director, and about half a drachm of pus escaped. After dividing the stricture and returning the intestine, the *appendix cæci-vermiformis* was found passing to the outer side of the sac and connected to the cyst, from which some matter was now found issuing that was supposed to have a fœculent odour. There was no communication between the cyst and the cavity of the abdomen.

In the evening of the day on which the operation was performed, the pulse became sharp, and it was thought proper to abstract blood from the arm, and in addition to this, saline purgatives were administered, with aperient enemata.

On the following day (7th) the report was more favourable; the bowels, however, were but scantily relieved. Ordered pills of colocynth and calomel, and colocynth injections. In the evening of the 8th, the symptoms became much aggravated; the abdomen was then tender; the pulse small and thready; the countenance anxious, and there was a disposition to nausea. Ordered 20 leeches to the abdomen, with the subsequent use of warm fomentations.

On the 9th, at noon; the pulse was small in volume, and upwards of 120; the countenance anxious; the abdomen tumid, and very tender to the touch, and there was distressing sickness. Leeches were ordered to be applied, and a saline effervescing mixture, with five drops of laudanum, to be taken every two hours. The poor woman died in the evening.

It was found, on post-mortem examination, that acute inflammation of the peritoneum had prevailed throughout its whole extent. The usual appearances were observed, as the agglutination of the folds of intestines, by means of a yellowish coagulable lymph, and the effusion of serum into what is termed the cavity of the abdomen.

It was observed, that the appendix cæci-vermiformis protruded through the same opening as the intestine; it had contracted adhesions, which were evidently of long standing, and it had consequently been for some time irreducible. The canal of the appendix had become obliterated at the seat of stricture. There was nothing satisfactory to be ascertained with regard to the cyst. The escape of feculent matter, it would seem, was suppositious.

OPERATION OF LITHOTOMY.

On Friday, February 23d, Mr. Green performed the operation of lithotomy. The patient was a man 55 years of age, stout, and healthy in appearance; the instrument employed on this occasion was the gorget.

THE LANCET.

No. 185.] LONDON, SATURDAY, MARCH 17. [1826-7.

LECTURES

ON THE

Diseases of the Nervous System,

BY

DR. CLUTTERBUCK.

LECTURE XI.

On Contagion.

When diseases are propagated from one individual to another, either by actual contact or a near approach of the parties, they are said to be *contagious*, or to spread by *contagion* or *infection*; for these terms have often, and indeed generally, been employed synonymously: and the effect has been supposed to be produced by the application of some peculiar matter or *virus*, from the one to the other individual. Now there are a great many diseases that are obviously propagated in this way. Some are unattended with febrile symptoms; such as the *itch*, *syphilis*, and probably many more; which are termed, accordingly, the *non-febrile contagions*. Others are essentially accompanied with constitutional disorder, (*pyrexia*) and are called, by way of distinction, *febrile contagions*; such as *small pox*, *measles*, *scarlet fever*, and many more. Now it has been, and still is, much disputed, whether ordinary *continued fever*, in any of the forms that I have of late described to you, is to be ranked with *contagious* diseases, or, in other words, is capable of being propagated from one individual to another, in the manner of *small pox* and the rest of this class. The question is, doubtless, of much practical importance; as it involves the *prevention* of the disease; which, in the one point of view, would call for the adoption of measures of precaution that, in the other, would be not only superfluous, but might be positively injurious. The prevailing opinion has always been in favour of the *contagiousness* of *ordinary fever*, at least under certain circumstances. This general acquiescence on the point must, no doubt, rest upon something like proof; but whether the proof be satisfactory or not, merits a little further inquiry.

Discussions of this abstruse nature, require that the terms we employ should be accurate and well defined; a point that has seldom been sufficiently attended to. This uncertainty in the use of language is, I believe, the cause of much of the discrepancy that exists among practitioners on the subject before us. I shall state therefore at the outset, in what sense the terms *contagion* and *infection* are to be employed.

A *contagious* disease, then, is one that is capable of being communicated from one individual to another, in consequence of the application of some peculiar matter or poison, generated in the former and applied to the latter, either by actual contact or in the way of *effluvia*, it is immaterial which. Now the most perfect and striking example we have of a *contagious* disease, is the *small pox*; to which, therefore, we should constantly refer, as the standard of comparison. And the question then will be, is ordinary *continued fever*, as it appears in this country, for example, ever propagated in the same way as *small pox* is known to be, that is, by matter generated in the bodies of the sick? This question, which appears at first sufficiently easy to be answered, is, in fact, a very difficult one; of which we need no better proof, than the difference of opinion that still exists upon the subject. One would be almost tempted to believe that the question admitted of no satisfactory solution, or were in its very nature inscrutable. Such a conclusion, however, seems unreasonable; for the facts from which it is to be drawn are sufficiently tangible to admit of a rigid investigation. It is a mere question of testimony, the true value of which may be doubtless ascertained by cautious inquiry.

Now recurring to *small pox*, as the prototype or great example of a *contagious* disease, we find that it is propagated in one of two ways; either by the insertion of a fluid into a wound, by what is called *inoculation*; which fluid is obtained from certain pustules or vesicles formed in the skin, and which possess a peculiar and determinate character; or else by *effluvia* that escape from the bodies of the sick, while labouring under the disease. Whether the effluvia are furnished from the matter lodged on the skin alone, or whether the exhalations arising from the lungs also, are capable of producing the disease, is, I believe, not clearly known. Now there is nothing similar to *variolous* matter to be observed in a case of ordinary fever. If, therefore, this disease be capable of being propagated like *small pox*, that is, if it be really *contagious*, it must be in the latter way, namely, by the effluvia arising from the bodies of the sick. In the case of *small pox*, the *contagious virus* may be considered as an *animal* production, formed, apparently, or *secreted*, as we call it, on the skin, under the peculiar inflammation that is there taking place. But you find nothing like this in fever; there is no obvious or external inflammation going on to which the formation of the *virus* can be ascribed. Here, therefore, is a failure of the analogy between the two diseases. Still it does not follow, that, under the peculiar morbid action that is going on in the system during fever, there may not be generated a *virus* that is capable of exciting a similar state of disease in others, and which may be thrown off from the body in the way of exhalation, so as to act at a greater or less distance. We cannot, however, have any demonstrative proof of this; because such effluvia, if they really exist, are not at all times, if at all, cognizable by the senses. It is alleged, indeed, and I think often with some foundation, that a peculiar odour is exhaled from the bodies of fever patients, by which, when concentrated, the presence of the disease may be known. And if this be true, it would go far to lessen the difficulty of supposing fever to be generated by the effluvia so characterised.

This kind of proof, however, can scarcely be considered as conclusive; and therefore we should inquire into the mode in which the disease is observed to spread afterwards; whether, for example, as in the case of *small pox*, a person labouring under ordinary *continued fever*, upon being carried to a distance, so that no local cause could operate to produce the disease, communicated the fever to others; and so on in succession, the disease still preserving its essential character. If this could be satisfactorily and unequivocally established, the point would be settled. Now many persons have asserted positively, that they have known instances of this; and those are what we want, in order to decide the question. Unfortunately, when I have called for such proofs, I have generally found them deficient in circumstances, so as to leave some doubt upon the subject: there has been generally some other way in which the facts might be explained, and therefore, till we are furnished with more precise information upon the point, we are not at liberty to say positively, upon this ground, that a *contagious virus* is generated in the body in the course of ordinary fever, as it is in *small pox*. The proofs we actually possess, are of a less conclusive kind, though they are such as appear to be satisfactory to most minds.

It is frequently observed, that different individuals residing in the same dwelling, are attacked in succession by fever, having the same essential symptoms. Hence it has been inferred, that they communicated the disease one to another in the way of *contagion*, as the *small pox* would have done under similar circumstances. But then it is urged, that there might have been some common cause operating of a *local* nature, which might act sooner or later upon the different individuals, according to the greater or less disposition to be affected by it; hence that such an argument is not decisive on the subject. It is a well-known fact, that most of the medical officers of the *Fever Hospital* at Pancras, and almost every one of the attendants, have been attacked in turn by fever, sooner or later after their connexion with the Hospital; and many have fallen victims to the disease. This, it must be confessed, has much the appearance of *contagion*. In reply to this, however, it is observed, that the site of the Hospital is a very unhealthy one; and that the neighbourhood altogether, from its low and marshy situation, has always been prolific in fever of this description. But the disease is by no means so general in the vicinity of the Hospital, as such an opinion supposes: while the case of the *Small Pox Hospital*, which is immediately contiguous to the *Fever Hospital*, negatives such a supposition; for the inmates of the former show no such disposition to be attacked by ordinary *continued fever*.—Hence it does not seem reasonable to ascribe the disease in these cases to a *local* cause; in other words, to say that it is of *endemic* origin; and therefore the evidence still appears to be in favour of *contagion*.

Another explanation, and a more probable one, has been offered, namely, that the *secretions* and *exhalations* from the bodies of the sick, when accumulated by the neglect of necessary ablutions and ventilation, acquire a virulent property, so as to be capable of exciting fever in those coming within its range. And in confirmation of this, the example is quoted of fever of the most *malignant* description being generated by merely crowding together a number of persons, without sufficient attention being paid to cleanliness and ventilation, and that where none of the persons were at the time affected with fever. Thus is generated, as is said, the *Gaol, Hospital,* and *Ship Fever.* The famous *Old Bailey* Fever is considered as a strong illustration of this, where the prisoners, brought into court for trial, infected a great number of persons of all ranks, but such only as happened to be placed in the direction of the current of air proceeding from the prisoners. The prisoners themselves were not labouring under fever at the time, nor was the disease then prevalent in the prison; but the prison being excessively crowded and ill-ventilated, noxious effluvia were generated, which, becoming attached to their clothes, were found capable of exciting fever in others exposed to them.

If this be the true origin of the *virus*, you may perceive a marked distinction between this and the case of *small pox.* In the latter case, the *virus* is the result of a *vital* action, a *morbid secretion,* like *syphilis,* and all the rest of the *specific* diseases. But in the former, the *virus* is formed external to the body, and proceeds from some decomposition or degeneracy of the natural secretions or exhalations passing off or deposited on the surface, the result of a *chemical* rather than a *vital* process. So that there is no proper analogy between the two. This difference justifies the use of a different term to denote it; and, accordingly, diseases propagated in this way, that is by noxious effluvia arising from the decomposition of *animal* matters out of the body, have been called *infectious,* to distinguish them from the really *contagious* ones, where the *virus* is generated within the body itself, by a kind of morbid secretion. In this view of the matter, ordinary fever may be said to be *infectious,* but not *contagious* like *small pox.* If this be correct, it is easy to imagine that *infectious virus* may be carried to a distance, by adhering to the skin or garments of a person, as well as by other ways. In this manner, the disease would *seem* to be communicated like *small pox*, though there would be a real and essential difference between the two.

But it is evident, that *prevention* would be far easier in the one case than in the other. In the case of *ordinary* fever, the *virus*, being lodged only in the clothing or other matters about the person of the sick, might easily be destroyed by purification; and the patient so purified might be removed without danger to those he afterwards communicated with. But in the case of *small pox,* and other real *contagions,* the patient is constantly carrying within himself a source of disease, capable of infecting others.

Now considering how numerous the exceptions are to the propagation of ordinary *continued* fever, by approach to the sick, and how rarely the disease spreads from one to another where ventilation and cleanliness are attended to, one is inclined to believe that fever is really propagated by *infection,* and not by *contagion,* like *small pox;* (employing those words in the sense above stated.) Thus, though ordinary fever may be denied to be *contagious,* in the sense that *small pox* is allowed to be so, it can hardly be denied that the disease is capable of being propagated from one to another in the manner stated, that is, by the decomposed *animal* matters accumulated around the bodies of the sick, but not actually generated within the body, as we suppose the *variolous virus* to be. This property of re-producing itself, possessed by common fever, is sufficiently well expressed by the term *infectious*; and if such be the case, it calls for means of prevention equally with *small pox,* though of a different kind. The prevention of *small pox,* for instance, requiring not only the destruction or purification of the clothes and other matters that have been recently in contact with the sick, but the avoidance also of the sick himself, however cautiously purified, and that for an undefined period, that is, as long as the *contagious* particles may be supposed to be present, and exhaling from the body. Unfortunately, the period during which this continues to be the case, is by no means ascertained; but it probably is not less than some weeks. Whereas, in the case of *ordinary fever,* it will be sufficient to cleanse carefully the clothes, &c. that have been about the sick, the person himself, when sufficiently purified by ablution, not being capable of communicating the disease.

Thus, I think, your duty on these occasions is sufficiently clear. You ought to act upon the supposition that fever is really *infectious,* in the sense I have stated: at the same time remembering, that where cleanliness and ventilation are attended to, the risk of *infection* is extremely small; and that the sick may be safely removed to another place, without any chance of communicating the disease, provided the person is properly washed and purified, and does not carry along with him the clothes recently worn. Now upon this view of the subject, you may reconcile some at least of the contrariety of opinion that exists in regard to the *plague* itself, (that great dread, and, as some choose to call it, *bugbear* of our legislators) and the necessity of the *quarantine* laws. If the *plague* belongs to the class of *infectious* but not *contagious* diseases, as seems highly probable, the practice of *quarantine* needs not extend to the person, but may be safely confined to the *goods* concerned, in cases where these do not from their nature allow of a satisfactory purification. By making this distinction, one-half of the oppressive effect of the *quarantine* laws would be obviated.

Of Complicated Fever.

Fever, in its *simplest* state, is an affection of the brain primarily, disordering by sympathy, like other inflammations, the general vascular system; thus giving rise to *pyrexia*, or a febrile state of body, but without actual disease in any other organ. In a great number of instances, however, it is found in combination with other inflammations, the seat of which is various, depending upon predisposition or individual tendency, climate, season, and other circumstances. These accidental combinations have led to erroneous conclusions, regarding the intrinsic nature of the disease; for they have been considered as proving, that no one organ is essentially or exclusively affected in fever, but that each in turn is equally liable with the brain to be so affected. This can only be judged of by attending to the symptoms of the disease, and the order of their occurrence; and if you do this, you will readily perceive that there is no foundation for such an opinion.

In the first place, in *simple* fever, there are no signs or symptoms present, but those which are directly referrible to the brain, and which consist in disordered feelings and functions of this organ. But in *complicated* fever, you have two sets of symptoms present at the same time, and which are easily distinguishable from each other; namely, those that arise out of the affection of the brain, and those which proceed from the organ secondarily and accidentally affected. You have, for example, the headach, the soft pulse, the brown tongue, the prostration of strength, and the tendency to delirium, that characterise *proper* fever; in combination with the local pain and disturbed function, of the part secondarily affected. Simple inflammation of other organs than the brain, is never attended with the symptoms of proper or *idiopathic* fever.

The secondary inflammation may arise at any period of the course of fever, or may even to all appearance begin with it. But it may also happen, that the fever is the *secondary* affection, the usual order in this case being reversed. Thus in simple *pneumonia*, it not unfrequently happens that during the course of the disease, the head begins to be complained of, the tongue is observed to turn brown, delirium makes its appearance, and there is extreme prostration of muscular strength. The disease is then commonly said to assume the *typhoid* shape, that is, it becomes a case of *complicated* fever.

Various parts are liable thus to become affected with inflammation during the course of fever depending upon the circumstances above alluded to. If there is in any individual a strong tendency to inflammation in any part, previously to the attack of fever, such part will be likely to fall into a state of inflammation during its course. On the other hand, the brain, in some persons, is so prone to inflammation, that fever, with delirium, and other appropriate symptoms, is apt to arise during the course of other inflammations, though of a trivial kind.

Climate has a material influence in determining the seat of such accidental *complications* of *idiopathic* fever. In hot climates, where a strong predisposition exists to abdominal disease, inflammation in the stomach or intestinal canal, is a very frequent concomitant of fever; giving rise to the enormous vomitings, often of grumous matters, (*black vomit*,) and to the dysenteric purgings, that so often appear as the attendants of fever in those climates. The *liver* is another part so disposed; and accordingly, this organ is frequently attacked by inflammation during the continuance of fever; and the *bile*, in some of these cases, being obstructed in its passage into the duodenum, and subsequently absorbed into the blood-vessels, occasions the yellowness that has given origin to the term *yellow fever*, a combination that is altogether accidental. Even in temperate climates, the abdominal viscera do not always escape. Indeed, I should say, that in a large proportion of cases of protracted fever in this country, inflammation arises either in the peritoneal coat of the intestines, or in the mucous membrane, the latter frequently resulting from the intemperate employment of cathartic drugs. Towards the end of long and hot summers, such combinations of *idiopathic* fever, with abdominal inflammation, are extremely frequent: and the *liver* partaking in the disease, its secretion is disturbed, and often greatly increased, so as to occasion vomiting or purging, or both. Such are usually termed *bilious* fevers. *Cholera morbus* itself, is most frequently a combination of fever, with inflammation of the mucous membrane of the whole alimentary canal. In the winter and spring, on the other hand, fever is found combined with the prevailing diseases of those seasons; such as *catarrh*, *pneumonia*, *pleurisy*, or *rheumatism*.

Fever is sometimes rendered more dangerous by such combination as I have mentioned, sometimes the contrary; the secondary affection, as it would seem, counteracting in some degree the disease in the brain, so as to reduce its violence. Thus, if inflammation arises in the stomach, or general structure of the intestine, or the peritoneum, in the course of fever, the danger is greatly enhanced; and to this cause, apparently, is chiefly owing the extreme fatality of the fevers of hot climates. Even with us, the occurrence of *peritonitis* during fever, is a very unfavourable circumstance, and adds much to the danger of the disease: whereas slight diarrhœa, or catarrh, or rheumatism, exerts rather a favourable influence over the disease.

When these cases of *complicated fever* are examined after death, they present appearances that are in conformity with the symptoms that existed during life. Thus, in a great proportion of instances of persons dying of fever, the mucous membrane lining the alimentary canal, (a part very open to observation,) is found in a reddened, and sometimes ulcerated state; while, in certain parts of the canal, the inflammation extends to the general substance of the intestine, rendering it of a dark-red hue, thickened, and contracted. The frequent appearance of changes of this kind in the intestinal canal, has led to the belief that this is the essential seat of the disease; and upon this ground merely, the term *gastro-enteritis* has been applied to *idiopathic fever*; as if it were a constant or invariable occurrence. This, however, is not true. In *simple* fever, no such effects of inflammation are found in the intestinal canal: it is only where a manifest disorder in the actions of the canal existed during life, that these appearances are met with; so that, in fact, they may always be predicted. The frequency of such appearances in the present day, is ascribable to the almost constant and intemperate use of drastic purgatives, especially *calomel*, a medicine that is fully capable, in the three and five-grain doses usually prescribed, of exciting inflammation in the mucous membrane, which, in the depressed state of the system that exists in the advanced stage of fever, is very likely to prove fatal. In some of these cases, the brain has shown no appearance of inflammation when examined after death; or the appearances have been so slight, as to have been disregarded. The reason of this is obvious: the occurrence of the intestinal inflammation (which is always known by the symptoms of pain, purging, tension, and hardness of the abdomen) is often followed by an abatement, and sometimes an entire subsidence, of the cerebral disorder; showing a diminution of disease in the brain, and leaving little, therefore, to be discovered by dissection after death.

In treating *complicated* cases of fever, you are to consider what I have just stated, regarding the favourable or unfavourable influence of the *secondary* disease. If this should occur in a safe part, it should rather be encouraged, or at all events not hastily suppressed; as where *diarrhœa* arises in fever, it tends powerfully to mitigate the brain affection, while the hasty suppression of it, by *opium* more particularly, is productive of the worst effects. I have more than once had occasion to regret this, in my own practice: but where inflammation arises in the stomach, or intestines, or even their peritoneal covering, in the course of fever, it requires the greatest attention to be paid to it. The means to be used are, of course, such as are calculated to counteract inflammation in the part affected, but modified by the particular circumstances of the case. What might be proper in a simple case of *pneumonia* or *enteritis*, such as *blood-letting* to a large extent, might be wholly inadmissible in the same affection, when complicated with *idiopathic fever*. If the latter disease, for example, should have subsisted so long, as to have assumed the *typhoid*, or (as our Gallic neighbours call it) the *adynamic* state, (that is, where the brain is in a state of oppression, shedding its malignant influence over the general system,) the propriety of taking blood at all, is very questionable; but, at all events, it must be done, under such circumstances, with great caution and reserve. We are obliged then to rely upon remedies of a less efficient kind; such as leeches, fomentations, or blistering.

You will now, I presume, understand what is meant by the terms *erysipelatous*, *miliary*, *catarrhal*, *pulmonic*, *gastric*, and others, as applied to fever. They mean *idiopathic fever*, or inflammation of the general cerebral substance, combined with inflammation in some other organ, and which, therefore, I have called *complicated fever*; the combination, however, being purely accidental. Let us next consider

Periodical Fevers.

These are such as recur by *fits* or *paroxysms*, with intervals of different duration, in which the symptoms in a great measure, or wholly, disappear. *Periodical* fevers include both *intermittents* and *remittents*, which are, in fact, only different degrees of the same thing: the term *intermittent*, or *intermitting fever*, being applied where the intervals are nearly free from disease, while that of *remittent* is given to such as suffer a considerable abatement only of symptoms. That those are the same in nature, is evident, both from their arising from one common cause, and from their mutually changing into one another. I shall first speak of *intermittents*, as the most simple of the class of *periodical fevers*.

An *intermittent* then, or *intermitting fever*, which in vulgar language is called an *ague*, consists of two parts, the *paroxysm* or *fit*, as it is called, and the *interval* or time of *intermission*. The duration of these, respectively, and relatively to each other, is very different; the length of the *paroxysm* varying from four or six hours, to twelve or sixteen; but always terminating within twenty-four hours. The *intervals* or *intermissions* vary much more; as from a few hours, to one or two days, or, as is said, even longer; still preserving a regularity of character. When the paroxysm recurs daily, the disease is termed a *quotidian*; when every other day only, a *tertian*; and when there is an interval of two entire days, it is called a *quartan*, that is, there are two paroxysms in four days. It is alleged that three, or four days may be interposed between the fits, or even a week; when the terms *quintan*, *sextan*, and *septenary*, have been applied: but this is less certain, the three forms I first mentioned being the only ones upon which we can rely as sufficiently established. Each of these has its proper time of attack; the *quotidian*, early in the morning; the *tertian*, about noon; and the *quartan*, in the afternoon. Any material deviation from this, is to be considered as an irregularity, and the disease is less manageable in consequence. These forms are frequently interchanged. Thus, if the disease begins as a *quotidian*, it often, after a few returns, becomes a *tertian*; and if it is prolonged for some weeks, it generally assumes the *quartan* form. But sometimes the order is reversed, or otherwise changed; the changes depending upon causes that we do not understand. There are other varieties occasionally observed in *intermitting fevers*: as the *double tertian*, where there is a paroxysm every day, but of unequal severity, those of the alternate days being alike; the idea in this case was, that two *tertians* were present in the system at the same time. We meet also in writers with the terms *semi-tertian*, *triple-quartan*, and many others; none of which are sufficiently established, as permanent varieties, nor are they at all understood: it is useless, therefore, to detain you longer with them.

Symptoms.—*Intermittents* often make their attack like *continued fevers*; but generally in a more sudden and violent manner; the *rigors*, or trembling with a sense of cold, being very severe. Many, however, begin with little or no *cold fit*. The duration of the *cold fit* is various; some times only half an hour; at other times, three or four hours, seldom longer. During the *cold fit*, which constitutes the *first* stage, the surface of the body and extremities is of a pale or sallow hue; the skin is corrugated, and the features contracted and sharp. The pulse is small, weak, and sometimes irregular. There is pain commonly felt at the back of the head, and down the back; the head feels as if tightly girded. If the head is grasped between the hands, an increase of heat is felt within, at the very time that the surface and extremities are cold. There is more or less of stupor and *insensibility* to impressions; the *mind* is weakened, and sometimes disordered; and the *muscular power* is irregularly, or, as we might say, *convulsively* exerted (*rigors* and *tremors*).—There is a sense of oppression or anxiety about the chest, and occasionally deep sighing.

These symptoms are gradually succeeded by those of the *hot fit* or *second* stage; the heat commencing at the centre, gradually extends to the surface and extremities; the skin becomes hot, but dry; the pulse strong, and frequent, and rather hard or contracted, though less so than in the *cold fit*; the pain in the head is of a throbbing kind; the face flushed, and the features tumid; the tongue is more thickly furred, and of a light drab colour. The sense of oppression at the *precordia* now lessens; the tremors or shivering cease; the limbs are pained universally. If urine be passed at this time, it is scanty, scalding, and high coloured. The other secretions are diminished, or suppressed. The duration of this *second stage* of the disease, is from four or six hours, to eight or ten; when another change takes place, termed the *third stage*, or *crisis*, under which the paroxysm declines altogether. The skin becomes gradually moist, till profuse sweating occurs, under which the general distress of the patient lessens; the headach subsides; the pulse becomes soft and full; the urine more copious, and deposits a sediment as it cools. This is followed by sleep, from which the patient awakes comparatively without complaint · and in this state he remains till the next recurrence.

The duration of the disease altogether is uncertain. It may terminate after a few paroxysms, and that spontaneously; or it may be protracted to many months, during which it may undergo the changes in type I have before mentioned; sometimes it ceases altogether for a time, but is renewed again. On some occasions, after an unusually severe paroxysm, the disease never recurs; and in general it may be said, that a more violent paroxysm than usual, is followed by one of greater mildness.

Intermittents often begin like *continued fevers*, and go on so for many days; breaking down by degrees into the periodical form. In such cases, their real nature at first is not seen. Sometimes they *intermit* from the first; beginning, then, with a severe *cold fit*, or *ague*, as this stage of the paroxysm is vulgarly called. From being *intermittent*, they sometimes degenerate into an almost *continued* form; as when too early recourse is had to *tonics* and *stimulants*. Some have said that ordininary *continued fever* may become *intermittent*; but this is doubtful: it is at all events a very rare occurrence.

Intermitting fever is sometimes marked by the preponderance of some particular symptom, not altogether foreign to the disease, but unusual in degree. Thus we find in authors, mention made of *tertiana phrenitica, soporosa, hemiplegica, asthmatica, hysterica, epileptica, tetanodes*, and many others. *Intermittents*, again, like *continued fevers*, may be complicated with other affections, generally inflammation of some organ. Thus, we have the *tertiana pleuritica, arthritica, urticata*, and others. Not unfrequently, we find it in combination with *dysentery*, or with *pulmonary* disease. Long-continued *intermittents* have a strong tendency to induce chronic inflammation in the *liver*, or *spleen*; rendering these organs hard, and often tumid: the indurated structure may then be often felt through the parietes of the abdomen, and is vulgarly termed *ague-cake*. The *liver* is often so affected as to obstruct the free passage of the bile into the duodenum, (the secretion of course going on.) Jaundice then makes its appearance.

Causes.—The principal, if not the *sole*, cause of *intermitting fever*, is the vapours or *effluvia* escaping from marshy soils, or any other situation where vegetable matters are undergoing decomposition by the combined agency of heat and moisture. The common term applied to these effluvia, is *marsh miasmata*. The disease is, therefore, of local origin, or of the class termed *endemic*, as I before explained to you. We have abundant proofs of its originating in this way, in various districts of our own country: as in the marshes of Essex and Kent; in the fens of Cambridgeshire and Lincolnshire; and in all other analogous situations. In Holland and the low countries of Germany, *intermittents* are still more rife, and more severe also: while, in similar situations in hot climates, they acquire the highest degree of malignity. The intrinsic nature, or chemical properties, of the *miasmata*, have not been ascertained. That they are formed by the decomposition of *vegetable* matters chiefly, can hardly be doubted, from the situation and circumstances in which they are generated; and also from the fact, that effluvia escaping from decomposing *animal* matters, give rise to fevers of a different character, in which the tendency to *intermission* is not in general, if at all, observed. These *miasmata* appear to be formed by the influence of heat on a moist soil. Hence, they are not observed to operate in winter, nor in the height of summer, when the surface of the ground is dry. The dense and fetid fogs that are seen to hover over the surface of marshes where *intermittents* prevail, are either the *miasmata* themselves, or more probably the medium in which they are suspended. These vapours appear to be limited in regard to the extent of their action, though the limits are not accurately defined. There is reason to believe, that they may be conveyed by the wind, to the distance of half a mile or more, in an active state. They do not appear to rise to any considerable height; for it has been observed that the upper stories of a lofty house were exempt from their influence, while the lower parts of the same dwelling, were affected by them. The activity of *marsh miasmata* is different in different situations, according as the combined influence of heat and moisture is greater or less. In this country, they are less active than in Holland and Flanders; while in Italy, as in the marshes near Rome, they acquire a high degree of virulence. They are by no means constant in their action, many individuals escaping their influence altogether, and enjoying excellent health in those situations: which shows that some predisposition is necessary to their effect. It is very remarkable, that while some persons are affected very quickly by marsh effluvia, as within a few days after exposure, others escape for a considerable time. And what is still more remarkable is, that persons are often exposed to them for six or eight weeks at a time, without being affected by them, yet upon removal to a distant and healthy spot, they often fall ill of *intermitting fever*, after an interval of many weeks, contracted apparently in the marshes they had quitted. General weakness of system, however induced, appears to be a predisposing circumstance: whereas a generous diet, warm clothing, and a moderate indulgence in the use of strong drinks, appear to afford a considerable degree of security against their influence. It is generally believed in Holland, that *smoking tobacco* contributes to preserve persons against the action of *marsh miasmata*; and this is not improbable, considering that *tobacco*, as well as *alchohol*, belongs to the class of *narcotics*, which exert a powerful and specific influence on the brain.

Theory.—You will perhaps be startled at first, Gentlemen, at my including *intermittents* with *continued fever*, as examples of brain affection, and as consisting in inflammation of this organ. This variety of fever has, indeed, been often brought forward as militating unanswerably against the doctrine which I have supported. I do not much wonder at this, when I consider the great influence of habit over our opinions as well as actions. We are so long accustomed to look on things in a certain light, that it is with difficulty, as well as reluctance, we are induced to change our views. I shall mention the grounds of the opinion I have adopted with regard to the *seat* and *nature* of *intermittents*, leaving the matter to your own judgment hereafter. I may observe, however, that the opinion has a material, and, as I believe, a beneficial, influence on practice; if true, therefore, it deserves to be maintained.

The *symptoms* of which the patient makes complaint, are, in all essential respects, the same in *intermitting* as in *continued* fevers. *Pain in the head*, often extending down the spine, is the leading symptom in both. There is in both, also, the same disorder observed in the *sensorial functions*, namely, in *sensation*, *voluntary motion*, and *intellect*; the latter being frequently disordered to the degree of delirium. In short, no one could distinguish the paroxysm of an *intermittent*, from a *continued* fever of the active or inflammatory kind; and it is, in fact, only by observing the termination and recurrence of the paroxysm, that the distinction can be made. Now as symptoms are nothing but the signs of an imperfect or disordered state of particular functions, they serve always to indicate the part immediately affected; or, in other words, to point out the seat of disease. An identity of symptoms, therefore, shows an identity of disease. Whatever, then, is true of a *continued* fever, in regard to either its seat or nature, is true of an *intermittent*, as far as the symptoms correspond. The principal difference between them, lies in the *periodical* character of the latter, and which does not belong to the other. Not only are the *local* symptoms the same, but the *general* also; *pyrexia*, or a febrile state of system, taking place in both. I do not believe that, strictly speaking, the *intermission* is perfect, that is, absolutely free from the disease; on the contrary, the tongue remains in a furred state, often with other febrile symptoms, though greatly reduced in degree. And as such symptoms, especially the furred tongue, are the consequence merely of local disease, (inflammation,) they serve to show that the primary disease, the brain-affection, still subsists, though so slight as hardly to disturb the functions. If you observe the tongue to be much coated in a patient recently labouring under *intermitting* fever, and there is no other inflammation existing to account for such a state of tongue, you may rely upon it that the paroxysm will recur again. But when the tongue has become clean, the patient is safe from a recurrence. In the intervals, therefore, of the most perfect *intermittent*, there is not complete *apyrexia*, or an absolute cessation of the febrile symptoms; nor, probably, has the local disease in the brain, wholly disappeared. It is an abatement of symptoms merely, and not an absolute cessation of them. And it is agreeable to this opinion, that there are all gradations between the regular *intermittent*, and the *remittent* form of the disease. *Dissection* is of less avail in detecting the seat and nature of *intermitting*, than of *continued* fever; and that for the obvious reason, that *intermittents* do not often in themselves prove fatal: when they do so, it is commonly in a secondary way, by inducing some other fatal disease, such as dropsy, or pulmonary consumption. Still, you will meet with numerous instances, in the writings of Morgagni and other morbid anatomists, of the most unequivocal signs of inflammation in the brain, in persons dying of *intermitting*, no less than of *continued* fever. The advantage derivable from this theory in regard to practice, I shall presently endeavour to show you.

Prognosis.—Intermitting fevers are not in general considered dangerous; nor are they so, under ordinary circumstances. It is chiefly by inducing other diseases, as dropsy or pulmonary consumption, that they prove fatal. Patients however have sometimes died in the *cold fit*, in a kind of stupor.

Treatment of Intermitting Fever.—As this form of fever appears producible only by a single cause, *marsh miasmata*, (other causes, such as exposure to cold and fatigue, acting as *concurrent* causes only,) it is not improbable that the disease is of a somewhat *specific* nature, and therefore not so immediately under the influence of remedies of a common kind, as in the case of ordinary diseases. If this be true, we must look to experience chiefly as our guide. Now the treatment of *intermittents*, as ascertained by experience, appears to be pretty well determined; though much advantage may at the same time be derived from the theoretical view I have taken, namely, that the disease consists in an inflammatory affection of the brain, modified in some degree, no doubt, by the nature of the exciting cause. In adopting such a view of the subject, you need not fear that I shall mislead you in regard to practice; for I am too well convinced of the importance and value of experience, to quit so safe and necessary a guide. But there may be cases where theory is a safer guide than what is called experience; for this is not always sufficiently precise and applicable, to be relied upon; persons in appealing to it, are often misled by loose and imperfect analogies.

The treatment of *intermittents* may be divided into that which is administered in the time of the *paroxysms*, and that which is employed in the *intervals*, for the purpose of preventing their recurrence; this last is of comparatively modern date, that is, since the introduction of the *Peruvian bark*; for before this time, *intermittents* were treated much like *continued fevers*, and chiefly by sudorific means. By forcing sweats, by the use of stimulant remedies and external heat, the paroxysm was for the time aggravated; but when brought to a termination, on many occasions it did not recur. Besides the uncertainty of this mode of practice, the case was sometimes rendered worse by the use of such active *stimulants*, and made to assume a *continued* form. But in general, the disease was left to follow its course, the remedies employed being of a very inefficient kind. The disease then often run a very protracted course, continuing for many months, and giving rise, in numerous instances, to the secondary affections I described to you above. The employment of the *Peruvian bark* for the cure of *intermittents*, was a great improvement in practice; for by its use in the intervals, the recurrence of the paroxysms is quickly prevented; so that the disease is cured often in the space of a few days.

Now in order to accomplish this object, it is necessary you should attend to certain circumstances, without which you will be very likely to fail in your attempts to cure, and very probably make the matter worse. The *bark* seldom succeeds in putting a stop to *intermitting fever*, unless the disease is tolerably regular in its character—that is, unless it recurs at the usual periods, and the *intervals* are free from disease, or nearly so. If, for example, there should be much head-ache observed in the *interval*; if the skin should be hot, the pulse quick, and the tongue more than usually furred; or if the disease should be complicated with another affection, such as thoracic or abdominal inflammation; the chances of failure with the *bark* are so great, that it is scarcely worth while or even proper to make the attempt, as the cure will rather be retarded than promoted by it. Your first object should be, therefore, to bring the disease to a regular form. This will often be done by merely leaving it to itself for a few days, undisturbed. The end may be more certainly accomplished by means of *counter-irritation*; such as *vomiting* and *purging*, which ought in general to precede the use of the *bark*. *Sudorifics* are also applicable to the same purpose, though liable to the objection before stated, of being too stimulant in their operation.

Bloodletting is a powerful means of bringing an *intermittent* to a state of regularity, fitting it thus for the employment of the *Peruvian bark*, or similar remedies. Where the *intermittent* is complicated with another inflammation, either in the chest or in the abdomen, I consider *bloodletting* as almost indispensable to the safety of the patient. Now the notion so generally entertained, that *intermitting fever* is founded in debility, and therefore that *bloodletting* is adverse to the very nature of the disease, is totally without foundation. You need be under no apprehension on this ground. When used with due caution, I know, from frequently repeated experience, that it is not only safe, but of great advantage on many occasions, rendering the cure easier by other means. In numerous instances, I have found it take off the disease altogether, without any other assistance; the paroxysms becoming milder and milder, so as to cease wholly after three or four periods; the patient, at the same time, suffering little or nothing from weakness, in consequence of the loss of blood, but recovering his appetite, and quickly regaining his former strength. This I have witnessed over and over again, in the practice of this Institution, and in cases where the disease existed in the simplest form. The blood, in these cases, always exhibits the strongest inflammatory characters on its surface. Where the *intermittent* is found combined with *pulmonic* inflammation, or even *hepatic* disease, if at all acute, it must be an extreme case indeed, that would deter me from drawing blood. In thus acting, however, you are to remember, that the case is not one of active inflammation; nor in general is it of recent occurrence. The system, on the contrary, is often much reduced in point of strength, by the continuance of the disease. Large bleeding therefore is out of the question; but the taking blood to the extent of five or six ounces at a time, and this repeated at intervals of two or three days for as many times, you may rely upon it, is both safe, and, under the circumstances I have stated, hightly beneficial. I am not contending, however, that *bloodletting* is always, or even generally, proper in the cure of *intermittents*. I think, on the contrary, that it should be confined principally to the cases where the disease is of a *complicated* nature. But it is of importance that you should know, that the practice is safe, and that the fears usually entertained with regard to it, are wholly groundless.

When, by the means now mentioned, the disease has become regular, it is in general easily put a stop to, by the *cinchona* or *Peruvian bark*; administered, not in the *paroxysms*, but in the *intervals* only. It should be as largely and as frequently given as the stomach will bear, without nausea; and it is more effectual, if employed in substance. For example, you may give from half a drachm to two drachms every second or third hour, from the termination of one paroxysm to the beginning of the next. When used with the precautions mentioned, the disease sometimes does not recur at all; and in general it ceases to do so after two or three fits. If the *bark* should produce either vomiting or purging, it fails to cure. The addition of some spice or spirituous liquor, makes it sit better on the stomach, and even increases its curative power very considerably. The active principle of this drug, lately introduced into practice by the French physicians, the *sulphate of quinine*, is a valuable discovery, on account of its greater efficacy, and more convenient exhibition. One, two, or three grains, may be considered as an adequate dose. The comparative value of the different species of *cinchona*, is not clearly ascertained; but it is certain that they all possess the same febrifuge property. Other *astringent* barks; and even the *mineral astringents*, as *alum*; and also the *bitter* plants, have all a power of preventing the recurrence of *intermitting fever*; though their efficacy is probably less than that of the *cinchona*. *Arsenic* has a wonderful property of the same kind, and appears to be more effectual than the *bark* itself. The usual dose is five or six drops of the *solution of arsenic*, as directed in the pharmacopœia; and it may be given three or four times in 24 hours, gradually increasing the dose to 15 or 20 drops. It is not necessary to confine its use to the *intervals*, as in the case of the *bark*.

Other modes of treating *intermittents* have been recommended; such as the giving a grain or two of *opium* at the commencement of the fit. Other *narcotics* have been used in the same way, and probably owe their curative power to the specific operation they exert on the brain. A large quantity of *strong spirit*, as half a pint of brandy, for instance, is a vulgar remedy. All these, however, are less certain, and are not at all times safe. *Intermitting fevers* are, in some degree, under the influence of the mind and imagination. *Terror*, for instance, has put a stop to the disease: and upon the same ground, *epithems* to the wrists, and *charms* and *amulets*, have now and then succeeded: but, of course, no reliance can be placed upon these. In obstinate cases, *mercury* appears to have subdued the disease after other means have failed, and is therefore worthy of a trial.

Remitting fever is but a variety of the *intermittent*; and, for the most part, an aggravated form of the disease. In hot climates, *marsh miasmata* generally excite the disease in this form. Thus in Holland and Flanders, where the heat is great in summer, though situated in a higher latitude than this country; and in the Mediterranean, as well as in warm climates in general, the majority of cases are *remittents*, the milder ones only being strictly *intermittent*. The *Gibraltar fever*; that which prevailed at *Cadiz* a few years ago with great violence; and also the *North American* or *Yellow Fever*; as well as that of the *West Indies*; together with various others, of all of which sufficient histories have been published, appear to be of *miasmatic* origin, and, as far as we can judge, are not *contagious*. It does not seem to be necessary, however, that the *miasmata* should proceed always from marshes; the effluvia arising from open sewers and drains, and the low and filthy parts of large towns, appear to produce fever with nearly similar characters; of which the *Gibraltar* and *New York fever* furnish good examples. In these situations, there is more of *animal* matter entering into the composition of the *miasmata*, which may probably modify their operation. *Predisposition* appears to influence considerably the action of these aeriform poisons. Thus, it was observed in the celebrated expedition to Holland in the last war, that the British troops in great numbers were attacked with fever of the *remitting* form, and in the most fatal manner; while the natives, at the same period, were affected with ordinary *intermittents*, attended with little danger. This serves to explain also the extreme mortality of the *yellow fever* of the *West Indies*, to new-comers from a cold climate; while the natives, and those who had resided long in the West Indies generally escaped altogether, or suffered comparatively little from the disease. A very large proportion of these *remittent fevers* is accompanied with abdominal inflammation, upon which much of their fatality seems to depend.

These *remitting fevers* of hot climates, generally attack with great violence, and prove fatal in a very short space of time, often within eight and forty hours. So that nothing but the most prompt and active treatment can give the patient a chance of escape. It seems to be very well ascertained, that large and immediate *bloodletting* is the only means to be relied upon. Indeed there is hardly time for the operation of any other remedy. *Mercury* has been strongly recommended by some, while others have as strongly denied its powers in this respect. There is certainly something equivocal, in regard to the testimony that has been offered in favour of this medicine. It has been said, for example, that when *mercury* excited salivation in yellow fever, the patient invariably recovered. But then you are to remember, that in the worst cases of the disease, it could not be made to affect the mouth, in whatever quantity it was employed. Indeed in all fevers, there is a remarkable insusceptibility with regard to the action of mercury in the system; owing, probably, to the altered condition of the brain, and the change induced, in consequence, on the *irritability* of the system altogether: (thus affording, by the by, no weak argument in favour of the brain being the seat of the disease; for such an insusceptibility to the action of *mercury* is not observed in other diseases in any thing like the same degree). So that you see, that the patient who was salivated might have recovered merely because the disease was of a milder character in that particular instance; whereas, had it been of a severe kind, the mercury would not have acted at all.

We shall next have to speak of *Specific Fevers*, the *Exanthemata* or Eruptive class of Fevers, as they have been generally called.

FOREIGN DEPARTMENT.

PHYSIOLOGICAL RESULTS OF MODERN VIVISECTION.

The following observations are taken from an interesting little work, published during the past year, by Lund, in Copenhagen, entitled, "*Physiologische Resultate der Vivisectionen neuerer Zeit.*"

Experiments to determine whether the transit of the Semen into the Ovary be necessary to Impregnation.

This question has, as it is well known, given rise to tiresome, and very lengthened, disputes. Some considered that the transit of the semen through the fallopian tubes, was necessary for impregnation, founding such opinions on the recorded observations of Morgagni and Ruysch, who imagined that they had seen semen in the uterus and the fallopian tubes. Others, who as warmly denied such a passing over of the male fluid, referred to the opposite observations of many physiologists, of Harvey, De Graaf, and others, who assumed that the semen, either through a sympathetic agency on the vagina, through absorption, or through a certain aura, operated on the ovaries, and impregnated them. Without attempting to decide on these arguments, which are founded partly on speculation and partly on analogy, but which each party has deemed sufficient to establish its own opinions, I shall go at once to the examination of such results, as the experiments of modern times have afforded on this subject.*

Haighton † sought to solve this question, by cutting through the fallopian tubes of a rabbit, but in such a manner that they became re-united, and the wounds perfectly healed before being submitted to the male. He remarked, however, that the animal, after this operation, lost all sexual desire. He succeeded just as little at first with his experiment of cutting through one of the tubes; the animal for some time after showed no inclination for sexual intercourse. At length three of the rabbits on which this last experiment was performed, became pregnant; he opened them, and found in the ovaries of the sides not disturbed by the knife, *corpora lutea* and *ova*; in the ovaries of the injured side, on the contrary, he found corpora lutea, but no ova.

The experiments instituted by Blundell * agree with those of Haighton; he cut through the fallopian tube of a rabbit, but with the precaution, that it might again become united, he found that the ovarium of that side did not become impregnated. With the same care he divided the vagina near the orifice of the uterus, but the ovarium remained unimpregnated. From these experiments it appears clear, that whatever circumstance impedes the transit of the semen to the ovarium, prevents impregnation.

When, however, we consider the peculiar circumstances of these experiments, many things present themselves, which appear to render such a conclusion doubtful. Haighton and Blundell observed in the ovarium of the wounded side, corpora lutea, as perfectly formed as they appear after ordinary impregnation; the latter found that the fallopian tubes and the uterus had undergone such changes as are usual in incipient pregnancy, and that they were often considerably distended with fluid. According to all appearances, the ovum was really formed; but on account of the pathological condition of the parts produced by the operation, its development was impeded. Indeed the experiments made by Blundell, of cutting through the tubes in several places, but allowing them again to unite, after which operations the impregnation was not disturbed, show that the operation operated only as a mechanical injury, and in nowise restricted the formation and development of the ovum.

Another question which presents itself is, whether the unnatural closing of the tube and vagina did not operate prejudicially on the development of the ovum. A question which the experiments of Haighton seem to answer in the affirmative. He divided the fallopian tube in rabbits in six, twelve, twenty-four, and forty-eight hours after coition; if any immediate influence in general existed, one is justified in supposing that the semen would in this time of necessity have exerted such an influence on the ovary, since the vesiculæ of the same were quite distended with fluid, but in none of these experiments were the least traces of ova discernible in the ovary of the side operated on. But that the injury in these experiments only prevented the development, and not the formation of the ovum, appears evident, since Haighton, when he instituted this experiment only a few hours after the last named period, during which time the ovum had entered the tube, found that it became there perfectly developed. We have, however, convincing arguments, that the cutting through of the trumpet may destroy the already formed ovum. We shall easily see how erroneous it is, from the afore-mentioned experiments, to determine whether we shall ascribe to them the prevention of the formation, or only of the development of the ovum. Since many of the phenomena observed in the above recited experiments, appear to indicate a previously existing formation of the ovum, the results obtained from these can only be regarded as evidences, and not as decisive arguments against the necessity of the transition of the semen into the ovary.*

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* In this treatise I shall only cite such experiments as have been made on living animals.

† Philosophical Transactions, 1797. Part I. page 159, et seq.

* See Medico-Chirurgical Transactions, Vol. X. page 136.

On the Connexion between the Circulation of the Uterus with that of the Fœtus.

Innumerable injections, attempted without success, have shown, that no direct connexion exists between the arteries of the uterus and the veins of the fœtus.

Magendie, by his experiments on living animals, arrived at the same results. He injected poisonous and colouring substances into the vessels of the uterus, without having once observed any such appearances as allowed him to believe in the immediate transit of the same into the vessels of the fœtus. After he had injected camphor into the veins of a dog, he allowed the circulation to go on four minutes undisturbed, and then took out a fœtus from the uterus: the blood of the fœtus did not smell of camphor; in a quarter of an hour he took out another fœtus, the blood of which smelt very strongly of this substance. From which it is clear, that if no immediate, at least a mediate transition exists, probably through the deposition of the arteries of the uterus, and the absorption by the veins of the fœtus From the fœtus to the mother, no transit appears to exist. Magendie has often injected the most powerful poisons into the arteries of the umbilical cord, without being able to detect the least trace of them in the uterus.

On the Reproduction of the Nerves.

The question, whether the nervous substance is really reproduced, has for a considerable time occupied the attention of physiologists. Numerous experiments have been tried on the subject, by the physiologists of the last century, but the question at the commencement of the present century remained unanswered; and notwithstanding the united exertions of anatomists, physiologists, and chemists, it cannot yet be considered as definitively settled. Galen endeavoured to determine the point physiologically, by observing in what degree the function was restored; the greater number of his experiments were attended with an unfavourable result. In the year 1776, Cruikshank entered on the same field of investigation. After having been convinced that the division of the par vagum on each side invariably produced the death of the animal when even one of these nerves was divided a week later than the other, he prolonged the interim to that of a month, and the animal still lived; on examination after death, he found that the nerve which had first been divided, was united by means of a filament, much thinner and less fibrous than the rest of the nerve. This regenerated substance in Cruikshank's preparation, was not, however, looked on as really nervous; the two Hunters, and afterwards even Cruikshank himself, entertained doubts on it. In the year 1778, Fontana* saw this preparation in London, from which he was induced in that and the following year to try some experiments on rabbits respecting this point. He removed from the ischiatic nerve, the par vagum, crural, and intercostal nerves, portions from 6 to 8 lines in length, and observed in two cases where he had cut away 6 lines from the par vagum and intercostal nerves a real union by nervous substance, the nature of which he was assured of by microscopic observation. After him Monro † set on foot some experiments with the division of the ischiatic nerve and spinal marrow on frogs. The regenerated substance did not appear to him quite to accord with nervous substance, and the function was never perfectly restored. Soon after this Michaelis ‡ was induced by the same prepartion of Cruikshank's, to try some experiments on the same subject. In the years 1782 and 1783, he tried eight experiments chiefly on dogs, six with the phrenic and two with the ischiatic nerves. He remarked after the space of a few months, and sometimes a few weeks, in six cases a real and perfect nervous substance which united the mass; two experiments did not succeed, but the cause of failure he attributed to himself. At last Arnemann § appeared as the opposer of nearly all those who had preceded him. From his numerous experiments, he concluded that the regenerated substance was never medullary matter, but only thickened cellular membrane; that when the function was restored, this was only effected by the cellular membrane during its gradual contraction, bringing the divided ends of the nerves in contact. Arnemann's view gave to the subject a quite different turn, till Haighton, ‖ in 1795, by his experiments confirmed Cruikshank's opinion. He observed that a dog whose par vagum on both sides was divided at one time, died eight hours after, but that if there was a space of three days between the division of the two nerves, the animal expired within the fourth, and if of nine, within the thirteenth day. The operation, however, in all these cases was fatal, and death followed sooner or later in proportion to the space between the division of the two nerves. But on extending the distance of time to six weeks, the animal survived both operations, and within six weeks was perfectly restored. In so far he had certainly confirmed Cruikshank's results, but as the objection might be made to both, that the substance of the divided nerves had possibly not been reproduced, but that their functions had been carried on by other nerves, he divided, after the animal had recovered a second time, the eighth pair, which in such a case must have been useless, but the animal died on the second day after the operation.

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* The later experiments of Dr. Blundell are quite decisive on this point, although they also prove that generation may, to a certain extent, be accomplished without any contact of the male semen with the rudiments. The fallopian tubes of rabbits were divided, first on the one side, and then on the other, and sometimes both at one time; the vagina leading to the one uterus was divided, and then the vagina of the second uterus; lastly, the vagina was divided lower down before its division, and the results were perfectly satisfactory. In both the uterine and vaginal experiment, the womb, though it contained no fœtuses, in many cases enlarged, as in extra uterine pregnancy. Its structure, too, became thoroughly developed, (speaking of the division of one vagina only,) it received more copious supplies of blood, in short, it frequently seemed as well prepared as its fellow, for receiving and cherishing the rudiments.

The ovaries, too, although there was no genuine impregnation of them, were very obviously excited. The vesicle in different parts of them germinated; its fluids increased; the delicate covering opened, the little cavity discharged its contents, and corpora lutea formed in all their perfection. As this appearance of the corpus luteum, notwithstanding the interception of the semen, is of considerable importance, and may help to clear away an objection to which the experiments lie open, it becomes necessary to examine it with attention. On the whole, then, it seems probable, judging from the appearances related, that generation may be carried forward to a certain extent, although the access of the semen to the rudiments be intercepted. Under these circumstances, the *young animal cannot be formed*, it is true; but *corporea lutea may* be generated; the wombs may be developed, and the *rudiments*, if we may judge from the facts already stated, may even be *transferred to the uterine cavity*, by the play of the fallopian tubes. —Ed. L.

Up to this period those weapons only had been used in the determination of this question which anatomy and physiology afforded; now, however, the assistance of chemistry was consulted. Reil * had discovered a new method for distinguishing the true nervous substance from the neurilema and celluar membrane, viz. by corrosion with nitric acid, by which the one remained unacted on, whilst the others were dissolved. Meyer † employed this method in order to determine the question on the reproduction of nerves. He found that the ends of a divided nerve really united in the course of a few weeks by thin threads which could not be dissolved in nitric acid. Even if he removed part of the substance of the nerve, its ends even then united, but the union took place slower; for instance, when he removed a line he found that reproduction was effected in three weeks, and when two lines, after two months.

Although from these experiments it might appear that the question was fully settled, we still find some distinguished physiologists opposing the idea of reproduction of nervous substance. Thus, for instance, Richerand ‡ states, that he was sufficiently decided to adopt the opinion that the nerves were reproduced, but that he repeated Haighton's experiments without success. The paralysis, according to this author, which followed the division of the nerves, is incurable. Delpech[*] states the same thing, and also denies the reproduction of nerves. Magendie[†] also affirms, that he frequently repeated Haighton's experiments; the animals, however, invariably died five days afterwards, and from this he supposes, that Haighton must have committed some mistake about the division of the nerve. Owing to these contradictory statements, Joseph Swan[‡] was induced to repeat all the experiments anew. On rabbits, he tried twenty, and on dogs two, of which the following are the results. After the division of a nerve, the extremities, particularly the superior one, became thicker and more vascular; coagulable lymph, having the appearance of albumen, was poured out, and in a very short space of time permeated by blood-vessels. In the course of a few days, this coagulable lymph united from both ends, and anastomosing vessels were soon formed in it. It gradually acquired a firmer texture, the number of blood-vessels diminished, it shrunk together as in cicatrization, and the separated extremities approached each other more; but it was difficult to determine when the nerves were capable of again resuming their functions. One rabbit recovered itself a little within eight weeks, but in the 18th it was not quite restored. This is the usual course in one case. He remarked that the ends of the nerves united by granulations. Incised and partially divided wounds healed like those where the division was complete, and the functions suffered little from them. If a portion of nerve was removed, the nerve healed in the usual way; the long time which the healing required, has been the cause of many doubting its real occurrence. Mr. Swan even doubted himself the restoration of the functions, until the following experiment convinced him of the accuracy of the fact. A portion of nerve leading to the leg, was removed from a horse which had been lame for two years; for six months from the time of the operation, the animal was quite healthy, but soon after it again became lame. On killing the horse afterwards, it was found that the nerves had united. In another experiment, quite new nerves were found, one which led to the ham, and another to the part where the fibular nerve is situated in the human subject. Ligatures produce the same effect as the division of the nerves. On the application of a ligature on the nerve, coagulable lymph is thrown out, and when the ligature comes away, the nerve re-unites and the functions become restored. Richerand confirmed this fact by experiment. Soemmering and other anatomists have also advanced the opinion, that the substance of the brain may be also regenerated.

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* Richter de vulnerum sanatione. Tubing, 1812.

† Monro's Observations on the Structure and Functions of the Nervous System.—p. 81.

‡ Michaelis' Brief an Camper uber die Regeneration der Nerven, Cassel, 1785.

§ Arnemann Versuche über die Regeneration der Nerven. Göttin. 1782.

‖ Haighton in the Philosophical Transactions. 1795, I. p. 190.

* Reil's Exercit. Anatom. de Structurâ Nervorum. Fas. I.

† Meyer, Reil's Archiv. 2 ter Band. S. 449.

‡ Richerand Nosographie Chirurgicale. Tom. II. 207, 210.

Flourens, in his experiments on the nervous system, has denied the accuracy of this opinion. The error, he thinks, has arisen from the great expansion of the cerebral substance after the infliction of wounds on it. This swelling after a few days disappears, and then it may be very clearly seen that no reproduction has taken place. The functions, it is true, become restored, but this does not depend on the reproduction of the parts. Experiments have also been tried on the reproduction of the spinal marrow. Arnemann divided the medulla spinalis of a dog in the lumbar region, and, after the lapse of eight weeks, the dog was able to walk. On killing the animal, it was found that the divided parts had reunited, but by what he conceived to be the nervous substance.

ROYAL INFIRMARY.

"*Appointment of Dr. Cullen to a Surgeoncy in this Establishment.*"

None but the most ardent admirers of Dr. Johnson's principles of medical economy, will dispute the propriety of discussing the merits of a hospital appointment. It is, in its limited extent, as much a subject for public consideration, as the return of a member of Parliament for a borough, or the nomination of the holder of the "great seals." The duties which the elected has to perform are public; the electors themselves are but the public stewards of a common property, raised for the benefit of the poor; and the objects of the act of election are taken from the general mass of mankind, each of whom, as Paley admits, has a right to express his opinion of every measure in which the whole is concerned. The general assumption, however, that men volunteering to perform a sacred duty gratuitously, would discharge it faithfully, has been so long entertained, that to question the universally received fact, would, until very lately, have excited surprise, if not brand the sceptic with the ignomony of a malicious libel. As in other cases, custom became the law; all were satisfied, because all believed; the right to inquire thus, was apparently annulled by desuetude; and its assertion, when provoked by abuse, naturally enough astonished the unthinking, and awakened the opposition of those persons who were interested in its further suppression. But it is now pretty well known, at least, to the readers of The Lancet, that philanthropy is no longer what it was in the days of Howard and Penn; an unmixed emanation of love for the species, having strangely contracted certain impurities in the progress of time, which require to be rubbed off occasionally, to keep the machinery of pity in working order. The governors of hospitals, for instance, who form a large proportion of the philanthropy of the day, have been found by recent experiments to be quite anomalous "in their generation," and possessed of the most contradictory attributes. Benevolent, hard-hearted,—frugal, extravagant,—punctilious, and negligent, they constitute a species of comets in the social system, which claim exemption from all regularity of motion, and acknowledge no restraint but the whim of their own will. They call upon the community in the very accents of mercy to succour the agonies of disease, and hand over the objects of their compassion in the next moment to, perhaps, a medical executioner; they will strike a bargain for both with all the penury of an Isrealite, and, like his prodigal son, throw away the savings in the purchase of a fancy pattern of blankets; they will at one time concentrate their whole attention on the burnishing of pannicans, and leave other less fragrant utensils to spontaneous detersion; they enact regulations about trifles, with all the formality of an Act of Parliament, and at another time abandon matters of real importance to shift for themselves; in fact, it would be difficult to collect into one view the capricious amusements in which these gentlemen now and then indulge. With one only, however, of the catalogue, have we any thing to do at present—the appointment of a surgeon to the Royal Infirmary. It would be a very unnecessary task to enumerate here the advantages derivable from the just exercise of the elective power of hospital governors. Like mercy, it may be said to act in a double capacity, by rewarding individual merit, and promoting the utility of charitable establishments; for on the reputation of their medical officers very often depends the accomplishment of the ends of such institutions. The knowledge of so apparent a fact could scarcely have escaped the notice of men otherwise so acute; but, true to the natural history of their genus, not the slightest account seems to have been taken of it in their decisions on the present occasion. With the utmost latitude of choice, they narrowed their views of discrimination, and found desert visible where it could never have been detected before. Not but the subject of their selection had pretensions of no ordinary kind, particularly when the theories of merit adopted by hospital electors are considered, the excellence of which the public are blind enough not to perceive. He was a namesake, for instance, to the great nosologist, and it was but fair to conclude, that he might turn out one himself; besides, every person knows the charm that resides in a name. More, he was of the same family; and the influence of lineal descent has been duly appreciated in appointments in Edinburgh for the last half century, and followed by the happiest results. Still further, he was really a professor, and, unless he was well informed, of course he could not teach, so that there could be no scruples on this head. 'Tis true, his audience consisted of but about a dozen of young gentlemen on their road to either of the "halls;" but then, if studious adults who had cut their "wise teeth," and were destined for higher diplomas, did not avail themselves of his instruction, the loss was surely on their side. Neither had he been much known to the public in those respects, which ensure a confidence in a practitioner's capability; but then he was young, and had no opportunity of signalising himself, both of which considerations were very judiciously taken into account by the electors. All these nicer subtleties of distinguishing abilities may be more thoroughly understood, when it is known that the governors actually passed by a certain celebrated operator, who, it is said, could perform the operation for lithotomy with his eyes shut, better than any man in Edinburgh could with the aid of Mr. Leslie's magnifying glass. Besides, this notorious operator had established a little hospital of his own by his dexterity; had the selection of all the more rare and difficult surgical cases amongst the poor of the city, with whom he was a great favourite. In fact, he was just such a man as most persons would suppose calculated in all respects for a dissector-in-chief to a national establishment; but governors are not to be diverted from their purpose by any such ostensive marks of efficiency as these, and consequently left them to reward themselves. The public, however, who are convinced by obvious reasons only, seemed to doubt the propriety of the decision—to inculpate the governors for their nice distinctions; but they ought to recollect, that there is no disputing about tastes, ever since the hero of Cambria settled that point, by "kissing his cow."

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[*] Delpech Ricis Elementaire des Maladies Chirurgicales. Tom. I. p. 173.

[†] Magendie's Journ. Tom. I. No. 2, p. 122.

[‡] Swan on the Local Diseases of the Nerves.

Scotus.

Edinburgh, March 1, 1827.

OBSTETRIC SOCIETY.

On Wednesday evening, March 10th, a meeting of the "Obstetric Society" was held at the rooms of the Westminster Medical Society, in Sackville Street. Mr. Charles Clark was in the chair; and there were present, Drs. Ley, Granville, Merriman, Locock, Kerrison, and A. T. Thompson; Mr. Jewell, Mr. Stone, Mr. Sweatman, and three or four other gentlemen, whose names we could not ascertain.

The minutes of the proceedings of the Society, from its commencement, were read by the Secretary, Dr. John Ramsbotham, from which it appeared that, in the commencement of the year 1826, a meeting was held of certain individuals, who were of opinion, that it was requisite the practice of midwifery should be subject to some legal restriction. In furtherance of this object, it was agreed to form a society under the denomination of the "Obstetric Society." After being duly organised, this Society, in conformity with its avowed object, proceeded to address the respective medical corporate bodies, pointing out the evils which they believed to result from the indiscriminate practice of midwifery, and requesting to know how far the said corporate bodies were willing to co-operate in remedying the abuse, and whether they possessed the power and inclination of doing so.

The reply from the College of Physicians stated, that inasmuch as the act of delivery (in cases where assistance was required) was *merely* a manual art, it devolved upon the surgeon—that the diseases which occurred in the puerperal state, formed a part of the practice of medicine; and that, as such, the examination given to the members of their College, was sufficient to ensure their competency to practice in these cases.

The Council of the College of Surgeons, in answer to the communication of the Society, observed, that the Court were of opinion, they did not possess any legal authority, by which they could render it compulsory for candidates to undergo an examination on the subject of midwifery. And, lastly, the Right Worshipful Company of Apothecaries were also of opinion, that they could not legally exercise the power of examining candidates in midwifery, but they considered the subject as one deserving the consideration of the legislature; and if any enactment should take place, confiding the trust in their hands, they promised to discharge their duty with fidelity.

It would seem that the Society remained in a dormant state for some time after receiving these repulses, as nothing was done until the commencement of the present year, when it was agreed upon, once more, to address the three corporate bodies. The College of Physicians had nothing further to communicate; they referred the Society to their former reply, quite cavalierly. The Royal College of Surgeons, won by the gentle wooing of the Society, now stated, that they were willing to establish a board for the examination of candidates in the "midwifery department of medicine," provided such a proceeding could be legally sanctioned. The College of Surgeons prefaced this *gracious* communication, by remarking, that as it was desirable the members of the Council should be persons "well skilled in surgery," it was THEREFORE forbidden, that any member of the Council should practise pharmacy or midwifery. The Society of Apothecaries, in their second reply, regretted their *want of power, and said they should be happy to possess it.* The Obstetric Society thus finding that little could be gained from the corporate bodies, determined on addressing a memorial to the Secretary of State for the Home Department; in fact they had resolved on this course of proceeding previously to their second application to the "constituted authorities," provided nothing was done on their part. At a meeting held about ten days since, a sub-committee was appointed for the purpose of "drawing up" the memorial, and a meeting of the members was called for this present evening, in order to receive the said memorial.

The memorial was read by the Secretary; it consisted of a statement of the injurious effects alleged to result from midwifery being practised by ignorant persons. It stated, that whereas the legislature had given protection to the other branches of the profession, this was totally unprotected, and therefore it was humbly suggested to Mr. Peel, that the three medical corporate bodies should be required to take the subject under their respective jurisdictions, and institute examinations in midwifery.

The Chairman made a few observations on the objects for which the Society had been instituted. He disclaimed the idea of self-interest having actuated the members of the Society, for there was no intention of applying to Parliament for a distinct and separate charter; and the Society only desired to see some restriction placed on the practice of midwifery, as a public good; this measure being obtained, the Society would then cease to exist. They were not desirous of being separated from the profession, and regarded merely as a board of Men-midwives; they practised the profession generally, and midwifery only as a part of their duties. Mr. Clark here related an anecdote of Sir Astley Cooper, in proof of the dislike which men of general information in their profession felt at being considered to be acquainted with, or skilled in, one particular department only. He (Mr. Clark) was in attendance upon a young lady who was deaf; it was some years ago, and at that time when Sir A. Cooper had gained considerable repute in cases of deafness by puncturing the tympanum. It was proposed to consult Sir A. Cooper on the case of this young lady, and he (Mr. Clark) was deputed to write to Sir Astley; this he did, merely stating that he wished to meet Sir Astley at a certain hour, in a certain place, without speaking of the nature of the case. He received a reply from Sir Astley Cooper, stating his willingness and pleasure to meet him (Mr. Clark) at any time, but he hoped that the case on which he was now to be consulted was not an EAR CASE, *for he should feel it to be infra dignitatem to meet on such a case.*

Dr. GRANVILLE moved that the memorial which had been read by the Secretary, should be adopted as the sense of the Members of the Obstetric Society. He said, it was a notorious fact, that if a man wished to practice the medical profession and was not duly qualified, he might evade the penalties of the law by writing up over his door—ACCOUCHEUR. It was not long since, that a broken banker's clerk had applied to him for a certificate to practise midwifery. Dr. Granville said, that the anecdote which had been related by Mr. Clarke, reminded him of a similar circumstance that occurred under his own observation. He was in attendance upon a lady, who had ophthalmia, and it was proposed to call in Mr. Travers. Dr. Granville therefore met Mr. Travers in consultation, on which occasion he chanced to say that he was pleased his patient had had recourse to the opinion of such an eminent oculist; "I beg your pardon, Dr. Granville," (said Mr. Travers,) "*not an oculist*—BUT, A THOROUGH SURGEON."

A long debate ensued, principally with respect to the wording of the latter part of the memorial, which prayed that the corporate medical bodies should be required to annul or abrogate their by-laws as regards midwifery. Dr. Ley remarked, that as the corporate bodies possessed in themselves the right of framing by-laws, and also of dissolving them, it was useless to go before the legislature or a minister of the crown, and request him to use his influence in altering the by-laws of chartered bodies. He moved as an amendment, that it should be stated in this part of the memorial, that there was a necessity for a legislative enactment which should *enforce* the said corporate bodies to examine their respective candidates in midwifery. The amendment was approved by the meeting, and in this form the memorial was unanimously adopted. In the course of the discussion, the letter of Sir Anthony Carlisle, which first appeared in the Times, and subsequently in the THE LANCET, was alluded to, and the writer was treated with no great share of courtesy. Mr. Clark considered the letter as a libel on the talents and integrity of the mass of general practitioners; he said that it was worse than an attack on either purse or person, it was a scandalous letter, and teemed with falsehoods. Dr. A. T. Thomson stigmatised the letter as a *crazy, stupid* production, and therefore could do no harm; the source from which it proceeded would be remembered, and the public would estimate it accordingly.

It has come to the knowledge of the Obstetric Society, that on the occasion of the second answer being returned from the College of Surgeons, Sir A. Carlisle made a protest against it, which protest, however, was not allowed to be entered on the minutes of the Court. Sir Anthony, having been thus disappointed, thought proper to vent his spleen in the public papers. The members of the Society appeared to consider the attack as more immediately made upon themselves, and were highly incensed that Sir A. Carlisle should have availed himself of the information which he obtained in his official capacity, and have made it the basis of a slanderous attack—charging them with *vice* and *avarice*.

Mr. STONE read a long and (as it appeared to us) a very foolish letter, combating the assertions of Sir A. Carlisle; this letter he (Mr. S.) had drawn up for the purpose of sending to the Council of the College of Surgeons, and he moved that the letter be sent as from the Obstetric Society.

Dr. A. THOMPSON strongly objected to the letter; he said, that the Council of the College had nothing to do with the acts of a private individual, in which light he regarded the letter of Sir A. Carlisle, seeing that it was not written in his official capacity. There was no necessity for *reading* the College of Surgeons a *lecture* on midwifery.

We do not know whether this was intended as an allusion to the said Mr. Stone, being a *reader* of Lectures on midwifery; however, it was eventually resolved, that the letter should be forwarded to the Council. It was agreed upon, that a deputation, consisting of five members of the Society should wait on Mr. Peel, in order to present the Memorial. Some business with regard to the subscriptions having been disposed of, the Meeting was dissolved.

The Secretary remarked, that there were thirty-one members of the Society, each of whom had paid the sum of two guineas, the subscription for last year. Dr. CONQUEST fully approved of the objects of the Meeting, and was willing to affix his name to any memorial, but would not subscribe any thing except his *blessing*.

THE LANCET.

London, Saturday, March 17, 1827.

An advertisement on the wrapper of our last Number from Dr. James Johnson, announcing that another of his Medico-Fudgico Journals is about to be inflicted on the profession, reminds us that we have not quite finished with his last. It is indeed such an incongruous and "filthy stew," that we look into it with the greatest reluctance; but as its "hole and corner" readers, if we were not to assist their perceptive faculties, might mistake its unequalled dulness for the sharpness of wit, and its abortive attempts at reasoning as the finest efforts of human intellect,—we feel it a duty to render them all possible assistance. As our able friend Scotus has already exploded the gas which suspended Jemmy on his *reviewing* voyage (to the moon?) and consequently "let him down the winds to prey at Fortune," we are relieved happily from the necessity of wading through the first two or three hundred pages of his Medico-Fudgico hotch-potch. Lightened thus much of the burthen of our undertaking, we joyously pass on to his "remarks," as he calls them, on the report of a case of "aneurismal varix," taken from The Lancet, and which the "Scribe" has inserted amongst his "utilia." This case came under the management of Mr. White at the Westminster Hospital, was first described in The Lancet of *Aug.* 12, again mentioned on the succeeding week, and finally disposed of in the number of the *ninth of September.*

On this case the *Scribe* has thought fit to be critical; but experience should have taught him that it is "dangerous to meddle with *edged* tools." The public have not forgotten the ignorance and temerity he displayed in the affair of Magendie's *Journal de Physiologie*; and, unhappy wight as he is, he has on the present occasion committed himself yet more palpably. Let us examine what he has produced. First there is a note of interrogation affixed to the words "*radial* artery;" and he goes on to say, "*we* suppose the *brachial* was meant;" "no high bifurcation mentioned;" thereby intimating, that our reporter did not know whether the brachial or radial artery was wounded. The "*Scribe*" should recollect, that *a dissection* of the limb had been made previous to the writing of the report; that the *radial artery* was *found* to be *wounded*, and, *par consequence*, it must have been given off "higher up than usual," which is no uncommon thing. Was it necessary to tell *our* readers, that if the *radial* artery were wounded *at the bend of the fore-arm*, it must have had "*a high division*?" To have done so, would have been an outrage on their judgment. But he does not say that the *radial* was *not* the artery *wounded*. Oh! no. He knows that *it was*. "However, it matters nothing to him of the Quarterly."

Again, Mr. White "cut down upon the tumour:" "What kind of tumour?" asks the *Scribe*. We answer, "a large *pulsating tumour* at the bend of the fore-arm, occasioned by a *puncture of the radial artery*, in an attempt at *venesection*." This description of the *tumour* is to be found in the *first* account of the case in The Lancet, of *Aug.* 12, *which appears to have been entirely overlooked by the Scribe*; and the account published on *Sept.* 9, was only *a continuation* of what had appeared in the Number before named.

Lastly, says the *Scribe*, "the *report* leaves the man convalescing; but *we learn* that he has long since bid the world good night." The *report* was published on *Sept.* 9, 1826; the *Scribe's remarks, Jan.* 1, 1827, a sufficient interval for many hundreds of the Westminster and St. George's patients to bid the world good night.

We suspect that the *redacteur* of the labours of the "Associated Physicians & Surgeons," knows no more of aneurism than the *silk shawls* with which he pays off his wedded *rural* *scribes.* If he did, he would not have ranked "circumscribed aneurism," and "aneurismal varix," and "varicose aneurism," as *three distinct* consequences of wounding an artery in phlebotomy. *Aneurismal varix,* and *varicose aneurism,* being *synonymous* terms for a pulsating tumour formed by the flowing of arterial blood into a suprajacent vein, in consequence of a communication established between them, by the vein having been transfixed, and the artery punctured, as occasionally happens in venesection. Such aneurism may be either *circumscribed,* or *diffused,* (in consequence of the escape of some arterial blood into the surrounding cellular tissue,) but it is no less an aneurismal varix, or varicose aneurism, on that account. Yet, wonderful to relate, the *Scribe* "made inquiries, and learned what *he* had expected, that the case was one of DIFFUSED ANEURISM!!"!!!

"The profunda superior was found *unusually* large, so were its radial and ulnar branches, affording an easy explanation of the cause of the repeated hæmorrhage, viz. the great supply of blood sent by these vessels into the anastomosing branches round the condyles."—LANCET, September 9th. The dissection of the arm was made only on the *second day* after the brachial artery had been tied; yet the profunda was observed "to be equal in size to the brachial;" and therefore it was *unusually* large, considering the short time that had elapsed after the operation—*only two days.* So much for the accuracy and value of the "Scribe's" "REMARKS" on this report. And now for the next, which he heads thus, "Prince Hohenloe in Panton-square," and then proceeds to criticise with wonderful self-complacency the report of a case from the HOSPITAL OF SURGERY, (LANCET, Vol. X. p. 852,) entitled "TUMOUR OF OVARIUM CURED BY COPIOUS BLEEDING;" and surely no unfortunate "Scribe" ever betrayed a greater portion of original and invincible dulness, than poor JEMMY in his "remarks" on this report. Obtuse as we have often found him, we did not suppose it was possible that even *he* could have fallen into such a truly ludicrous dilemma. The facts are these:—MARGARET B——, the subject of the report, had resided upwards of eight months within the walls of ST. GEORGE'S HOSPITAL, afflicted with what the officers of THAT celebrated Institution were pleased to denominate TUMOUR OF THE OVARIUM, at the same time stating, that it was as large as the *head of a child*! Eight months was she there without receiving any relief, when some kind friend recommended her to Panton-square, and in *nine days* the TUMOUR OF THE OVARIUM had *disappeared* "without any preternatural discharge from the vagina or rectum." Who can believe that the man of the FUDGICO failed to discover the real object of this report? Who can believe that he offered on it a serious critique? Yet such is the fact. Little did poor Jemmy imagine that he was pouring out his gall on the ACCOUCHEURS and BANDAGERS of St. George's, whilst ridiculing the miracles of Panton-square. Yes, this TUMOUR of the OVARIUM of *four years* standing, was cured by the HOHENLOE of the *Hospital of Surgery* in *nine days.* Would to God there was such a Hohenloe in St. George's. JEMMY JOHNSTONE, be on your guard; by J—s, we have *other traps* set for you!

We now pass on to page 266, and here, to our no small amusement, we find our medical Quixote fairly in the field of controversy, with no less an opponent than Mr. LAWRENCE—"Olympus to a molehill."

Jemmy appears to be greatly offended, because Mr. LAWRENCE has stood forward on behalf of the GENERAL PRACTITIONER, and because he illustrated in his Introductory Lecture, the absurdity of attempting to maintain a distinction between *Medicine* and *Surgery.* This is not the first time that JOHNSTONE has spoken in a CONTEMPTUOUS manner of General Practitioners, and probably it will not be the last; but he shall rue it before we quit him. Is it not most surprising that *he*, above all men, should give himself such airs, and endeavour to lord it thus mightily over the asserted insignificance of his professional brethren; *he*, whose door only a few short years back was thus labelled—Mr. JAMES JOHNSON, *Surgeon*, and afterwards DOCTOR *James Johnson*, SURGEON? Yes, this creature himself, a surgeon, (at least he called himself such,) having obtained an *Aberdeen* or *St. Andrew's* diploma, which indeed any sweep in this town might have procured only two or three years since without difficulty, has now the insolent presumption to speak of the general practitioner as belonging to an inferior *grade*. In what manner did this fellow allude to these gentlemen in his Number for *April*, 1826, whilst giving an account of the meeting of MEMBERS of the College, at the Freemasons' Tavern? Mark well the language of this great St. Andrew's aristocrat, of this *Jemmy Johnson, Surgeon*. We quote from the above journal, page 581. "The meeting contained a very small proportion of men of AGE, NOTE, or INFLUENCE in the profession. The *great mass* consisted of the younger members of the College, *including* GENERAL PRACTITIONERS." And now, when Mr. LAWRENCE stands forward to assert their just and legitimate claims to public consideration and respect, this Aberdeen or St. Andrews' Doctor, steps into the arena, seizes the gauntlet, and *accuses* Mr. LAWRENCE of attempting to produce EQUALITY. Hear the creature: "But the fact is, that Mr. LAWRENCE's scheme in medicine, is just what the scheme of Cobbett and Hunt is in society at large.—EQUALITY." (Fudgico for Jan. p. 267.) True, Mr. LAWRENCE is anxious that there should exist such an *equality* of talent amongst medical men as would secure the public from the pernicious practices of ignorant pretenders, and that this *equality* should be regulated by the *scale* of a judiciously constituted College. But, surely, JOHNSON cannot be such an ass as to suppose that Mr. LAWRENCE is anxious for the establishment of that sort of equality which the above passage indicates! Does not old Fudgico himself *feel*, that the thing is impossible; or, that if it were possible, Mr. LAWRENCE is the last man who ought to seek it, and that Jemmy should be one of the first? *Equality*, indeed! how, in a moral point of view, can such a state of things exist, whilst there are men of such opposite mental faculties, or, rather, whilst many have no faculties at all? If COBBETT and JOHNSON were to commence the SPENCEAN system to-morrow, Jemmy would be blacking the shoes, boiling the kettle, or grooming the horse of the Political Leviathan, before that day fortnight; and if he were obstreperous, these would not be the worst of his occupations! We are really at a loss to conceive *why* JOHNSON should speak so contumaciously of the General Practitioner. Mr. LAWRENCE, it will be recollected, in his admirable lecture, hinted at the establishment of a College, in which ALL should be examined "*without any regard to the present artificial distinctions*," which examination "*should authorise the individual to practise any or all parts of medicine, and none should be allowed to practise without it.*" We feel no hesitation in stating our most decided conviction, that this proposal, if properly executed, would prove the *ne plus ultra* of medical legislation; it offers, at once, a protection to the public, and a safeguard and honour to the practitioner; and the day *must* come, when it will be adopted. It is, however, a scheme exceedingly shocking to the delicate nerves of our sensitive *Aberdeen Doctor*, who exclaims with apparent horror, "thus, then, according to this Utopian plan, the *metropolitan physician and surgeon*, and the *village apothecary and accoucheur*, must undergo *the same examination*." Oh, dear! how very terrible this would be to St. Andrew's Doctors! He continues, "and consequently, must have the same general and medical education! This is EQUALITY, with a vengeance!" The arrogance and stupidity here exhibited are truly disgusting. What does the creature mean, by "CONSEQUENTLY must have the same general and medical education!" Does it follow, that if the different candidates were competent to surmount such an examination as should establish their claim to be intrusted with the care of the afflicted, that their education must have been equal in degree, as well as in kind? Would not some, from their superior genius and industry, rapidly rise to the most exalted eminence, whilst others would remain stationary, and not advance in reputation a single point beyond the possession of their diplomas? Yet both classes, *merely* from the EFFICIENCY of their examinations, be equally entitled to the rank of gentlemen, and deserving of the public confidence? Assuredly they might. The quality and quantity of the test, are all we have to discover to protect both the public and practitioner. And why should not "the village apothecary and accoucheur," (the *real* general practitioner,) be as strictly examined as the *metropolitan physician*? Are the lives of the country gentlemen, industrious farmers, enterprising manufacturers, and unsophisticated agricultural labourers, of less value than the tax-eating, half-smoked, half-suffocated, lazy drones of this overgrown city? Once more listen, ye country "draff," to what this Johnson says of you: "Now, if Mr. LAWRENCE had given himself the trouble to think, for one small minute before he spoke, he would have perceived that *such an* EQUALIZATION would place the necessary acquirements *above the reach* of a *great proportion* of GENERAL PRACTITIONERS in the country—and that it would *reduce* the said acquirements to too low a standard for those (such as Jemmy) who aspire to honours and distinctions in cities and in the metropolis." Now it is evident that he wilfully insults the provincial surgeons, or that he is grossly ignorant of their talents. Talk of the *acquirements* being *above* their reach, indeed! We can tell him that they are surpassed by no practitioners in this town, whether *pure* or *impure*; there is no shifting of patients with them, from surgeon to physician—from physician to accoucheur—from accoucheur to oculist—from oculist to dentist—from dentist to electrician—from electrician to fumigator, &c.; but they alike skilfully execute the most formidable of surgical operations, and treat with the greatest judgment the most appalling of those diseases denominated *medical*. We shall return to this subject. JOHNSON'S affected and impotent sneers at the liberal, enlightened, and philosophical opinions of Mr. LAWRENCE, cannot be more appositely compared than to the blinkings of an owl at a noon-day sun.

Mr. CHARLES BELL, it is said, has given the pupils of Windmill-street the *coup de* STANLEY. A prospectus was issued with his name, and, as a Correspondent writes, "conveying the tacit understanding (implied contract) that he would as usual take an active part in the conduct of the school;" but "the fact is," continues the writer, "the whole of his instruction has been limited to eight or nine lectures during the last course, and the pupils have been taught what to expect in the present, by the cool annunciation that that gentleman has taken his leave." We believe that the fact is so, and are sure that such conduct needs no comment. The school has long been on the wane, but while Mr. Bell continued there, the struggle of existence might have been maintained;—

> "Nondum illi flavum Proserpina vertice crinem
> Abstulerat,——"

at length, however, the fatal lock is cut.

"*Review of some of the Surgical Cases which have lately occurred in the Royal Infirmary of Edinburgh.—A Clinical Lecture delivered to the Students of Surgery in that Institution, on the evening of Monday,* 26 *Feb.* 1827." By George Ballingal, M.D. F.R.S.E. Fellow of the Royal College of Surgeons, Surgeon Extraordinary to the King, Regius Professor of Military Surgery in the University of Edinburgh, and one of the Surgeons to the Royal Infirmary. A. Balfour and Co., Edinburgh. Feb. 1827.

Dr. Ballingal has plunged from the composure of the professor's chair into the turmoils of controversy. He is not satisfied with the dignities and emoluments of his multifarious offices, but will prove himself worthy of their enjoyment; he is a warrior, and will enforce, if he cannot command by more gentle means, submission to his opinions. He is above the patience of reproof—beyond the commission of error; his pride has been hurt, and by his own right hand alone shall the insult be avenged. To this end he has marshalled all the energies of his acute mind into disposable order for the conflict—summoned from the herald's office his manifold honours around him—arrayed himself, in short, in a mail of pompous appellations, and thus gaily bedecked, sallies forth, like an Eastern prince, in all the majesty of titular power to crush a shadow. His tender sensibilities for the reputation of his "House," are at least entitled to respect: and as he has chivalrously condescended to commit himself to the fortunes of proof; by his own evidence shall he be tried. In order to give him all the advantages which can be derived from his own statements, they shall be transcribed without curtailment, as far as they bear on the questions at issue; and first on the list appears the case of David Turnbull, for he has taken them in chronological order from The Lancet, lest his intentions might be mistaken.

"In this review I am desirous to include a case of some interest which occurred in the early part of the course, previous to my assuming the duties of the chair, and which is closely connected with the subject of strictures, on which I had the honour to address you last meeting. The case to which I allude is that of David Turnbull, a boy who was admitted into the hospital, labouring under an impediment to the excretion of the urine, the result of an injury on the perinæum, and accompanied with a tumour in that situation, formed, as I conceive, by a deposition of lymph in the cells of the corpus spongiosum urethræ. The prominent symptoms, as you will recollect, were some degree of fulness, and tension in the region of the bladder—inability to expel the urine in a full or continued stream, while at the same time it dribbled away incessantly, constituting a complete enuresis. Having, after repeated trials, failed in making my way through the injured part of the urethra, either with the gum elastic, with the plaister, or with the metallic bougie, I was induced to attempt a cure with caustic. This was conveyed down to the stricture in the usual way, but after a few applications of the armed bougie, it became obvious that the caustic was making little or no impression on the stricture, while the constant stillicidium urinæ was liquifying the nitrate of silver, and diffusing it over the anterior part of the canal, which I stated, at the patient's bed-side to the pupils, as my reason for discontinuing the caustic. I afterwards proceeded to cut through the indurated portion of the corpus spongiosum, and to lay open the injured part of the urethra on the point of a director, with a view of introducing a catheter into the bladder; but, after a protracted search, I found it impossible to discover the posterior orifice of the canal. I therefore ordered the patient to be conveyed to bed, expecting, that after suppuration should be established in the wound, I would be able, by observing accurately the point from which the urine was discharged, to find out the opening of the urethra, and to lodge a catheter in the bladder. The wound, with this view, was ordered to be poulticed, and the boy directed to grasp the penis and compress the urethra, for the purpose of forcing the urine through the wound. Compression was also applied on the anterior part of the canal, by means of a ligature passed round the penis; but this could not be borne so as to produce the desired effect. The urine from the first came almost entirely by the natural orifice of the urethra, and the wound, contrary to my wishes, healed by the first intention, leaving the patient's condition very little bettered by the operation, except in so far that the tumour in perinæo was almost totally removed by the absorption consequent to the incision, and the patient stated that he was sensible of the urine coming farther forward, without interruption, than it had prior to the operation. Under these circumstances I resumed the use of the common metallic bougie; but the little patient, dissatisfied with the result of the operation, became irritable and discontented, he behaved impertinently to the nurse, was reprimanded, and in consequence left the hospital."

Divested of the parental colouring of the author, the case, upon his showing, stands thus:—A boy is brought into the hospital with a tumour in the perineum, distended bladder, and partial retention of urine. This tumour the author believes to have been formed by a deposition of lymph, which lymph he subsequently expects to remove by establishing suppuration in the part, and, as a proof of the correctness of the opinion, refers to the partial disappearance of the tumour by the absorption consequent to the incision into the urethra. With this very rational view of the case, (although an *ex post facto prognosis,*) and with the preceding urgent symptoms demanding immediate interference, what does he do? Why, instead of carrying his own views into execution by the scalpel, he spends days—weeks, in the employment of all sorts and sizes of bougies, elastic and metallic, as he calls them; next tries caustic, the failure of which, according to his own explanation, he ought to have anticipated or guarded against; and having thus tried every means but the one deemed competent to a cure, he places the patient on the table, and fails in as favourable a subject as ever operator had to perform on. This, however, is not all. The urine, he says, from the first, passed almost entirely by the natural orifice, and the wound, contrary to his wishes, healed by the first intention. But did surgery afford no means for keeping a wound open? This question he in part answers himself, by enumerating the means which were adopted for that purpose. Compression was used to force the urine through the wound; the urine, it is admitted, did pass through it; it was poulticed; dossils of lint were introduced into it; it suppurated, remained open for weeks, and yet a full Doctor of Medicine of the University of Edinburgh has the extreme modesty to assure us, that a wound, after all this, healed contrary to his wishes, and that too by the first intention! The brass never shone clearer through the quicksilver of a counterfeit shilling, than the *truth* does through the whole of this ingenious fiction.

After informing us that the operation was not new to him, having performed it at Masulipitam (for be it known he has been "in the wars") and at Piurshill Barracks, he proceeds to the case of John Barclay.

"The next case of which I wish you to bear the facts in your recollection, is that of John Barclay, who was admitted with hydrocele of the right side of the scrotum. This man had previously been affected with the same disease on the opposite side, for which he had undergone the operation by injection. This, according to his own account, and as appeared from the extent of the cicatrix on the scrotum, was followed by extensive sloughing, but eventually terminated in a radical cure. On the 12th of December you saw him subjected to the same operation on the right side; after the fluid (urine and water) had been thrown in with a very moderate degree of force, and retained for several minutes, the orifice of the canula was opened for the purpose of giving it vent; a very small quantity of it, however, was discharged; and thinking that the injection had been unfortunately thrown into the cellular substance of the scrotum, I made an incision through the skin along the canula, with a view of giving it exit, a practice which, under similar circumstances, I would again adopt. No fluid, however, was found in the cellular substance, but a membranous cyst or bag, to all appearance a portion of the tunica vaginalis, protruded into the wound, and on puncturing this with a lancet, the greater portion of the injection was discharged; considerable swelling and inflammation of the scrotum followed; it ulcerated at the place where it had sloughed after the former operation; some small portions of what appeared to be dead tunica vaginalis presented at the wound, and after these were removed, the sore granulated kindly, and the patient was discharged cured. As to what may have been the cause of the obstruction to the discharge of the fluid, in the first instance, I have not been able to satisfy myself, nor am I of course able to explain it to you. I am not disposed to enter into any hypothetical explanation, the reality of which it is impossible to establish. I should be sorry to hint at any explanation which might possibly mislead you, or which could be construed into an attempt to screen myself from any supposed error; but I will confidently repeat the assertion which I formerly made in regard to this case—'it was not an instance of an accident not very uncommon—it was not an instance of the injection having been thrown into the cellular membrane of the scrotum.' Had it been so, I could have found no difficulty in explaining it, and, if I know myself, I should have shown as little hesitation in avowing it."

As the writer has already expressed his opinion that the operation of injection should not have been performed at the time in this case—an opinion in which he is borne out by the results of the case, by the practice of most surgeons, and the testimony of the most respectable authors; he shall not repeat himself on that point here, but proceed to the statements before him. There was, then, no cicatrix on the scrotum of any extent. There was no sloughing after the former operation, unless the patient told a falsehood to the writer, who inquired particularly into the circumstance. No such occurrence was stated to have taken place in the account of the case by the operator, or was it reported in the hospital journal, farther than that a cicatrix had ulcerated, in consequence of the inflammation. But admitting that the sloughing had happened, (and it is evidently conjured up to justify the second sloughing,) what was the practical inference which ought to have been deduced from it?—to use every precaution to avert such a consequence again. Was this precaution adopted? Let the whole history of the case answer the question. But hear him out: he at one time thinks that the injection had unfortunately entered the cellular substance; acts upon that belief, by cutting into it; *presto*, he changes his mind, on making a cyst by the pressure of his own fingers; declares, now, that it was not an instance of injection into the cellular substance; and, as if to complete the climax of his contradictions, concludes by expressing his inability to explain the phenomenon, while he is, at the same time, cock-sure of what it was not. Spirit of Sir Gilbert Blane, was ever such a specimen of medical logic evinced before, by a Fellow of the Royal Society of Edinburgh!

Two cases of hydrocele form the next subjects of the author; but as they are of no further consequence than as attempts to parry the observations offered on them in THE LANCET, the writer shall pass on to the author's grand defence of sutures, who writes thus on the subject, after describing the flap operations in which the stitches had been employed:—

"On the same day on which I operated on Kinmont and Jardine, I removed a carcinomatous ulcer from the posterior part of the neck of Donald M'Gelvray. In this case, as well as in the two preceding ones, sutures were employed to retain the divided integuments in apposition; adhesion however did not take place in this instance, and all the stitches except one were snipt across with the scissors at the first dressing, three days after the operation. Upon the employment of sutures, I am desirous of taking this opportunity of offering you my sentiments, because I am aware, that upon this point, I differ from some eminent individuals in the profession, for whose talents and experience I entertain the highest respect. Sutures have been particularly blamed for exciting that erysipelatous inflammation of the scalp, with which wounds of the head, however managed, are so exceedingly liable to become affected; but it does appear to me, that the complete closure of wounds by adhesive plaister, the irritation from the resinous matter in its composition, and the obstruction of the pores of the skin contiguous to the wound by its application, are more conducive to the production of erysipelas, than the employment of sutures; and my own experience goes to confirm this view of the matter. Those gentlemen who do me the honour to attend my lectures on military surgery, are well aware of what Messrs. Pilrae and Louis, and others, have written against the use of sutures in wounds; but I do think, Gentlemen, that (after twenty years hard work in the profession) I am just as well entitled to hold an opinion on this point as any one of these writers, and that opinion I can only be induced to

> alter, in consequence of the results of future experience. There is little reason to change it, as long as I see such obvious good results from the use of sutures, as in the cases of Kinmont and Jardine, and none worse than in the case of M'Gelvray."

That adhesive plaster produced the effects ascribed to it here the profession was long aware, before the author's announcement. But what does he do to prevent these effects, and to find a substitute? first, by pricking the parts with needles, and then by using just as much of this irritating, erysipelas-producing, pore-obstructing, resinous compound, called adhesive plaster, as if the stitches had not been employed so at all; that instead of diminishing, he has, in fact, multiplied the sources of inflammation! It is true he refers to these stumps as triumphant answers to the impeachment of stitches; but what were the facts? both these stumps suppurated; one of them was unusually slow in the progress of cicatrization; but as the author believes that wounds which suppurate, as in the instance of Turnbull, may unite by the first intention, he might very consistently appeal to these stumps as specimens of that description of union. Surely if these stumps did well, which were every day dressed with adhesive plaster, this circumstance alone ought to absolve that substance from all imputation, if not entitle it to share the honour of the cure, exclusively ascribed to the stitches by the Regius Professor of military surgery!

Three cases of laryngotomy are next treated, in one of which the author apologizes for a hæmorrhage, &c., and then passes on to the case of Elizabeth Campbell:—

> "In the case of Elizabeth Campbell, I had occasion to call your attention to a very unusual circumstance, the occurrence of colica pictonum, from the employment of white lead ointment, as a dressing to an extensive burn, which, owing to the rotation in attendance that took place at the death of Mr. Allan, was continued too long inadvertently; Dr. Hunter, conceiving that the ointment employed in this instance, was one which he is much in the habit of using in similar cases, that of the oxide of zinc. I have said that such an occurrence is unusual; because, although in the constant use of the preparations of lead, ever since I entered on the practice of my profession, this is the first occasion in which I have witnessed its injurious effects when employed as a dressing. And I find that my experience, in this respect, completely coincides with that of the late Mr. B. Bell, who declares that in all the experience which he had of the external application of lead, and, in many cases, particularly of burns, where he had known the greater part of the body covered with applications of this description for days, nay, for weeks, he did not recollect a single instance of any disagreeable symptom being ever produced by them."

This story, like the rest, explains itself. In one part of the defence we are told, that the lead was inadvertently continued too long—an admission necessarily implying a knowledge of the lead being employed in the case, and also a conviction of its possessing properties contingently injurious—while, in the next moment, this implied neglect is vindicated, as if the application of the lead were designed, by the experience of the author and of Mr. B. Bell, neither of whom ever saw any bad effects produced by this substance. If this were really the author's belief, there was no necessity for the plea of inadvertence, since the patient might be dressed, according to him, with lead until doomsday, with impunity. With respect to the rotation in the attendance, and the taking it for granted that the ointment used was composed of oxide of zinc, it is enough to observe, first, that Dr. Hunter had been in attendance on this patient long before Mr. Allan's death; and, secondly, that it is somewhat singular, that he could have supposed another practitioner to have prescribed a dressing used solely by Dr. Hunter himself, particularly as the white lead was the one generally used in such cases, in the house. One specimen more of the extraordinary logic of the Surgeon Extraordinary to the King, and we have done:—

> "This patient (James Lees) was reported to have laboured under strictures. On his

admission, his whole urethra was inflamed, with a purulent discharge from its orifice; his distress was urgent; the symptomatic fever ran high; after having in vain sought relief from bleeding, general and local, from opiates by the mouth and injection, from the warm bath and gentle endeavours to introduce a catheter, a question arose as to the best means of affording him effectual relief, by an incision into the urethra, or by puncture of the bladder? Dr. Hunter very properly adopted the latter, because the urethra was inflamed through its whole course; because there was then no tumour in the perinæum, no appearance of urinary effusion, and no certainty as to the exact point where the stricture existed. The point where the catheter stopped, could indeed have been ascertained, but it was possible the cause of obstruction might have been farther back, nay, in the neck of the bladder itself. I therefore sanctioned the puncture from the rectum, which, in a great proportion of cases, I think the best mode of operating. The patient, however, died, though relieved for a time by the operation. His friends removed the body without an examination being made—a circumstance which we have reason to regret, on many accounts. I was anxious to know how far we had judged rightly, in preferring a puncture into the bladder to an incision into the urethra. This was a point, I admit, on which there might be a difference of opinion, as to which was the more eligible practice; but as far as the patient's life was concerned, I must think that the operation which was adopted, was at least as likely to have saved him, as the one which was omitted."

Some circumlocutions are necessarily omitted in the transcription of this case for want of space, but the substance is faithfully preserved. The puncture through the rectum, it is said, was preferred, because the urethra was inflamed throughout its whole extent. Granted. But how did the author ascertain this fact, for the all-seeing French speculum has not as yet reached the Royal Infirmary? O, there was pus at the orifice—*ergo*, the whole urethra was in a state of inflammation, though every tyro in the profession is aware that these circumstances are not invariably cause and effect in pathology. The urethra was therefore saved from the scalpel, by a supposition; but there was no hypothetical mercy in store for the bladder at all, which the author also suspected of inflammation. Was the danger, however, of cutting into an inflamed urethra, greater than the evil of forming a mutual communication—a sort of turnpike-gate between the rectum and the bladder? But why talk of cutting into inflamed parts at all; are they not cut into every day with impunity?—nay, is not cutting proposed, and known to be one of the most effectual means of relieving parts from inflammation? But what will be the reader's astonishment, on being informed, that this so much dreaded inflammation was not the slightest obstacle to cutting down on the stricture afterwards—that this condemned operation was absolutely performed in the presence of several witnesses, when there was neither tumour nor urinary effusion present; and that one of the surgeons of the Royal Infirmary, in his official capacity of reporter, positively states that such operation, to use his own phrase, was omitted!

SCOTUS.

Edinburgh, March 8, 1827.

Medical Botany, or illustrations and descriptions of the Medicinal Plants of the London, Edinburgh, and Dublin Pharmacopœias, with those lately introduced into Medical Practice. By JOHN STEPHENSON, M.D., and JAMES MORSS CHURCHILL, Esq., Surgeon. In Monthly Parts. Nos. 2 and 3, Feb. and March, 1826. Churchill, Leicester-square; Hodges and M'Arthur, Dublin; and Carfrae and Son, Edinburgh.

THE authors of this Medical Botany have amply redeemed the pledge which their first Number imposed on them. The plates are executed with still greater care, and the literary department is very satisfactorily sustained; so that we are fully justified in concluding, that the work to be completed will prove a valuable and ornamental addition to the libraries of medical practitioners, and general readers. Each part contains descriptions of four plants; those delineated and described in the present, being *leontodon taraxacum*, *datura stramonium*, *spigelia marilandica æthusa cynapium*, *hyoscyamus niger*, *phellandrium aquaticum*, *helleborus niger*, and *lactuca virosa*. The plates are carefully coloured from nature, and the name, synonym, medical and chemical properties, uses, doses, natural history, &c. &c. of each plant, are so clearly described, that the unlettered reader will find no obstacle to stay his progress, and the learned little of botanical lore to wish for,—at least, as far as medicine is concerned.

One of the worthies of the Court of Examiners of the College of Surgeons, whose toddy-loving propensities are proverbial, sacrificed so freely at the shrine of the rosy god, on one of the nights appointed for the examination of candidates, that he committed the following "*slight mistake*:" "Pray, Sir, said Ursa Major, hiccuping, "Can, can, you t-t-t-tell me where the *Paddington canals* are sit-situated?" The affrighted youth stood aghast, but at length ventured fearfully and tremblingly to desire a repetition of the question; it was repeated as at first: "I presume, Sir," said the astonished candidate—"Don't presume here," growled the Examiner; "I think, Sir"—"Think, Sir? what right have you to think, Sir? Go on, Sir." "Why then, Sir, the Paddington canals are at Paddington." "Oh, you fool, hiccup'd Fuddle," you never dissected the eye in your life—I shall reject you." Here one of the Ten interfered, and courteously observed that Sir ——— had made a "slight mistake," the question intended being, "Where are the Petitian canals?!!"

Upon its being mentioned to Joe Burns that the letter written by Stone to the College was of a *caustic* nature, "Eh," said Joe, "no wonder, with the lapis infernalis!"

NOTTINGHAM.

MEETING OF MEMBERS OF THE COLLEGE OF SURGEONS.

At a respectable meeting of the surgeons of the town and county of Nottingham, convened on Thursday, 8th instant, at the Exchange Room by advertisement; Mr. Oldknow was unanimously called to the Chair.

The Chairman opened the proceedings by observing, that the purpose for which the meeting was assembled, was to take into consideration the London Petition of the Members of the Royal College of Surgeons, praying for an alteration in the present constitution of the College, and likewise to adopt such measures as should be thought the most eligible in support of that Petion.

Here the London Petition was read, after which the Chairman observed, there could be no doubt of the existence of the grievances there complained of, and for his part, he thought the origin of those grievances was fairly to be attributed to the circumstance of the President, Vice-Presidents, and Council, being a self-elected body, and that for life; and not responsible to the members at large for any act they might think fit to pass, of for the appropriation of their funds. That the by-laws and regulations recently adopted by that body, evidently evinced they were actuated by feelings of the most gross self-interest, rather than the advancement of the science of surgery, which they profess to uphold, That in his mind, it was in the highest degree unjust, when a young man had expended his money, his time, and his labour, in the acquisition of surgical knowledge, and had moreover made very considerable progress in that acquirement, that he should not be considered a fit person to present himself for examination before the officers of the College, merely because he had not studied at one of the favoured schools.—And that the "regulations" in regard to the unfitness of Country Hospitals, as proper schools of surgery, it is to be hoped, originated in a want of knowledge on the part of the Council, of the advantages of those institutions to the students attending them, and likewise the abilities of the surgeons, many of whom are equally zealous for the advancement of "sound" chirurgical knowledge as some of the members of the Council, and equally capable of communicating that knowledge. He should beg leave to propose the following Resolutions, which were duly seconded and agreed to:—

1st. That it is the unanimous opinion of this meeting there are many grievances in the existing Charter of the Royal College of Surgeons in London, which most imperiously call for redress.

2d. That these grievances being so fully announced in the London Petition, we think it unnecessary to recapitulate them in the present instance, but we decidedly wish to express our opinion of their reality, and most strenuously to exert ourselves for their removal.

3d. That so long as the Council is self-elected, and permitted to make by-laws and regulations for its own government, it cannot be considered as a fair representation of the members of the College at large, and must ultimately tend to a monopoly injurious to the best interests of the science of surgery.

4th. That the denunciation of country hospitals (except under certain unattainable conditions) as unfit schools of surgery, appears to us degrading to the surgeons in attendance on these hospitals, and also injurious to the institutions themselves, by tending to lower the reputation of their surgeons in the estimation of the public.

5th. That the petition of the members of the College of this town and county, be transmitted to one of our members of Parliament, requesting him to present the same, and to support it to the best of his abilities; and that a letter be written to the other members, requesting their support to it also.

6th. That a subscription be immediately entered into to assist in defraying the expenses of the Petition to Parliament.

A vote of thanks was afterwards given to the Chairman for his handsome conduct in the Chair, and to Mr. Davison for his readiness in calling the meeting.

DR. BARRY'S

PHYSIOLOGICAL LECTURES.

On the Powers that impel the Chyle along the Course of the Lacteals.

The Lecturer, after having given a succinct view of the various opinions hitherto promulgated upon this subject, stated, that one of the greatest and most popular physiologists of the present day, M. Magendie, in enumerating the causes that move the chyle in the lacteals, had placed at the head of the list, "the unknown cause that produces its absorption." The power, then, that forces this fluid into the lacteals, and through the mesenteric glands, is unknown.

The chyle, Dr. Barry considers as colourless unfinished blood—as the carrying fluid in its unrefined state, loaded with the nutrient particles destined to become part of the individual. The current is from the surface of the bowels towards the heart, from the circumference towards the centre of a circle, as in the ovum and its fœtus. The power that moves the current, therefore, acts from without inwards. His reasoning upon his own experiments and observations, as well as upon those of others, had irresistably forced upon his mind the conviction, that all the circulating fluids of the living animal are moved by means of pressure. This pressure is either directly or mediately applied by certain organs of the animal, or by the expansion of gaseous fluids confined in certain hollow viscera. The heart and arteries are the chief agents of direct organic pressure. The respiratory muscles, of unresisted atmospheric or mediate pressure, by expanding a cavity around the point to which the centripetal current is directed. As to gaseous pressure, one of its species was illustrated in a former lecture, when it was shown that the small intestines of viviparous animals, distended by gas, envelop and squeeze the sponges of the ovum, forcing their contents into the branches of the umbilical vein, and through the embryo or fœtus.

The direct, or naked pressure of confined gas, is also employed by Nature in the higher animals, to squeeze the little sponges, the valvulæ conniventes of the chyliferous guts, soaked in the chyle which adheres to their shaggy villi, as the alimentary mass rolls over them from the stomach to the colon. This part of the lecture was illustrated by a simple, but, apparently, a very apposite experiment. A long phial (seemingly an Eau de Cologne bottle) was exhibited, about one-fourth filled by a blue water sufficiently acid to act upon a bit of zinc immersed in it. Through the cork by which the phial was closely stopped, a glass tube was let in, having a piece of sponge tied round the end within the bottle, so as to extend some distance both above and below the opening of the tube, but so as not to touch the blue liquid. The hydrogen gas, generated by the oxygenation of the zinc, passed freely through the sponge, and out by the tube, when the phial was held upright, and at rest; but when it was shaken, so as to throw the agitated liquid around the sponge, the gas, instead of passing out as before, now squeezed the contents of the impregnated sponge into the tube, and out through its external opening, in an uninterrupted column. If the apparatus were not again agitated, until the sponge had been squeezed dry, then the gas appeared in the tube, driving the blue water before it; but upon shaking the bottle again, the sponge became changed anew, and the blue liquid again showed itself in the tube.

When the bottle was agitated often enough to keep the sponge constantly wet, then the whole of the blue liquid was successively forced up through the tube, without permitting the escape of a single bubble of gas, and this, though the sponge had never been in contact with the main body of the liquid.

Dr. Barry here related some very curious experiments which he had made upon the living animal, the results of which were analagous to these just stated. We regret that our limits will not allow of their insertion. The pressure of the gas within the intestines, then, is the power that forces the chyle into the mouths of the lacteals, along their tubes, and through the mesenteric glands. This accounts for intestinal absorption, and for the motion of the chyle after death, as well as for the swelling and sometimes bursting of the thoracic duct, between a ligature thrown round it and the gut. This gaseous pressure also accounts for the rapid disappearance of liquids from the stomach, and their almost immediate presence in the urine, though the duodenum be tied.

Some interesting proofs were drawn from comparative anatomy, that Nature avails herself of gaseous pressure, variously modified, in all the vertebrated animals, for the grand purpose of adding fresh matter to the individual, whether in its uterine or independent state. The gas of the intestines, said Dr. Barry, has never been hitherto looked upon as a mechanical power in the animal economy, and has been but very vaguely examined as a chemical agent. Its influence upon the motion of the blood in the abdominal and hepatic porta, and its importance in the pathology of apoplexy and other diseases, he reserved for discussion in another lecture.

HYDROCYANIC ACID IN DYSPEPSIA.

To the Editor of The Lancet.

Sir,—Dr. Thomson asserts, that the only truth in my statement of no person having followed up his case and published an instance of stomach affection treated by Prussic acid when my collection of cases appeared, is the non-publication. But he thus allows all I desire. *After* the appearance of my book, cases were alluded to as having previously occurred, and I have no wish to dispute them. But priority of labour is always determined by priority of *publication*. I was therefore justified in saying, that at that time no one "had followed it up and published." The word "published" would alone have equally conveyed my meaning. I employed them both to convey but one idea, and did not write, followed up *or* published, but followed up *and* published; simply intending to say, that up to that time nothing was known to have been done by others.

With respect to my not having originally noticed Dr. Thomson's speculations as well as his case, I have made it a rule, in publishing reports upon medicines, to preface them by the previous *facts* only ascertained by others, because every medicine may be easily, and has indeed been, recommended speculatively in almost every disease. I had no other reason for passing over his speculations; because, *laying no claim to originality*, but merely to following up a fact, it was indifferent to me from whom I learnt that fact, whether, as was the truth, from a hospital dispenser who served the acid in mistake, or from others. To prove that I am not desirous of depriving Dr. Thomson of any credit, I shall have great pleasure, when reprinting my book, to break through my rule, and quote, as I did, not only the case of *heat of the tongue*, with the "*unexpected* effect" of the remedy, (to use his own words,) but also his speculations: though one of them—that the acid enables "the juices of the organ to be more slowly secreted," appears rather doubtful: while another—of the use of the acid as an "*adjunct to tonics*," falls infinitely short of the excellence of the remedy. But I must at the same time break through my rule by referring to Sprengel, Thuessen, &c. *who recommended it long before*.

I have many apologies to make for having occupied your pages with this subject. It has not been to support any claim, but to show that I do no wrong in not giving Dr. Thomson credit for originally exhibiting the remedy on scientific and inductive principles in dyspepsia, *when he exhibited it for another disease, and when the patient had actually no derangement of the stomach.* From this circumstance, and from dyspepsia not being in the list of affections mentioned in Dr. Granville's summary at the end of his book, as remediable by the acid, and from which only I made notes, I should never have thought of employing it in dyspepsia, but for the case cured by a mistake in the hospital, and did not observe Dr. Thomson's case of heat of the tongue till, having collected my cases, I searched that, as well as other works, for facts, previously to publishing. If, however, this correspondence convince Dr. Thomson that I had no wish to depreciate his merit, nor have the least unfriendly feeling towards him, but am anxious to forget every thing that may have been ungrateful to my own feelings on the subject of Prussic acid, and if it excite attention to the power of the remedy in morbid irritability of the stomach, independent of or disproportionate to inflammation in the organ, and independent of affections of other organs, I shall sincerely rejoice.

I have the honour to be, Sir,
Your obedient servant,
JOHN ELLIOTSON.

Grafton-street, March 10, 1827.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

CASE OF SLOUGHING OF THE GENITALS, WHICH TERMINATED FATALLY.

SUSAN POINTER, 22 years of age, a woman of the town, was admitted into the Hospital, on the 21st of February, under the care of Dr. Back, on account of jaundice, but, it being subsequently discovered that she had an affection of the genitals, she was transferred to the care of the surgeon, Mr. Morgan.

It was found upon examination that both of the labia pudendi were in a complete state of gangrene, they were black and dry, emitting a most offensive odour, and to a considerable extent up the abdomen, and also in each groin the skin was of a dark red colour. The poor girl stated that her residence was in the vicinity of the London docks, and that she usually had sexual intercourse with foreign sailors. She acknowledged, that she was accustomed to drink spirituous liquors, but more especially gin, to an extent which is almost incredible; at this same time, she partook of but little food, and was exposed to night air and the vicissitudes of weather. She could not give a distinct or satisfactory account of the origin of the complaint in the genitals; but it appeared from her description, that she first laboured under gonorrhœa, which had continued for about three weeks, when a small sore made its appearance on the right labium. The sore gradually increased, and within a few days of the poor wretch being admitted into the Hospital, it assumed the gangrenous state which we have described.

The appearance of the patient bespoke much internal disease—she was greatly emaciated, her features pinched, and countenance indicative of distress. The skin was of a deep yellow tinge, and she complained of tenderness when pressure was made over the hepatic region; she also laboured under a severe bronchial affection, denoted by the wheezing of her respiration, and a "stuffing cough." The pulse was small and very feeble in its beat, the skin was hot and dry, the tongue coated with a brown fur; she was thirsty, complained of pain and want of rest.

Mr. Morgan remarked that in such a case of extensive local mischief, with the addition (in all probability) of organic visceral disease, he could scarcely hope to save the patient. The only indication to be fulfilled in this case he thought was to support the vis vitæ; he directed five grains of the sulphate of quinine, one grain of opium, four grains of capsicum, and five grains of the carbonate of ammonia, to be given every six hours. Gin, or wine, and porter, ad libitum. The undiluted nitric acid to be applied to the part.

These measures were complied with; the poor girl, however, did not experience any benefit therefrom; she died early in the morning of the 23d, the second day after admission. The body was not examined.

TREATMENT OF BURNS.—MR. KEY'S CLINICAL LECTURE.

A few days since, Mr. Key delivered in the operating theatre, what he was pleased to term, "a clinical lecture—on burns." We know not what incentive the senior surgeon had to such a proceeding.—It may be, and we really have a shrewd notion such was the case, that Mr. Key was led to the attempt of proving, he at least knew something of the matter, in consequence of the remarks which appeared in THE LANCET, on the ordinary mode of treating burns at this Hospital. The said "clinical lecture" consisted for the most part of a garbled and confused statement of Dr. Kentish's opinions. Mr. Key at the same time omitting to state the source from whence they were derived.

Mr. Morgan's list of patients admitted on the 21st of February, presents but few cases of interest. Amongst the female patients there is a case of *irritable disease of the breast*, the particulars of which, as taken on the day of admission, are as follow:—

The patient is 15 years of age, of fair skin, and light complexion; she has never menstruated. The right mamma has been affected upwards of thirteen weeks,—the distinguishing feature in the complaint is the exquisite sensibility of the part, it is so morbidly sensitive that the patient can scarcely bear her clothes to press on it. When the breast is touched, excruciating pain is felt, which shoots from the breast along the axilla, and extends someway down the arm; this pain is occasionally felt when no pressure is made. *There is no perceptible tumour in the breast*,* but immediately beneath the lower edge of the pectoral muscle, where forming the anterior fold of the axilla, there is an enlarged absorbent gland, which is very tender to the touch.

The plan of treatment adopted in this case, has consisted in the application of leeches to the glandular tumour, the exhibition of an occasional purgative, (calomel and rhubarb,) and fifteen grains of the carbonate of soda, taken three times a day, with infusion of cascarilla. Subsequently, half a drachm of the carbonate of iron was directed to be taken three times a day.

The patient has experienced considerable benefit from the foregoing treatment.

ST. THOMAS'S HOSPITAL.

CASE OF SYPHILITIC IRITIS, ACCOMPANIED WITH PUSTULAR ERUPTIONS.

E. B., 23 years of age, of spare habit and unhealthy appearance, was admitted into the Hospital on the 1st of February, under the care of Mr. Tyrrell, on account of disease of the right eye.

On examining the eye, there was observed to be increased vascularity of the cornea, and also of the tunica sclerotica. The distinction between the two orders of vessels was strikingly apparent; those on the sclerotica were passing in straight lines, which, converging from all sides of the globe, formed at the base of the transparent cornea a complete vascular zone, having a brownish tint. The cornea was slightly hazy; the iris was much changed in appearance, being remarkably dull and muddy; at its ciliary circumference externally, was a tubercle of lymph, nearly of the size of a grain of wheat. The pupil was small and irregular, and was but faintly obedient to the stimulus of light, which was intolerable, and produced a flow of scalding tears. The patient stated that he had considerable pain in the globe of the eye, which also extended to the temple and forehead. The pain was most severe in the evening, and he had a distinct remission towards the morning. He said, that the right eye had been inflamed upwards of six weeks; previously to this, the left eye had been suffering, and he was treated for this at the Moorfield's Infirmary, but it was no sooner relieved, than the opposite eye was affected. He took pills, which made his mouth slightly sore. Both the upper and lower extremities were beset with eruptions of a *pustular* kind; the chest and abdomen were free. Some of the pustules were fading, but others appeared to be recent; they were small and distinct. The man acknowledged that he had a venereal sore on the frænum, about three months prior to his eyes becoming affected, and he took pills for the cure of the sore, but, according to his account, no ptyalism was produced.

Mr. Tyrrell, on examining the case, observed that it was a well-marked instance of syphilitic iritis, and he took an opportunity of pointing out to the pupils the leading characteristics of the disease, as the brownish coloured zone around the base of the cornea, the nocturnal pains, and so on. Mr. Tyrrell also observed, that he had most frequently seen eruptions of a *tubercular* kind, accompanying the syphilitic iritis, and that the deposit of lymph on the anterior surface of the iris seen in the present case at the ciliary edge, was a far less frequent occurrence than the deposit at the pupillary margin of the iris. Ordered,

Calomel, three grains;
Opium, one-third of a grain;

to be taken three times a-day. The extract of belladonna to be applied around the eye.

6. Not much improvement; there is slight ptyalism, but the pills have disturbed the bowels so much, that Dr. Elliotson to-day directed ten grains of quicksilver with chalk, conjoined with opium, to be taken in lieu of the calomel.

7. Ordered to rub in over the temple every night, fifteen grains of the strong mercurial ointment, mixed with two grains of opium.

10. The symptoms appear to be somewhat aggravated; the patient complains of much pain, and the vascularity of the eye is great. He has continued to rub in the ointment, and now takes the pills last prescribed, without the opium; the bowels are now free from disturbance.

17. The inflammation of the eye is rapidly subsiding, and the deposit of lymph on the iris has nearly disappeared; but the pupil is still irregular, and not dilated by the application of the belladonna. The patient now labours under profuse ptyalism. Omit the pills for the present.

24. The pupil remains irregular; but all the signs of inflammation are gone, and the eye is clear. Take a pill every night.

March 10. The eye continues quite free from inflammation; the pupil is still irregular, but is obedient to light; there is, however, considerable defect of vision. A slight mercurial action has been kept up during the last fortnight. Mr. Tyrrell to-day remarked, that he did not anticipate any further amelioration in the case.

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* This is a circumstance frequently observed in the peculiar form of mammary disease under consideration. Hence it is more proper when speaking of it generally, to say, *irritable disease of the breast*, rather than *irritable tumour of the breast*.

The patient will leave the Hospital in the course of a few days.

CASES OF PSEUDO-SYPHILIS,

Occurring in the practice of Regulars and Irregulars.

Case 1. The patient, 32 years of age, was admitted on the 25th of January, under the care of Mr. Green, on account of swelling and redness of the integuments on the right side of the nose, with tenderness of the bone, and swelling of the mucous membrane.

The history which the patient gave of his case was as follows:—He had a large sore on the penis about eighteen months ago, for which he came into the Hospital, and remained several weeks; during his stay, he was kept under the influence of mercury for at least one month. The sore eventually healed, and he was discharged cured. At the expiration of five months, however, he returned to the Hospital with sore throat; he was again admitted, and treated for the space of two months. Mercury was again exhibited. In the month of August last, being a period of four months from his former sojourn in the Hospital; the throat once more became affected, and he was admitted into Henry's Ward, under the care of Mr. Tyrrell. On referring to the Ward-book, we find that he had at that time, ulceration of the soft palate and posterior part of the pharynx, and there was already considerable destruction of the soft parts from former ravages. The uvula was gone.

The patient said, that he had never been affected with eruptions on the skin, or with nodes on the bones. The nose was much swollen, being at the same time flattened and mis-shapen, and the skin on the right side was of a dark red colour; this appearance was of three weeks standing.

The treatment pursued in this case by Mr. Green, has consisted in the exhibition of five grains of Plummer's pill at bed time, with decoction of sarsaparilla three times a-day. The use of tepid fomentations, occasionally of leeches, and subsequently to these, the application of light poultices, have had the effect of subduing the inflammation of the nose, and the report made on the 7th of March states, that the part is entirely free from redness, although the nose still continues swollen generally, and the mucous membrane on examination evidently remains thickened.

Case 2. This patient, a man about 27 years of age, was also admitted under the care of Mr. Green on the 25th of January, on account of pain and tenderness of the coverings of the cranium. Inflammatory affection of the conjunctiva, with considerable intolerance of light. The case is one of those of which we see almost daily instances—one in which the whole system has been *supersaturated* with mercury, under the treatment of the notorious Macdonald of the Kent-road, the man having, as he states, taken mercury upwards of nine months. The leading features in his complaint, are the intolerable pain experienced at night when warm in bed, and the tenderness of the periosteal covering in every part of the body, but more especially that of the head. Mr. Green directed the sarsaparilla, with Dover's powder, at bed time; but they had not been given more than ten days, when the patient, from some cause, left the Hospital suddenly. The affection of the mucous membrane of the eye was only a part of the train of symptoms consequent upon the general derangement of the system produced by the abuse of mercury. There were no distinct swellings in the bones, but the patient had had eruptions on the skin.

TO CORRESPONDENTS.

A "Borough Student" complains that Mr. Lizars has not supplied the omissions in his work agreeably to his promise. We beg to call his attention to the subject.

"Explorator" is informed, that carbonate of lime does not decompose the sulphate of magnesia, unless heat be applied.

Communications bearing the following signatures have come to hand, of which we shall avail ourselves on the first opportunity:—Vigo—Quiz—"An Enemy to Hole and Corner Work"—The Disinfector of a Putrid Oyster—Noli me Tangere—A Pupil of Mr. Dermott—An Enemy to the Hole and Corner System—James Snell—A Disgusted Member of the College—Cataclusm—Londinensis—E. J. G.—A Pupil of the London Hospital—Joseph Riddle—P. P.—X. Y. Z.—Non Medicus—A Student—Royal College *Notice!*—A. B. C.—A Member of the College—A.—Mysotoxicos—Aristides—Black Thorn—Damon—R. E. J.—John Bull—An Old Practitioner.

Erratum.—Throughout Mr. Abernethy's Lecture in our last Number, where the name "*Morgagni*" occurs, read Mascagni.

THE LANCET.

No. 186.] LONDON, SATURDAY, MARCH 24. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

On the Kidney.

Function.—Now, with respect to the function of the kidney, its function is to secrete the *urine*; and then the question is, what is the urine? Every body knows that it is a watery liquor. But what is contained in water? Why, divers things; there is a great deal of animal matter—a great deal of it; and urine goes speedily into a state of putrefaction, and the product is, *ammonia*, as you must know. There is a great deal of animal matter in it, but then it is a kind of animal matter that is exceedingly soluble in water: you may evaporate the water of urine—of healthy urine, to a very considerable degree, without precipitating the animal matter; again, you may add water to a very considerable degree to it, and you may have this animal matter diffused throughout the whole of it; it is very soluble, and therefore it has been believed to be a peculiar kind of animal matter which has been distinguished; or which was at first distinguished, by the term *urea*. It is supposed that nature has given the kidney the prerogative of combining and modifying all the old animal matter of the body—modifying it so as to convert it into something like matter; and it is this which gives the citron colour and peculiar odour to healthy urine.

I find that chemists of late apply the term *urea* to something they can crystallise from this matter; but the original use of the word was such as I have endeavoured to explain to you. Now this is exceedingly curious, how the *albumen*, and matter not soluble, is to be converted into that which is soluble; and it is very likely that nature has given the kidney this power of converting insoluble matter into one that is soluble.

But other difficulties present themselves to our notice: how is all the old earth and lime to get out of the circulation? How is that animal matter in the blood, which we take in, to get out of the blood? This is done in a curious manner too: nature has given to the kidney the power of making *phosphoric acid;* and the kidney has the power of forming much more phosphoric acid than is necessary to dissolve all the *lime* that is secreted for a considerable time. If you drop *oxalic* acid into urine, you will precipitate lime in abundance from it, provided it is healthy. Well, if you get over this, you won't wonder how *salts* get into the urine, how salts are to be found in the kidney: we are continually taking in *sea*-salts with our food; we are too, taking salts occasionally, of another kind, as you all know; and if people take *nitre*, they will find it almost immediately in their urine. These things are met with in the urine, but really it is very curious how things sometimes are suspended in urine, which are readily precipitable; I allude to the morbid states of urine, where a great deal of albumen, or as Dr. Brown would say—*chyle*, is suspended in the urine. I say these are things, which my chemical knowledge at least, does not enable me to comprehend.

I have always said in these Lectures, however, ever since I knew this fact, and I have observed the same fact in other cases, that many many years ago, I knew a female who voided urine of such a description, that if she had discharged it into a *blanc-mange* dish, and if she had allowed it to cool, and turned it up when solid, she might have served it up at the table. (Laughter.) I gave the woman a lecture about her *digestive organs*; that was all I could say; and in about a dozen years afterwards, I saw her, she was then a fattish woman, and she said she still then occasionally voided the same sort of urine, but that she had got considerably better by the means I had suggested to her. There has been a case here lately in the

Hospital of this kind; but I am not now to speak of these things, it is the healthy function, it is the physiology that I have now to dwell upon, and the kidney is the great emunctory of the healthy circulation. What is it that is thrown off from the blood? *Saline juice.* What, from the skin? *Carbon*, and *water*. But how is the other improper stuff, that gets into the system, to get out of the different parts? O, the kidney is the organ—the kidney is the organ by which this is effected, in the healthy state, in a very wonderful manner.

Now, I take this opportunity with regard to the secerning organs, to say what ought to be stated with regard to secretion, for you can observe the secretion going on in the kidney; and the first thing that is to be said is, that you perceive that the secretions are vicarious to one another: a man may be drinking diluent liquor in a warm room, for a very considerable length of time, and he may not want to make water during the whole of the evening; while he is there, and so engaged, his skin is perspiring, and so on, but he goes out of that room into the cold, and on his way home, he has to turn to the wall every five minutes. There is a view which I have always laboured to make people attend to, and which is this—why does the blood circulate? Is it not that secretion should take place? Why the very building up of the body is secretion! Well, then, by secretion there will be a continual depletion of the blood itself; and how are the secretions to be supplied? by absorption. There is a sort of correspondence in these things, by which, in all probability, the *quantity* of blood is not only maintained, but the *quality* also, for if the blood is deprived of water, the absorption of water from any other part where it may be obtained, will be more ample, and *vice versa*. I spoke of this in the preliminary lectures, and I need not now tire you by repeating it. I wish, however, that you would consider this point, how important a thing it is that there should be a true balance between the quantity of circulating fluids, and the powers that circulate those fluids. If *perspiration* were to be suppressed, why the blood would be redundant with water, but then in that case the kidney takes up the secretion. The kidney prepares phosphoric acid; and I suppose I need not try to convince any gentleman present that there is no phosphoric acid in the blood, if there was it would coagulate the blood; there is *soda* in it. What is there then to be said of this secretion? The albumen must be admitted to be there; it must be admitted there is phosphoric acid in the kidney; and what are we to say with respect to that? Why, that secretion is a new formation—that the phosphoric acid is a new production; and then the question is, how is this effected? This is the grand problem proposed a long time back, and perhaps not answered, you will say, at present—How, from one kind of blood, can such dissimilar substances be got? And the old anatomists were looking to the arrangement of the vessels, to the tortuous course of the arteries and their branches, to find this out; but I defy any man to conjecture what use can result from muscular formation save that of filtration; it would spread that which was in it, but it could never make a new compound. Now Haller himself seemed to conceive that the result of these things was very much the result of vital feeling, for he has quoted the case of a hysterical female secreting nothing but colourless urine, watery urine, but he has let this nervous fit be suspended, and the kidney has again performed its functions and proper urine been secreted, more loaded too with animal substance and salts on account of the temporary suspension during the hysterical fit, therefore vital action has a great deal to do with it. But it was John Hunter who proved that vital action was the cause of all this: it was proved with respect to what we know takes place with regard to poison; a specific incision is made, a specific application of poison is made, and a specific secretion takes place. But if you were to say, how are these things prepared? I think no man in his senses can deny, but that it is by electrical operation; that electricity is the great agent of nature for the purpose of composition and decomposition of all surrounding substances, and we cannot doubt that the same agent inheres in animal bodies. A man who doubts of this, certainly could never have rubbed a black little *kitten* in the dark, or pulled off a black silk stocking in the dark; there is no doubt of electricity being thus employed. But I say it would be absurd to doubt that this was the agent for producing composition and decomposition in animal bodies after what Sir Humphrey Davy has told us. I cannot express my opinion on this subject now, in any different way to what I am accustomed to do. If any man had told me, in the early period of my life, that I should live to see chemical action explained, I should have said, well, I shall certainly not die at a less age than that of *Methusalem*. (Laughter.) But it has been done, and by Sir Humphrey Davy; he showed that it depended on the matter it possessed. I was present at his lectures, when I saw performed what formed the ground of the papers that were given by him to the Royal Society, and which I had read, but the reading of them certainly did not produce that impression on my mind which the ocular demonstration of his performance did. I saw the thing done, and therefore I had conviction brought home to my mind. When I saw him make some *potash* pass through sulphuric acid, and come out potash on the other side of the dish, I said, it's wonderful! it's wonderful indeed! why who would have thought it! Who could have thought that a person could have mixed potash with sulphuric acid, and that it should have remained the same! Why, it is counteracting nature by using her own agents. Who could have thought it! Put potash into sulphuric acid, and what is the result? Why, that the most violent actions take place till they combine together, and then they are very sociable. On seeing this, I could not but think, that if I had been lecturing to the class Sir Humphry Davy was then lecturing to, which was principally composed of *ladies*, I should have said, now ladies, this is as wonderful as if I were to place a barrel of gunpowder before you, and, presenting you with some hot embers, you were to throw them into the powder, and they were to come through it without igniting it. Then I do not doubt but it is electrical, but electrical under the influence of the nervous system, and all the functions of the body are governed by that system.

Morbid Action.—Well, there is a *morbid* state of the kidney, which I think throws light upon the subject of secretion, and that is *diabetes*, where something like *sugar* abounds in the urine; they say it is positively sugar; you cannot crystallise it. I know, a long time ago, when I was a boy, I could not do it, but I thought that that was because I was not then *up* to the *sugar-making* business (laughter); but I do know this, that I have scraped as much crystallised sugar from a glazed vessel with a *flaw* in it, put under a patient's bed, where the urine transuded through it, I have scraped as much off as I could have sold to any one, in the morning, for half a pound of *good* Lisbon sugar! (Laughter.) Positively I did. I wanted, as Dr. Rollo did, to see whether, if I gave those people sugar, it would increase the quantity of sugar to be found in their urine, and it did. Then, having given them sugar, and kept them on vegetable food, I wanted to give them animal food, and to keep them on that, merely to try whether that would have the same effect, but they would not do it; they said I was trying experiments, and they would not submit to it. *Egad*, I half ruined myself in buying them oranges, and all the nice, sweet things I could get hold of, but as soon as I had done that they turned their backs to me. But Dr. Rollo met with a patient, a gentleman he was, and he found this, that there was no sugar in his urine when he did not live upon food containing sugar; and one day, after the Doctor had been directing this sort of diet, finding a little sugar in his urine, he said, "Sir, you have been taking some vegetables, or something of that sort;" and the patient, being a gentleman, said, "I have, indeed; I acknowledge that I ate half a savoy biscuit yesterday;" the other half of which was then upon the table. Now, please to mind, that I am convinced, that this is one grand cause of diabetes. They say, feed your patients as you like, there will still be sugar in the urine. I don't mean to say a morbid state of the kidney will not give it a sugary nature, but I am very much convinced in my own mind, that Dr. Rollo's theory is a very good one, and that it affords an ample explanation of the cause of diabetes, in the greatest number of cases, I will not say of them all.

Morbid Anatomy.—Having now done with the physiology of the kidney, I next come to speak of the morbid anatomy of the kidney, and here you have enlargement of the membranous part of it. In that membranous part there is every thing to be found that you have in the bladder, and therefore *stones* are as likely to form in the kidney as in the bladder; indeed it is reasonable to believe that many stones do pass through the *ureter*, and I shall call your attention to this point, that when a stone has passed through the ureter, you ought to tell the patient how he should endeavour to get rid of it. In the preparation I now show you, there is a stone completely obstructing the ureter, and just see how all the membranes are enlarged, how they are inflamed from adhesion, how rough the surfaces are, and how the glandular structure of the kidney is diminished in proportion; for if any thing prevents the function of an organ, so that it can be no longer useful in the animal economy, it is *absorbed*, and that is a very curious thing. Here is the case of an impervious ureter, and what has become of the kidney? The kidney is absorbed.

Then you have *abscesses* in the kidney; you have *hydatids* formed in the kidney, and various appearances of diseases, which are not in any degree remarkable.

With regard to abscesses in the kidney, they burst and discharge into the ureter; and here I should just like to tell you a case of that kind. A man whom I knew, not as a patient merely, but as a friend also, had diseased kidneys, and well he might, for he kept his *digestive organs* in a perpetual state of irritation. I am convinced that it is disorder of the digestive organs which generally produces disorder of the kidney; I am perfectly convinced of it. I should think there could be no reasonable ground to object to this proposition, for the kidney is supplied by the same ganglions, has the same nerves that supply the alimentary organs, and therefore it must sympathise with them. But, however, this man had had several times suppression of urine, and one morning he sent for me, saying, " For God's sake come, do come, and bring with you a catheter; my bladder is bursting, and I am in the most horrible torture." I went to him; I felt above his pubes, and I said, " there is no urine there ; no, you are all wrong there ;" and he said, " I am sure there is, and I must have a catheter introduced." I said, " I don't think there is ; but, however, I shall pass a bougie ; " and I pushed a bougie into his bladder, and gave him a chamber pot that he might try to make water. Now he voided a pint of *pus*, as good pus as ever I should wish to see ; and for some time there was pus voided by him, mixed with his urine, and it went off. Also, I have known considerable *hæmorrhage* from the kidney, but this is not surprising.

Now I do not see any thing remarkable in the morbid appearances ; it is that knowledge which looks to function, and the sympathies of organs with one another, that I consider the most important parts of the kidneys ; this is what I have endeavoured, as well as I could, to explain to you, and I have done.

On the Female Organs of Generation.

Having gone through those functions which are necessary for the support of life, I proceed, in the last place, to speak of that by which the continuance of our species is effected ; and I have, to-day, to describe the *female organs of generation*, which are, indeed, very simple ; you know a great deal about them already, having seen them in their natural situation.

Os Internum Uteri.—It is scarcely possible you can fail to ascertain disease in the os internum uteri. Some people dwell a great deal upon this; because it happens, sometimes, that tumours displace the os internum uteri, put it aside ; so that, if you find it where you do not naturally expect to find it, you may take it for some scirrhous disease. Now, I really think, there's little difficulty in medical men being able to find the os internum uteri, wherever it may be placed. It is not always *oblong*, it is sometimes contracted in the middle ; but as the midwife teacher tells you all this, I do not think it necessary to dwell upon it.

Fallopian Trumpets.—The fallopian trumpets are exceedingly vascular, and we must allow them to have a state of vital action calculated for the function they have to perform. And this seems to be the most rational idea you can entertain of vital contractility throughout the body; that every part of it possesses that action, but in different degrees ; and that its actions are suited to the part which it inhabits. Voluntary muscles act in a peculiar way, as they ought to do under the influence of the will ; and involuntary muscles act in another way, suited to the part to which they belong. No doubt the action of the muscles, in this part, must be different from the common muscular action of the body ; but, I think, a man must have a very strange mind, indeed, who will deny that blood-vessels have a vital contractility to answer their own purpose.

Ovaries.—Then what have I to say of the ovaries? They are *oval* bodies ; and they say, about the size of a pigeon's egg ; and when you cut them open, a kind of fleshy substance is exhibited, but there is nothing peculiar in it. Here are some cut open to show it; but really nothing can be made out of these parts, in the unimpregnated state of the womb, which I am now speaking of. The appearances of the ovaries of the human species are exceedingly variable : you sometimes see *cells* in them, and sometimes you do not ; in animals they are more uniform : in them, they seem to be *fleshy* substances ; and they say, cells may be seen in them with magnifying glasses. They are supplied by the spermatic arteries, and the blood returns by the veins. That's all I have to say of them.

Physiology.—Having described the structure of the female organs of generation, which seem to be as simple as can be, I now go to the physiology ; and the first thing to be announced to you, and it need not be told, is, that the genitals of both male and female, remain in a dwarfish state, until the animal has attained nearly its full growth ; that they then enlarge very considerably ; that hairs grow about the pubes. From the follicles, leading off from the fundus uteri, a secretion takes place at this time in the female, which, when it is first poured forth, appears to be mere serum ; but afterwards it becomes of the colour of blood, and is of as deep a red colour ; and as the discharge dimishes, in the advanced period of life, it becomes serous again, and ceases. This discharge, at first, is irregular, but it soon acquires a very perfect degree of regularity, occurring at the interval of a lunar revolution, which has given the name *menstruation* to it, and which has led some foolish people to surmise, that it must be influenced by the *moon* ; but a more ridiculous opinion never was broached ; for if menstruation depended on that planet, it would be as regular as the *tides*, which are under the influence of the moon. Now, contrariwise, we know, that in every day of the eight and twenty, some woman is menstruating, and that there is no regularity in that respect. Then, what is to be said concerning this discharge? Why, I believe, I may venture to say, that it is almost peculiar to the human race. It has been said, that Nature, ever provident, knowing that females must at times support an infant, has prepared a surplus of nutriment, which, when it is not wanted, is periodically discharged. Now this appears to be nonsense; because the human female is *moniferous*—at least, she seldom produces more than *two* at a time; whereas, a *sow* will produce a *dozen*, and yet she does not menstruate; so that Nature would seem to have acted in contradiction to herself. The only rational physiology of it is, as appears to me, that it is a means of relieving uterine irritation, and preventing that strong degree of desire, which would render the party *indecent*. You know how extremely urgent this desire is in the *brute* creation; there is no relief; and, of course, if a woman had no relief from this desire, she would go seeking the male as a *goat* does. (Laughter.) This, then, is a discharge which relieves uterine irritation—a discharge which is capable of reducing the vigour of the body. O, people have been examining this menstrual discharge, and declaring that it is *not blood*; and that it does not contain this, that, and the other thing: however, as far as I know, it does contain coagulable matter; and I believe the red colour, to be the colour of blood. It is notorious that women are weakened by it; there is that state induced, which tends to take away from venereal desire; there is a degree of weakness induced, and thus is the extreme of sexual desire mitigated in the female. I could produce many reasons for thinking in this manner: those females who have been educated without much attention to decency, generally menstruate early; and others who have been educated more decently, and in a more refined manner, do not menstruate so early. That uterine irritation, however, will bring it on, is proved, because females soon marry after it does come on; and, in the course of time, it will cease again. Now, it has always pleased me much, when I was able to show any thing relating to the human bodies, that seemed to have a reference to those social compacts which are established between us—any reference to morals. Animals, of course, have lawful impediments to premature copulation—lawful bounds; but there is no animal has such a bound, that I know of, as the human, the human being; and it seems to be part of the same ordinance, if I may call it so, of Nature; it is something that seems to relate to the moral obligations which belong to the human race. Now having told you what takes place at *puberty*, I need not go on to tell you, that when women are no longer able to have children, this discharge ceases.

Conception.—I next have to take notice of the changes which take place at the period of conception: but here I have always been accustomed to state what has been said relative to *generation*, a little historically, because it is a subject that does excite the curiosity of scientific men; and there are some subjects relative to general science, that it would be well if medical men would study, merely from *policy*: as, for instance, if a man of science found a medical man ignorant of the *eye*, ignorant of its operation as a *camera obscura*—wholly ignorant of optics, why he would despise him, and the medical man would get into great disrepute. If a lady found him ignorant of chemistry, that lady would never take any medicine of his compounding again; and ladies are critics on that point.

Well, then, I say, it is good to know something relative to the multiplication of the species. And I need not tell you, that the ancients had no distinct notions on the subject: they must have had some; they thought a seminal fluid was mixed by both sexes, and that by some process a young *turk* (laughter) was produced. But Harvey, the discoverer of the circulation, was the very first man who led the way to those speculations which have illustrated the process of the continuance of the species. Harvey was, indeed, excessively puzzled by what he perceived: and it is curious that Harvey wrote a book upon the generation of *insects*, and so on, and in which he had noted down all the facts he had collected on the subject, and that that book was destroyed. But Harvey was exceedingly puzzled about the generation of *oviparous* animals: he knew that a *cock* by one *strut* on a hen, would impregnate, perhaps, a dozen of eggs; and he knew that the *oviducts* of a hen lay high up in the loins, but how the seminal fluid could penetrate these ova in the hen, he was at a loss to know. Harvey could not discover the penis of a cock; and he thought that what was projected, if anything, seemed to be projected upon the common *cloaca* of the hen—that part which exudes the fæces, eggs, and all; besides, the whole was such a *touch-and-go* sort of business, (laughter,) that he could not satisfactorily account for the process. Now late experiments have shown what is the real fact, that in oviparous animals the semen is projected into a cell, that it is lodged there, and that as it descends into the duct, each ovum gets a touch of the seminal fluid, so that each egg is impregnated as long as there is any semen in the little reservoir. So that that mystery is now in a certain degree explained. Buffon has a theory of generation, which is a very strange one. I should say, however, that Leuwenhoeck, when he first began to use the microscope, found abundance of *animalculi* in the semen; he found that there were more of these animalculi in a single *cod fish*, than there were inhabitants on the globe. Now such a man would seem to be, a man with *pudding* for his brains! A strange diversity of intellect he must indeed have. He thought these things were not all like the animals that contained them; but he supposed that one of them, more like the animal than the rest, might get lodged in the ovaries, and become more large than the rest. He said it was so in every thing, and that thus *seeds* were produced. But he seemed to know very well, that they did not resemble the animals; that they were something like *tadpoles*; and, moreover, that they did themselves propagate in the seminal fluid, so as to become multiplied. Now, I pause here, that you may think of this point, the absurdity—the positive absurdity of supposing that the *fœtus* can be formed by either parent. How can it be? What is the *testicle*; for that, undoubtedly, secretes the fecundating liquor? Is it not a congregation of vessels? Why, then, it must be formed, by aggregation of parts after the secreting process has taken place. And what is the ovary, but a vascular part? I say it is impossible, therefore, to suppose that a young animal can be secreted; it *must* be *formed*; and then the only question is, where is it formed, and how is it formed? That's a question which I shall have to discuss afterwards.

Leuwenhoeck met with these animalculæ; and Buffon met with others. In all liquors that are exposed, you have animalculæ. There is really an invisible world of vegetable animalculæ, the nature of which is as well understood by those who are in the habit of seeing them through the microscope, as we understand the nature of things which we see distinctly with the naked eye. There are indeed a great number of them. Buffon invented a theory respecting them, which some praised, but which I cannot praise; I take it to be all nonsense, and therefore I cannot speak about it. His theory was that these were things having power to conduct themselves so as to build up a body. Now, just after that, *De Graaf* was the proposer of that theory, which is now generally admitted: every one knows, there are some animals that are oviparous; but De Graaf asserted, that the viviparous animals, are in fact oviparous—that every female has the power of preparing an *ovum*, containing parts, which, under certain circumstances, will be led into a state of action which will produce young. Every one knows that an oviparous animal will bring forth her ovum, without any connexion with the opposite sex: shut up a young hen, and she will begin to lay eggs, though she never saw a cock in her life. So, in fishes: the male fish impregnates the spawn, without any connexion with the female. De Graaf says that it has taken place in the female, in the ovary; that it escapes from it through the Fallopian trumpet into the uterus, and lives and grows there. But whoever saw this? De Graaf affirms that he has seen it. Now every one can see, that there is good ground for De Graaf's theory to a certain extent, for there are little cells formed in the ovary which gradually approach to the ovula, and as they grow, they burst: this he affirms, he has seen, and therefore they have ever since been called *Ovula Graafiana*. When these cells break, they are filled up with another growth, which are called *corpora lutea*. When these cells are burst open, an inflammatory process takes place. Now, in the human subject we cannot make much of this. If in any animal, in a *virgin rabbit*, for instance, after she had taken the buck, you found four or five young ones, you would find four or five *corpora lutea*. But as to the ovula Graafiana, who affirm that they have seen it? I really don't know that any one ever did, till Mr. Cruikshank affirmed that he did in its passage through the Fallopian trumpet. And he said he found it in this way, by slitting open the Fallopian trumpet, and washing it with distilled vinegar. He says, that he concluded this was it. Now, I doubt all these things; I doubt whether he can see the works of nature, so as to speak of them positively. I am sure, in this state, it must be the merest atom imaginable, for John Hunter himself took home an uterus three weeks or a month after copulation, and though he slit it open and examined it, he could not find any ovula Graafiana. The history of that case was, that a young woman, supposing herself pregnant, had poisoned herself; that he was employed to examine the body respecting its condition with regard to the poison, and that he took home the uterus, but he could not find the ovula Graafiana. And we have some testimony from Harvey, to support the statement, that you cannot see it for some time; so that I doubt whether any body ever saw the ovula Graafiana. But that all this happens, you may be as certain as if you saw it; if you cannot see it with the eye of sense, you may see it with the eye of intellect. Nay, nay, you see it with the eye of sense, for some times the ovum grows in the ovarium; sometimes it escapes into the cavity of the abdomen, and sometimes it grows to such a size in the trumpet, that it cannot get through it, and then you have a Fallopian fœtus. Well, I say all this is proved, and you cannot doubt it.

Well, then, De Graaf was the proposer of that theory of generation which is now universally admitted.

Now, *Spallanzani* wrote on the subject, but I do not see that he has thrown any light on it. He has told a number of things, ridiculous enough. You know that when a frog spawns, it is seen swimming about with the male on its back; and it is curious enough that at this time the male has some sort of things that grow upon its hands, by which it attaches itself firmly to the female, and she is constantly obliged to swin about with him on her back, and as she gives off the ovaries, he besprinkles them with the spermatic fluid. Spallanzani put *breeches* (laughter) on the male frog, and the spawn was not impregnated. Spallanzani speaks of little *newts*, something like little *lizards*, with their heads placed together, and their tails apart; so that they are like a pair of compasses: now the female newt passes tapes of eggs, and the male impregnates them; the male puts the fluid into the water, and the newts are formed from it; but Spallanzani gets the fluid in the neat state, touches the eggs with it, and they are not impregnated, but he puts it into a bucket of water, and they are formed. I say, therefore, you must admit that the fluid has a specific stimulus, that it has a specific excitability. That's clear, because the fecundating fluid of one animal, will not fecundate in another genus of animals. Animals of a different species do fecundate, as the *horse* and *ass*, but it is curious that there is even a provision against the mixture of the animals: the mules are all formed with imperfect genitals, and cannot continue their species; as if Nature had said, thus far shall ye go, and no further. If the seminal fluid of one animal were capable of fecundating in another, there would be a great confusion of animals, there would be no distinct genera. I say you must admit that this fluid has a specific excitability.

Well, now, that's all I have to say about it. I don't condescend to mention some beastly experiments of Spallanzani. *Dr. Johnson* said of a certain nobleman, "he may be a wit among Lords, but he is no more than a Lord among wits;" so I take it, that this happy Spallanzani might be a philosopher among the ignorant, but he was not a philosopher among philosophers; he was not a philosopher among anatomists. He has told some curious facts, but I cannot think highly of Spallanzani, who nevertheless is praised for his experiments of production, reproduction, and I don't know what all.

Well, now I have given you this account historically, but we come to this after all—in what degree of perfection is this ovum, which the female has the power to prepare—to what degree of perfection can it be brought, without this stimulus imparted by the male? Now, I should be ready to believe that it might be brought to various degrees of perfection. I am more inclined to suppose that, from what I see in plants; but still I know nothing about it. I don't know how it is to be tried. When you take away the male organs, even in seeds, I can never see any thing of the *plumula*; at the same time I know nothing about it. But how are we to know any thing of it with regard to animals? Why, we must look, and observe; and then what do you see for instance, in the eggs of frogs? I am sure I don't know; there's something black in the middle of them, and that's all I can say about them. Then, when you get eggs upon a large scale, *crustaceous* ova—the eggs of geese, and such birds as those, one would think if ever there was an opportunity of examining any thing, with respect to this subject, you would find it in them, but that opportunity has not yet been sufficiently afforded; and therefore Mr. Hunter, who bestowed great pains and labour in making out what constituted the embryo in the eggs, it is curious enough to know, after having put up two preparations, after having had the best drawings by the best artists, after satisfying every body as to what he had done, it is curious enough to know, that that man was still, at the time of his death, working at the subject.

I believe, as this subject will occupy three lectures, for I cannot get through it in two, I shall stop here to-day, and go on with the subject at our next meeting.

SKETCHES
OF THE
SURGICAL PROFESSION IN IRELAND.
No. XVII.

The late Proceedings of the College.

Some late proceedings in York-street have turned my attention sooner than expected, from biography to first principles—from sketching likenesses, to meddle in the protraction of new constitutions. I say, sooner than expected; for who could have supposed that a system deemed incapable of improvement, should, at so short a notice, be abandoned by its admirers to the vicissitudes of a pretended reform? Assisted, however, by the microscopic vision of the law, the College have discovered that their charter is so unfit for all useful purposes—so far behind the improved views of the day on such matters, that it has become absolutely necessary to have the instrument of their incorporation cast anew in the foundry of Royal privilege. From this examination of the precious document, it appears that the Court have been committing the most awful infraction of the laws of these realms, by propounding to candidates certain questions unwarranted by any deed of authority. No knowledge, in fact, of medicine, chemistry, botany, or of the other various sciences, a smattering of which goes to make up the intellectual stock-in-trade of even a mere surgeon, could be demanded of pupils, by virtue of this monoculous charter, which looked only to the interests of pure surgery. Besides this obvious imperfection, all persons, except the apprentices of the College, were excluded from examination—a restriction which to many appeared a very unnecessary limitation of power. These were serious defects in a charter, as an agent of general business, and it, consequently, became a matter of necessity, as well as of policy, to have them forthwith remedied. As the first step, in the attainment of this object, numerous meetings were held, and the discussions protracted beyond the usual hour of debate. The result of all this deliberation turns out to be, that a new charter is to be sought with more unlimited powers—that all persons qualified are to be admitted to an examination—but, that those only who are educated according to the old system are to constitute the members, and to be eligible to office—that the Court of Examiners are to be dignified with the title of Fellows—and, as a compensation for the anticipated loss of apprentice fees by this arrangement, the proprietory of the Dublin hospitals are determined to raise still higher the pathological tax on the mere diplomatists whom this new scheme of finance will call into existence.

Such is a brief summary of the present intentions of the College; but while the old system is still in a state of dissolution, it may be worth while to inspect the new chimera evolving from the decomposed elements of its parent, and calculate its probable influence on the future profession of Ireland.

It can never, perhaps, be too often repeated, that it ought to be assumed as an axiom in all discussions upon the economy of the medical profession, that all the dissensions which have distracted it in these countries, are primarily attributable to the British Government, who never, at any period, took up the subject of medical legislation, and considered it in a proper light. Instead of explicitly defining the corporate duties of the various bodies included under the above general head, whether apothecaries, surgeons, or physicians, they not only granted to these bodies the most contradictory privileges collectively, but endowed each of them separately with the fatal power of degrading their own members. They furnished these parties not only with the weapons of mutual aggression, but also with the means of self-destruction. All these corporations evince, throughout the greater part of their history, the extraordinary anomaly of a body of men legislating for themselves, uncontrolled by any respect for the interests of society. They were, for the most, the contrivers of their own charters and acts of parliament, which were no sooner presented to the legislature, than they were imprudently sanctioned without examination into their ultimate effects. Proceedings so diametrically opposed to all rational principles of jurisprudence, could not but produce the worst consequences. For, what would be the result, were shoemakers and joiners permitted to manufacture acts for the exclusive protection of their respective trades? obviously, that we might walk without shoes, and go to the grave without a coffin. Yet this is, in principle, precisely what has occurred in the medical profession, though the public indirectly stand as much in need of lectures as of leather, and would, probably, prefer a speedy recovery, to a coffin at the most reduced prices. The grand objects in every specimen of this self-legislation, which the world has yet witnessed, are, first, how far the party suing for a charter, or an act of parliament, can injure a rival establishment; and, second, how they can confine to a few, the advantages thus obtained over their neighbours. The grounds upon which these opinions are founded, have been so often, and so much more eloquently expressed in the pages of this Journal by others, than the writer could pretend to do, that he will pass on without any attempt to support the theory obscurely traced out in the preceding observations by facts, to apply it to the contemplated arrangements announced in the title of this paper.

It is quite evident that the Royal College of Surgeons in Ireland, stand in the same predicament as all their predecessors, of legislating for themselves, and that they are likely to fall into similar errors. The resolutions, indeed, and the motives in which they originated, are both conclusive on this point. For, though the defects of the charter are put forward to justify the intended alterations, self-defence against the London and Edinburgh Colleges of Surgeons, is one of the principal causes of the change. These institutions, say the promoters of the project, traffick in licenses, make an inferior caste of practitioners, have fellows, and why not we do the same? thus adding another example, to the many already on record, of the salutary effects of self-legislation, and mutual aggression. Their hostility to these rival institutions, however, in depriving them of some Irish customers will not stop there, as an examination of the propositions of the College, will hereafter show that they mean to adopt for their motto, "fas est et ab hoste doceri," in various other respects also; and honourable models, truly, have they taken for imitation! In the first place it is intended by one of these measures to abolish, and, at the same time, to retain apprenticeships. Indentures are necessary to the education of pupils, or they are not; if they are necessary, the College is guilty of the grossest treachery towards society, by their abolition; if useless, why are they at all retained? Yet while the College, by their present proceeding, openly avow the latter to be the case, they offer a bounty, on compliance with an exploded practice, by making it the only means by which men can arrive at office and distinction in that body. In whatever manner the College may attempt to escape from this dilemma, the results, at least, of their contradictory but ingenious scheme are plain enough. The consequence of the measure will be, that few pupils, out of pure love of having a master, will choose to pay a hundred and fifty guineas fees, and that none but the immediate connexions and relatives of hospital surgeons in Dublin, who are generally taken free of cost, will comply with the old system of education. The number of members eligible to office, and having a right to interfere in the affairs of the College, will thus ultimately so decrease, that it will eventually present the same spectacle as that of London does at present. But will this clause of the new code, produce any advantages pecuniary or scientific to pupils, to counterbalance the evil of the College becoming the hereditary property of a few surgeons resident in the city? Undoubtedly not; for, with respect to the expenses of education, they will remain nearly at the old standard; and as to the opportunities of instruction, they will be placed still farther beyond the reach of the majority of the pupils. Thus, if a pupil spends four or five years in one of the large hospitals, (and less cannot qualify him to undertake the duties of his profession,) he will have paid just the same sum for his information, as if he had purchased his freedom of one of these establishments, by feeing a master. But will the pupil pay this sum for an hospital, now that the expenses of attendance are raised, and the necessity of doing so being removed? Most certainly not; for we do not find that pupils do so at the present rate, and it may be presumed that they will be less inclined to do so, when the charges are made higher.

It may, therefore, be concluded, that as far as the partial abolition of apprenticeships, in the manner contemplated, will have any operation, the effects will be injurious, first, to the College; secondly, to the pupils; thirdly, to society; and lastly, that they are likely in the aggregate, to prove that the aggrandizement of a few individuals at the expense of the multitude, is one of the necessary consequences of corporate legislation.

That these are the effects intended by the adoption of the measure, the conversion of the Examiners into Fellows, affords a further corroboration. The very name, indeed, sounds suspiciously, being associated with all sort of low-bred, back-door, sycophantic chicanery. The character of the Fellows of the College of Physicians, and the treatment of Dr. Grattan, who has just obtained a signal triumph over Sir Patrick Dun's legatees, ought surely to warn the surgeons of Dublin against introducing such titles amongst them. It is true, the surgeons have no farms to let; no poor-box money to hire out at interest; but Dr. Orpen's "Charitable Agency Office" may afford examples for imitation in matters of a purely temporal nature. As soon as things are ripe for the deed, these same Fellows will make themselves perpetual, and elect each other, unless human nature, in the interim, returns to its pristine purity. The diminution of the number of members in consequence of the abolition of apprenticeships, will render this evil of facile accomplishment. But even though this probable event should not take place, the decorating of any set of men with titles, but those which express the nature of their duties, is merely to excite jealousies and perpetuate discord. The members of the medical profession are at least sufficiently informed to understand their self-importance, and the relation in which they stand to each other, never quiescently to tolerate an aristocracy in science. They may bear the superiority of intellect, the splendour which genius casts around it, but a system by which their equals at best, perhaps their inferiors, can be elevated above them, they will not contentedly suffer. What is it but this instinctive resistance, excited by artificial distinctions, which has filled the pupil's pen with indignant acerbity—inspired the professor's tongue with a more energetic eloquence, and thrown the whole profession into a sort of civil commotion? Enter the class-room, are not these distinctions in nine cases out of ten the themes of juvenile disputation? Take your seat in the council chamber, are they not the topics of senile debate? Listen to the Press, does it not torture the ear with eternal peals of complaint? These are not the symptoms of wanton disquietude, of a restless impatience of subordination, or of an avidity for mere change: they are indications of a deep feeling, roused into action by the general violation of the great principle which should regulate the economy of the profession; the equalizing the chances of success in life by an equality of title, education, and rights. As long as this law is violated, not only amongst the members of each College, but as long as any disparity of privilege exists between the several Colleges in their corporate structure, a flame of discontent will continue to burn, which nothing less than the arm of the legislature will be able to extinguish.

The Court's assumption of the character of Fellows being uncalled for by any necessity of the body, intended, probably, for self-interested purposes; useless at best in its effects; most likely injurious in its consequences; certainly not calculated to reconcile men to its adoption; manifestly unprofitable in a scientific light; and contrary to all the dictates of sound policy: such alteration, in whatever point it is considered, may be rationally expected to illustrate further the influence of self-legislation.

Connected with the fellowships, stands the preposterous resolve of a further extortion on hospital attendance. The mind, indeed, passes from the one subject to the other, as readily as electricity through the links of a conductor. There is a continuity of design, a sympathetic communication between all the parts of the project, that insensibly leads you on from one to the other of the series. It is quite clear these law-givers work solely for themselves, as appears from this balance of evils. If they give up one exaction, they must be indemnified for the loss by an equivalent impost. They mercifully exchange the site of the exchequer, and declare the tax repealed. Kind souls! instead of a hundred and fifty guineas being sunk at once in the affections of a loving master, about the same sum is now to be paid in "gales," like the Catholic Rent at Stevens's Hospital. Yet the junior members of the profession in Dublin sit with their arms folded, while Mr. Colles and his "corps dramatique" are rehearsing such a farce in their presence. Why is it that so many young men in Dublin, whose time, talents, and other qualifications conspire to render them the most eligible instructors of youth, have never an apprentice? They are referred to the game of profit and loss, just played by the hospital financiers, for a solution of the question. They are now, however, in a worse position than ever, for while the obligation is entirely removed, the expense of an hospital has destroyed all inducements of becoming an apprentice. And this measure, forsooth, is intended as a public benefit—as an opiate to tranquillize the passions of the multitude—a measure which tends more than ever to increase the number of Mr. Cusack's apprentices from forty-two, (as the writer ascertained a few days back by a reference to the registry book,) to twice as many, while others have none at all. This is the measure which is to protect pupils in Stevens's from Mr. Colles's sneer, if they presume to ask him a question, and to place them under the tuition of men whose interest it would be to treat them with respect. Supported by such a law, well may he on those occasions summon his fortune into his face, and fling a purse-proud sarcasm in a student's teeth. Scarcely less ridiculous is the idea of assisting by the new regulations the progress of Dublin into a great school of medicine, with which they have at least been associated in conversation. If by a multitude of pupils, cheap licenses obtained without qualifications, dear pathology and consequent ignorance, it is meant to establish a great school of medicine, then, indeed, these measures are admirably adapted to produce such a happy combination of circumstances; but such a great school would undoubtedly be, like a great book, a very great evil. Dublin possesses some reputation in medical science; but if it be contemplated to extend its fame, by converting it into a mart for the sale of diplomas, like London and Edinburgh, then let Dublin remain as it is at present. The writer is not so destitute of the "amor patriæ," as not to wish that the college of his country would be equal, if not superior, to every other; but he cannot in these new arrangements, or in the presence of a great number of Scots and English students, seduced over amongst us this season by the anatomical attractions of Bully's Acre, discover any indications of the accomplishment of so desirable an object.

Erinensis.

Dublin, March 1827.

(*To be continued.*)

REVIEW.

A Physiological Inquiry respecting the Action of Moxa, and its Utility in inveterate Cases of Sciatica, Lumbago, Paraplegia, Epilepsy, and some other painful Paralytic and Spasmodic Diseases of the Nerves and Muscles. By William Wallace, M.R.I.A., &c. &c., Surgeon to the Charitable Infirmary of Dublin, and to the Infirmary for the Treatment of Rheumatism and Cutaneous Diseases in that City. 8vo. pp. 148. Hodges and M'Arthur, Dublin; and Longman and Co. London. 1827.

The ancient *Moxa* had never a better advocate than Mr. Wallace, but we question even if his advocation of its virtues will woo the world to reverse the judgment which seems to have passed against it. It appears that *moxa* has routed sundry old aches and pains, and a pack of chronical disorders not very easily defined, " of the nerves and muscles;" and Mr. Wallace seeks to show, that they were not panic stricken at a piece of burning cotton, but capitulated in the regular way—marched out with all the honours of war. The times are gone by, notwithstanding what Johnson would asseverate to the contrary, when charms and incantations, or even the prayers of Hohenloe, will be allowed to avail in medicine, whatever they may in other matters,—where there is an effect, people naturally suppose a sufficient cause. Now Mr. Wallace is pledged to this, so much so, that he will not allow " any functional disease without organic derangement," (by which we understand disease, for if we suppose less, "*organic* derangement" is "*functional derangement*," and nothing more), and seeks, natually enough, to inquire into the *action* of moxa, seeing that it has been of very prodigal service. " Holding in view the conclusion, that all diseases are essentially vascular or structural, and that the grand principle of their treatment consists in the restoration of the vascular solids, which are the seat of disease to a state of healthy action, together with the removal of their cause," he proceeds to the *modus operandi* of moxa. This, in effect, is contraction and increased action of the capillary plexus, as Mr. Wallace has shown, analogically, by certain experiments of Dr. Hastings, performed on frogs' feet, and specially by others performed by himself on patients in the Jervis-street Infirmary. Premising that it is sought to be proved, that a certain quantity of caloric contracts the capillaries and quickens the circulation of a part, we give the following result of an experiment made on a patient with an ulcer on the leg, " the granulations being exuberant and spongy," much disposed to bleed, and the surrounding integument " thin, of a brownish colour, exhibiting numberless minute vessels in its texture:"—

> " The size of the capillary vessels in the ulcer having been previously examined with a lens, I burned a moxa over the surface, gliding it along during its combustion, *and holding it at such a distance as to produce a keen feeling of heat.* When the moxa was burned out, *a diminution in the size of the capillaries was evident.*"

In a case of chronic inflammation, with dilatated capillaries of the conjunctiva, he applied a moxa to the eye, or rather over it, in the same way, and " *a contraction of the capillaries of the conjunctiva resulted*;" and such would have been the effect of hot water, as every body knows. How the burning of moxa *over* a part can be better than heating it in any other way, we shall not pretend to determine; let us see, however, what may be the effect of " moxabustion" *on* the skin, and through it on remote parts. *Ignis firmat partes*; but, says Mr. Wallace,

> " - - - - - - are its effects limited to the point to which it is directly applied, or do they extend more or less beyond this point? For it is evident, that if its influence be limited to the surface of the skin, or to the part to which it is directly applied, it can have little or no effect on deep-seated or

> extensive disease; but, on the other hand, if it be capable of extending its influence to the deep seated parts, it becomes a most important agent, because it may be said to be, perhaps, the only one we are acquainted with which has this power, and which is possessed of the same mode of action."—p. 39.

The doctrine of the author is explicitly this—that the action of moxa on the skin, which is that of a local tonic or astringent, is exerted by continuous sympathy on internal parts, acting there as *locally* as it does at the *punctum saliens* of its operation; indeed, he seems to think that it acts on "deep diseases" (p. 31) "as our most valuable *topical* remedies act on those which are *superficial!*" We would not, willingly, misrepresent him, but it appears to us he errs in supposing that the capillaries of internal parts are all, or a great many of them, to be influenced by heating or burning, as the case may be, the little coterie of superficial vessels which may lie under a cylinder of moxa. But he does not appear to have any very clear ideas on the subject, for at p. 40, he says, "if moxa be applied through the medium of a needle, the caloric may be made to extend its influence as deeply as we please, *by the conducting power of the needle*;" thus implying, that there is not the conducting power in the capillary system or continuous sympathy in other structures, that was sought to be found.

In another case, says Mr. Wallace,—

> "When an ulcer, which was on the breast, was in the state described, (soft, pale, and disposed to bleed,) I burned a moxa over it, *at such a distance as to excite the feeling of pain*, without producing any disorganization. On the following morning, the effect was most remarkable; the granulations of the part, and beyond the part, to which the moxa was applied, were sunk below the level of the surrounding skin, and might be almost said to form a little well, which lodged the matter. This experiment I repeated on other parts of the ulcer, and for several days in succession, and always with the same result."—p. 45.

So much for the "objective moxa," and upon the principle of "lucus, from no light," it is "objective" enough, God knows. A taper, or heated spatula, or indeed any thing hot, must assuredly answer quite as well. "Caloric," says Mr. Wallace, "acts as a local tonic," and so does sulphate of zinc, and that is enough. But although we object to the "objective moxa," we are by no means prepared to state, that when actually applied to the skin it may not be of service. In sundry instances related by Mr. Wallace, it has made the halt to walk easily, and the paralytic to limp; so that we are bound to give our readers some little account of the mode of employing it, and the author the credit of the best intentions in publishing the numerous cases with which his volume abounds; we must add, that several of them were treated by other practitioners, and by the usual means, without success. In the first place, a caution must be laid down,

> "- - - - - that this remedy shall never be employed in cases of increased action, or of active inflammation, or even in cases of subacute inflammation; that is, when the acute inflammation is lapsing into the state of chronic action; and this principle should be implicitly adhered to, whether the active inflammation has attacked parts previously in a state of health, or has supervened on the state of passive inflammation."—p. 50.

Mr. Wallace goes on to describe, first the moxa, and then the apparatus for applying it:—

> "We should select a substance, whose combustion will take place slowly, but steadily. If the combustion be too quick the effects will be too transitory, and if too slow, it will require the use of the blow-pipe, which complicates the operation, and unnecessarily alarms the patient. I have been fortunate enough to discover a mode of forming moxa, which is free from both objections: it burns slowly, but steadily, with the assistance of the blow-pipe if we please, without any sparks, without the least trouble to the surgeon, and without alarm to the patient, for its combustion is scarcely observable. It is formed by immersing either surgeon's lint, or fine linen, in a filtered solution of chlorate of potash: the solution being made by dissolving one drachm of the salt in four ounces of distilled water. When the moxa is to be used of a

small size, fine linen will answer best, but when of a large size, lint is to be preferred. Care must be taken that the substance used shall be perfectly dry, before it be folded up, and in folding it, a proper degree of firmness must be given, which experience will soon teach. After the substance has been rolled up and fastened with two or three stitches of the needle, its end should be cut with a very sharp knife, to make it perfectly level, and thus secure its application to every part of the skin upon which it is placed. Its length should be about three-fourths of an inch, and its diameter may vary from one quarter of an inch to an inch.

The instruments which I use in applying the moxa are of the most simple kind: a porte-aiguille, which I have invented, or a pair of dressing or artery forceps, furnished with a screw at about three-fourths of an inch distant from their point, which screw serves to press the blades of the forceps very tightly together;—a bit of small, flat, silver wire, about three iches in length;—a bit of card paper;—a blow-pipe; a set of needles; and a small glass tube, are all that are required. With the silver wire a small hoop is formed to grasp the moxa: the size of the hoop being made to vary according to the size of the moxa; and the ends of the hoop are grasped in the forceps, which are made tight on it by the screw with which they are furnished. The hoop should be applied about a line distant from that end of the moxa which is to be placed on the skin, for the purpose of preventing any inconvenience from the hot wire coming in contact with the surface. In fixing the ends of the hoop in the forceps, such an angle or inclination of the moxa with the forceps should be given, as will be found most convenient for the exact application of the moxa to the part affected.

" The moxa should be applied, in painful affections, to the point where the greatest distress is felt, if it be possible so to do; and in paralytic affections, it should be first applied over the origin of the nerves which lead to the diseased parts, and afterwards along the same nerves in different parts of their course. Those continental surgeons, who have given directions respecting the application of the moxa, have spoken in a particular manner of the parts to which it is proper to apply it, and of the parts to which it should not be applied. On this subject it is not, in my opinion, necessary to enlarge. In these countries no one will use it, unless such as are acquainted with the anatomy of the parts upon which they are operating; and to them it is unnecessary to say any thing. Moreover, as will just now appear, there is scarcely a part of the body to which it may not be applied in one form or another: even to the eye it may be applied in the form of the objective moxa, as I have often done, with great advantage, in some cases of obstinate chronic ophthalmia.

" The size of the moxa, the manner in which it should be applied, and the length of time it should be allowed to remain on the part, are points of some importance. All these circumstances must be regulated by the depth of the disease, and the nature of the parts, to which we may wish to apply it. It may be used, so as not to cause any injury of texture; in a greater degree, so as to produce vesication; and in a still greater degree an eschar, and the eschar may be either deep or superficial; or, lastly, it may be employed in conjunction with the acupuncture needle. These different modes of using the moxa may be distinguished by the terms, first, second, third, fourth, and fifth forms of application.

" The first form of application will answer when the disease is very superficial. It constitutes the objective cautery of the French writers, and is highly extolled by Faure, in the Mémoires de l'Academie Royale de Chirurgie, tome 15, 12mo., as a powerful remedy for the cure of ulcers. It may be serviceable in neuralgia, when the nerve is very superficial; or in affections of the joints, when the synovial membrane is immediately under the integuments, as is the case in the knee and wrist. When used, it should be repeated at least once a day, and applied by holding the moxa in the forceps, as close to the part as the patient can comfortably bear; at the same time it should be moved slowly over the surface, backwards and forwards, until its combustion has terminated.

" I seldom have recourse to the second form of application, because it is not so effectual as the third, and it is more troublesome in its after treatment. It may, however, be usefully employed in tic douloureux, and to those parts on which the patient would not wish a cicatrix to be formed. In such cases the moxa is applied by holding it steadily, and as close as possible to the skin, without allowing it to touch it, and until the skin appears white; which appearance is owing to the detachment of the cuticle, and the formation of a blister.

" In a large proportion of cases the superficial eschar will be the best form of application. To produce this eschar, the moxa must be placed on the skin, and allowed to remain on, until the skin appears brown under it; which will, in general, be found to take place when the combustion of the moxa has extended to the distance of about a line from the skin.

" The deep eschar will be required, when the seat of the disease is far removed from the surface, as in affections of the spinal marrow and of the hip. To form this eschar the moxa must be allowed to remain on until its combustion is complete, when the part upon which it was seated will be found black, and the surrounding skin slightly red and wrinkled. In this form of application, it will be sometimes useful to increase the intensity of the heat by the employment of the blow-pipe; and when this is thought prudent, the moxa should be, previously to its application, surrounded by a cylinder of card-paper, which will have the effect of directing the current of heat downwards, and prevent its escape laterally.

"When our object is to obtain any of the effects last described, it will be advisable, previously to the application of the moxa, to mark the spot on which we may wish to place it, with a little circle of ink; and in case of using the blow-pipe, we should cover the surrounding parts with a piece of paper, having a hole in its centre for the moxa; the paper having been previously wet in a saturated solution of the sulphate of alum, or muriate of soda, and afterwards dried.—These solutions diminish so much the combustibility of the paper, that it will prevent it from taking fire, in case a spark should be driven off the blow-pipe.

"On several occasions, as for example, in paralysis, and some obstinate forms of sciatica, the frequent repetition of the moxa will be required before the disease is subdued; and the disease is so far removed from the surface that, to act on it, an eschar must be produced. When the eschars are thrown off ulcers are formed, and where they are very numerous they cause considerable irritation to the patient, and the discharge produced by them may be more than is suited to the weak state of his system. In these cases the application of the moxa, in conjunction with the needle, will be found a most excellent mode of using the remedy.

"When the moxa and acupuncture needle are used in conjunction, the follow-is the mode of operating:—I perforate a moxa of a proper size by a needle, of such a length as will be sufficient to reach to the seat of disease, and at the same time extend so far beyond the surface of the skin, as to keep the moxa about one inch from it, or so far as to secure the texture of the skin from injury. The needle is then introduced as far as the seat of disease, by the assistance of the porte-aiguille; and, as soon as it has been introduced, the porte-aiguille is removed, the needle being left in the part. The moxa, which had been previously perforated, should be now placed in a state of combustion on that end of the needle which projects beyond the surface of the skin, and allowed to burn round the needle by which it is thus transfixed. The heat disengaged from the moxa is communicated to the needle, and thence conveyed to the seat of disease. When the needle has cooled it is removed, and the wound or eschar produced by it is scarcely observable. I have also employed, with remarkable efficacy, the preceding mode of using the moxa, in cases which require the intense application of this remedy; but in which the texture of the skin could not be injured, nor an eschar, with propriety, formed.

"It is recommended by Larry, that immediately after the application of the moxa, the skin should be wet with the water of ammonia, and this for the express purpose of preventing the occurrence of inflammation: the very effect, which those who do not understand the mode of action of moxa, are desirous of producing!! Upon what principle the Baron expected such a result from the application of ammonia, I know not, for he has not made any remark upon the mode of action of this application. Its effects are, however, such as he states, and clearly explicable, as will hereafter be proved, on sound physiological ground. It will, however, answer the same purpose to apply any other powerful stimulus. Alcohol, æther, turpentine, ammonia, may be indiscriminately used; or even bruised garlic, which Ten Rhyne recommends in his work De Arthritide. The neatest mode of applying the water of ammonia, alcohol, &c., is by a glass tube. The fluid ascends in the tube, as soon as it is placed in the bottle containing it. The operator should then put his thumb on the end of the tube, while he lifts it from the bottle, and thus retains in the tube a sufficient quantity of the fluid, which he can then allow to drop on the surface of the skin as he pleases. I may here mention, that I have found tubes of this kind extremely useful, for the purpose of dropping fluids into the eye.

"In the first and last modes of applying the moxa, no after-treatment is required, farther than the temporary application of the stimulants just mentioned. When eschars are produced by the application of the moxa, the part should be kept covered by a piece of adhesive plaister, until the eschars are separated. This separation will generally take place in the course of eight or ten days, but sometimes not for double this period; and it is remarkable, that the moxa acts more favourably in those cases, in which the eschar is thrown off very slowly, than in those in which its separation takes place with rapidity: the reason of this will appear hereafter. The superficial ulcers, which result from the separation of the eschar, as also the excoriation, which follows the vesication produced by the second mode of applying the moxa, should be washed once or twice a day until they are healed, with a solution of the nitrate of silver, or sulphate of copper, and covered by adhesive plaster. The ulcers left by the separation of the eschars will always be found much less deep than might have been expected, but greater in their superficial extent than would be supposed from the appearance of the eschar; and they will, therefore, in general, require some days for their cicatrization."

Instead of the scarificator commonly used in cupping, Mr. Wallace recommends an instrument resembling a gum lancet, as used by Larrey; he has also adopted a new method of applying lotions, which, at least, possesses the merit of constancy. Skeins of cotton are immersed in a bottle of lotion, and made to hang over the part to which the fluid is meant to be conveyed. When warm epithems are required, the bottle is placed in a tin pot, over a lamp; so that whether cold or hot, a part may be kept wet without trusting to the somewhat uncertain vigils of the night nurse. Mr. Wallace speaks among other things of friction, shampooing, percussion, massing, &c., and there are numerous practical remarks of value scattered up and down his more useful than ambitious work.

A Correspondent, who signs himself "Non-Medicus," (what else he is not we forbear to mention) complains that our observations on Mr. Bell's case of double hernia, (p. 706,) "seem to imply that Mr. Bell had the entire management of the *disease*, and, consequently, that he only was responsible for the safety of the patient. This (says the Arcadian) is a wilful perversion of the truth; it is evident, from the statement, that he was completely overruled by the opinion of the Senior Consultant," &c. One thing, then, *at least*, is evident to "Non-Medicus," that Mr. Bell, no matter wherefore, was wrong, and that is sufficient. "Senior Consultant," indeed, and "nearly absolute reliance," are truly pretty extenuations of neglect or ignorance, or both. The patient, it seems, was lost "from the unimpressive nature of the symptoms"—"*unimpressive*" as compared with the absolute reliance which Mr. Bell placed on the obtuse intellect of his "Senior Consultant," and the little, in this case, that availed him of his own.

Some eleven years since, the Pupils of Guy's and St. Thomas's Hospitals subscribed their guineas for a portrait of Sir Astley Cooper, but to the present hour no portrait has been forthcoming, nor perhaps ever will. Mr. Key, they say, was the treasurer, and we trust he will attend to the subject.

SIR ANTHONY CARLISLE.—"Are we," says a Correspondent, "to have female practitioners in physic? Has the lancet been taken from barbers' hands to be placed in those of women? Are we to have a female anatomical school? for surely it must be the height of indecency to allow hospital students to dissect the bodies of deceased females? Are we to have female lecturers! Gentle Oyster, say!"

Refering to a case of triple dentition, at page 668 of our present volume, Mr. Snell of Crawford-street, adds the following:—

"A young lady," he says, "applied to me to extract one of the anterior temporary incisors. About a month after, a supernumerary tooth came down in the place whence the temporary one was removed; this being a conical ill-shaped tooth I removed it. In about three months afterwards she called, when, to my astonishment, another tooth had come down in the place of the former; this I also removed. It was now nearly twelve months before I saw her, when she again called on me, and I then found that the regular permanent tooth was coming down. This shortly ranged regularly in the proper situation, and was as perfectly a formed tooth as its fellow, which had long before come down in its place. I have met with two cases of this kind during my practice."

It seems that certain of the London Hospital Pupils have held a meeting for the purpose of expressing themselves satisfied with the conduct of Messrs. Luke and Harkness, the lecturer and demonstrator. "We can assure you," they say, "that much as we admire Mr. Headington as an instructor, and highly as we value the large stock of practical information which his extensive experience enables him to communicate, we consider that his place cannot be more ably supplied than at present."! All this may be very true, but supposing all the pupils to have signed this complimentary effusion, which was not the case, what reference has it to the conduct of Headington? We believe that Messrs. Luke and Harkness are praiseworthy teachers, but we know that many of the pupils are dissatisfied, and well they may be, upon the principle, that a man who does not get what he purchases is cheated—having fee'd Headington, they naturally expect his advice.

We really commiserate the situation of a Correspondent, who, it appears, was induced to pay his money to a certain anatomical teacher, at the West End of Town, through an advertisement, or "puff," on the Wrapper of this Journal, (in the conduct of which we may state, once for all, we take no part,) and has met with nothing but neglect and ungentlemanly treatment in return. Joe Burns says something about windmills being nothing without puffs!

Mr. Frederic Loste Probart, of Hawarden, North Wales, has sent us the following case of *Spina Bifida*:—

"A child, the subject of the above complaint, son of Martha Davies, living at Kinnerton, was born on the 23d of December, 1823; I attended the woman in her labour, and owing to the child's head being firmly impacted in the pelvis, and her pains weak, was under the necessity of having recourse to the forceps to expedite her delivery. The head was large, and the anterior fontanelle more open than usual. Soon after the birth, my attention was drawn by the nurse to a transparent tumour of the loins, situated on the second lumbar vertebra, rather of an oval form, soft, elastic, and compressible; the lower extremities evidently much influenced by it, so that the paralysis was complete, and the limbs perfectly useless, admitting of being twisted in any direction. I ordered a soft compress to be applied over the tumour, the loins to be encircled with a flannel bandage, and any further proceedings to be deferred until the child was a little older, and the mother strong enough to attend to it herself.

On the 14th of March, being then about ten weeks old, he was brought to my house. I was astonished at his general healthy appearance and lively countenance, as I had ascertained a day seldom passed without more or less of convulsive attacks; yet he continued to take the breast greedily, came on well, and the fæces and urine were under the influence of the will. The tumour was increased in size, but not considerably, since the boy's birth, and its general appearances were the same. Upon pressure, the fluid it contained receded, and the finger could be readily passed into the spinal canal; a circumstance always productive of pain, followed by convulsions of a minute or two's duration. I pointed out to the parents the dangerous tendency of the disease, and the probability of the case terminating fatally, when, at the earnest entreaty that I should try every expedient that could be devised for the restoration of the child, I determined on pursuing the method recommended by Sir A. Cooper in a similar instance. I made six punctures in the tumour, by means of a very fine needle, from which escaped about ten drachms of a colourless limpid fluid, the patient appearing to suffer but little from the proceeding. I then applied a soft compress of linen, and a flannel bandage.

On the 20th, the tumour had not decreased nor changed its appearance, and the orifices were healed; the compress was completely saturated with moisture on the second day after the puncturing, so that a good deal more fluid escaped. Punctured it again in six places, when the discharge was nearly the same as in the first instance.

On the 25th, its general aspect was altered; the skin appeared thicker, was a little inflamed, and the part was more solid to the feel. Punctured it in ten places, giving issue to five drachms of a fluid more turbid, and of thicker consistence than heretofore.

On the 28th, I was sent for in great haste to the child, the father assuring me that he did not think we should find it existing, from the violent convulsions it was labouring under when he left home. On my arrival the paroxysm had ceased, but a great deal of strong constitutional excitement remained. I had him put into warm water for twenty minutes, following it up by an enema of ol. ricini., ol. terebinth. a. ʒj. in gruel, which brought away a copious green motion. In the tumour a considerable change had ensued; it had increased in size, and was much inflamed, extending to half an inch around its base. The integuments were thickened, and the whole much firmer to the touch. I ordered three leeches to be applied, and afterwards a poultice, the latter to be renewed 4tis horis.

On the 29th much better; had only one convulsion in the night, of a description milder than he had usually suffered from; the inflammation better, and the tumour evidently smaller. Ordered hydr. c. creta, gr. viij. h. s. s., and the injection to be repeated if convulsion returned.

30th. All the symptoms greatly relieved; the inflammation having nearly subsided, and free from the fit.

April 3. The child was in all respects better, the countenance cheerful, bowels natural, and the tumour reduced to less than half its original size; left off poultices, and applied the emplastr. hydr. c. ammoniac. upon leather, over it a compress and bandage. From this date the little boy gradually recovered the use of his limbs; absorption took place, and at the latter end of the month, a depression only was to be seen on the part affected; the skin a good deal puckered, and somewhat tender to the touch.

The child remains perfectly well. February 18th, 1827.

CAROTID ANEURISM.

Case of Aneurism at the Root of the Carotid Artery, successfully treated by tying the Artery above the Aneurismal Tumour. By JAMES LAMBERT, Esq. Surgeon, Walworth.

NOTWITHSTANDING the treatment of aneurism since the time of John Hunter has undergone material improvement, and surgeons now unhesitatingly apply ligatures to the largest arterial trunks of the body, yet there are many cases of aneurism still regarded as *inevitably* fatal; as, for example, aneurisms at the root of the carotid artery, of the arteria innominata, and of the subclavian and iliac arteries, when it is impossible to adopt the ordinary method of applying a ligature between the tumour and heart. I possess notes of many such cases treated in the hospitals of this town; they were set down on high authority as "absolutely incurable," and the patients were abandoned to their fate. That such cases, however, are not absolutely incurable, it is the object of my present communication to show.

The principle on which an artery leading to an aneurismal tumour is tied between the heart and the disease, is well known to be that of staying the flow of blood into the tumour, by which means the coagulation of the blood within the aneurismal sac is permitted, and this blood first becoming consolidated, is afterwards removed by a process of absorption; the sac is obliterated, and the cure thus ultimately effected. A knowledge of such being the curative process, was obtained from the actual observance of those cases in which a spontaneous cure was going on. It is, therefore, matter of surprise, that it never occurred to surgeons that the same results would ensue from the application of a ligature beyond the tumour, and that such a mode of treatment should be adopted in cases where the artery could not be secured between the tumour and the heart. For, as Mr. Wardrop* has justly remarked—if we suppose a case of femoral aneurism in the middle of the thigh, "it is as easy to imagine that the blood contained in the space between a ligature placed *below* the aneurismal tumour, and the first arterial ramifications above the tumour, should coagulate, as that the blood contained in the space between a ligature placed *above* the tumour and the first anastomosing process below it, should undergo the process of coagulation."

It is true, indeed, that Brasdor, and subsequently Desault, suggested the idea of tying the artery on that side of the tumour most remote from the heart, but this proposal was acted upon only in two cases; first by Deschamps, in a case of aneurism of the femoral artery; and secondly, by Sir Astley Cooper, in a case of aneurism of the iliac artery. Both of these cases having terminated unfavourably, the operation was abandoned, and not only abandoned, but denounced as "absurd in theory, and ruinous in execution," whilst others, who have contributed most largely in modern times to the pathology of aneurism, passed over this proposed operation as unworthy of notice. The merit of reviving it was reserved for Mr. Wardrop; who has, within the last eighteen months, successfully operated on two cases of carotid aneurism, by tying the vessels beyond the tumour.† These cases have been so recently laid before the public, and the merit due to Mr. Wardrop so universally conceded, that it is unnecessary for me to enter into further particulars. I may simply remark, that they were cases which, in pursuance of prevailing opinions, would have been left to inevitable death. Mr. Wardrop has, therefore, the gratification of having saved the lives of two fellow creatures, as well as of having established a principle in the treatment of aneurism, the future benefits of which are almost incalculable. These facts were strongly impressed on my mind, when the following case of aneurism at the root of the carotid artery, afforded me an opportunity of practically ascertaining the merits of tying the artery beyond the aneurismal tumour, a plan of treatment which, it will be seen from the subsequent account, I adopted with success.

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* See the thirteenth volume of the Medico-Chirurgical Transactions, in which a case of carotid aneurism is detailed by this able and scientific surgeon.

† Vide present Volume of THE LANCET page 395.

A lady, about 49 years of age, of spare habit, and unhealthy appearance, consulted me early in the month of January last, on account of a swelling in the *right* side of the neck. On examining the part, I discovered a pulsatory tumour, situated immediately above the sternal end of the clavicle, being partly covered by the mastoid muscle; it possessed all the characters of an aneurismal swelling, and its pulsations, which were synchronous with the heart's beat, were so forcible, as to be visible even at some distance from the patient. The tumour appeared to be of the size of a large walnut; but on examining it with my fingers, I found that it was considerably larger, extending some way backward, and, as it were, issuing from out of the chest. With the exception of its lower part, the tumour was circumscribed, and its boundaries well-defined; pressure upon it occasioned considerable pain. The account which the patient gave me of the origin and progress of her disease, was as follows:—about two years ago, she received a sudden and violent shock to her feelings from a most painful domestic occurrence, and from that period she found, that on making any bodily exertion, she had tremblings and palpitation of the heart. These symptoms went on gradually increasing, and at the time of her making application to me, had become so much aggravated, that she was incapable of pursuing her ordinary domestic employments. On walking hastily across the room, in the attempt to go up stairs, or under slight mental agitation, her heart became affected with violent palpitation, and the respiration was rendered difficult to a most distressing degree. When she attempted to stoop, she said that she felt a sensation of choking, as if something were pressing on the lower part of the windpipe and interrupting her breathing. The same sensation was also experienced on moving the right arm over the head. She complained of dryness in the throat, with occasional cough, excited by a sense of tickling in the trachea; her sleep was interrupted by frightful dreams; appetite was defective, and she had become much emaciated. There were no marked uneasy sensations in the head, but she complained of dimness of vision in the left eye, and this was much increased at those times when the circulation was hurried. On applying my hand over the præcordial region, I found the heart's impulse to be very great, so forcible, indeed, that it could be distinctly felt at any part of the chest; the pulse at each wrist was vibratory, as was also that of each carotid artery. The pulsations of the right common carotid artery, were apparent nearly throughout its whole extent in the neck. With respect to the formation of the tumour, the patient stated, that she first perceived, some months ago, a beating or throbbing at the lower part of the neck; this symptom became gradually more evident, until at length a small tumour made its appearance, which by degrees attained the size, and presented the characters, I have described.

There could be no doubt that the disease was aneurismal, and apparently affecting the lower part of the right common carotid artery; but whether confined to that vessel, or extending into the arteria innominata, was to me a matter of conjecture, for I am free to confess that I know of no certain diagnostic marks, by which we can discriminate between aneurism at the root of the right carotid artery, and aneurism of the arteria innominata, presenting, as it usually does, a tumour at the lower part of the neck. This, however, is not of the moment which at first sight it appears to be; for, as I shall have occasion presently to remark, the operation of tying the artery above the tumour, is expedient in either case. It occurred to me, therefore, that the only chance which could be afforded to the patient was, that of applying a ligature to the artery above the tumour. The aneurism had been, according to her account, of some months standing; but it had increased more rapidly of late, and the symptoms had proportionally become more distressing, so that a fatal issue was to be anticipated speedily, unless something was done for her relief. Previous to the adoption of any measures, I thought it right to obtain the opinion of Sir Astley Cooper; this I did about a week after I had first seen the patient. Sir Astley Cooper discountenanced the operation, and remarked that "*it was an aneurism by dilatation, which would not increase.*" I must acknowledge that I was not at all satisfied with this opinion, no sufficient reason being shown why the operation should not be undertaken, and I still adhered to my opinion respecting its expediency. Mr. Key, who saw the case at my request, thought that the arteria innominata was affected, and that the operation was, *therefore*, inadmissible. Similar opinions were entertained by Mr. B. Cooper and Mr. Callaway, who also saw the patient.

In this state of affairs, my own views of the case remaining unaltered, I requested the opinion of my friend Mr. Wakley, who visited the patient, and recommended the operation to be immediately performed, even admitting that the innominata was affected. I also consulted Mr. Wardrop, who, on examining the patient, unreservedly declared himself in favour of the operation; and, as the patient was now becoming uneasy at the delay, (upwards of a month having elapsed since I first saw her,) I fixed an early day for the performance of the operation. The tumour in the neck had visibly increased within the last fortnight, but the patient's general health had undergone some improvement under the exhibition of bitter infusions, with carbonate of soda, and attention to the state of the bowels.

On the first of March I undertook the operation, in the presence of Mr. Wardrop, Mr. B. Cooper, and Mr. Callaway. The steps which I pursued were nearly as follows: the patient being placed on a table with her head elevated, and slightly turned towards the left side, I commenced by making an incision through the skin and cellular membrane, of about three inches in length. The incision was made obliquely—that is, in the direction of the fibres of the mastoid muscle, and at a short distance to the inner side of its tracheal edge. I continued to dissect, layer by layer, gradually and cautiously, until I ascertained by my finger, that I was near upon the trunk of the artery, when I laid aside the scalpel, and used a silver knife. The process of separating and detaching the artery from its adjacent cellular membrane, by means of a blunt instrument, rendered this part of the operation tedious, but at length it was effectually accomplished, and the aneurismal needle (Bremner's) was passed round the artery. The vessel appeared to be unusually large, but, in my opinion, was not unhealthy; one ligature* was tied around it, the ends of which I cut close to the knot; the edges of the wound were brought together by two sutures, and short strips of adhesive plaster.

I experienced no particular difficulty in performing the operation; there was a large superficial vein at the upper part of the incision, but this I took care to avoid, and there was very little blood lost. The edge of the internal jugular vein was seen, but it did not at all overlap the artery, nor was its distension upon expiration apparent, in the least degree; the descendens noni was within the sheath, and in front of the carotid artery; I took care to avoid including this in the ligature, and with respect to the nervus vagus, it was not seen during the operation. The part, at which the artery was secured, was immediately above where it is crossed by the omo-hyoideus muscle.

The patient underwent the operation with great fortitude; she became somewhat faint, however, towards its conclusion, and I allowed her to remain on the table upwards of an hour, before I attempted to remove her to bed. At this time she felt much nausea; and soon after she was placed in bed, vomiting occurred, with violent straining, tending, of course, very much to disturb the parts concerned in the operation. In the evening, as the stomach still continued in an irritable state, I ventured to administer twenty drops of the wine of opium, which had the effect of quieting the stomach.

Before proceeding further in the report of the progress of this case, I may remark that a diminution in the bulk of the aneurismal tumour was immediately apparent on the application of the ligature around the artery, and its pulsation was materially lessened.

On the following day, I found that the patient had passed a comfortable night; the pulse at each wrist was moderate in quantity, but that of the right side was full and strong, as compared with the left. The heart's impulse was very moderate; and the patient, of her own accord, noticed to me that which constitutes an essential feature in her case; namely, that "the beating of the heart was gone." She did not even experience the palpitation after, or at the time she was retching violently, although such an exertion, prior to the operation, would undoubtedly have excited violent action in the heart. The ligature, did not produce any apparent ill-effects on the brain—the cerebral functions not being, in any degree, disturbed.

On the third day after the operation, I moved the dressings from the wound, and also took away the lower suture; the upper part of the wound had united by the adhesive process. The aneurismal tumour had so far subsided, that it was only evident to the eye, by a feeble pulsation at the part; and, on applying the finger, the tumour was felt to be much consolidated, and greatly reduced in size. The patient was, in every respect, doing well; and she remarked, that she now slept better than for two years past, not being disturbed by frightful dreams.

The patient went on well, and I was almost rid of apprehension; when, upon visiting her on the morning of the tenth day after the operation, I found that there had been some bleeding from the wound, and the blood was observed to be of a red colour. About two or three drachms seemingly had escaped, and the patient remarked that it issued out suddenly, and she felt it trickling down her neck. The upper part of the wound, as I before noticed, had united; the lower part was suppurating freely, the matter discharged being of a healthy character.

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* The ligature (which I employed at the suggestion of Mr. Wardrop) is known by the name of fisherman's silk; it is, I believe, a vegetable product.

As I saw the suppurative process must necessarily be set up in the lower part of the wound, I had during the last few days dressed it with short strips of adhesive plaster, lightly applied, and over these a poultice was put. But on the occurrence of the hæmorrhage I desisted from the use of the poultice, and applied a piece of linen rag, doubled and made wet with cold water, over the adhesive strips. I had the gratification of finding that the bleeding did not recur, and from this period the wound went on progressively healing. The relief which had been given to the patient now became very obvious, and she repeatedly expressed to me in the most grateful terms, her sense of the benefit resulting from the operation. Although I have at present for obvious reasons restricted her from using much exertion, she can now bear moderate exercise without producing any of those distressing symptoms under which she laboured previously to the operation. With respect to the swelling, it has entirely disappeared, and all that can be felt on passing the finger deeply down, is a small hard tumour having a very faint undulatory thrill.

The successful result of this case, I trust will be found to afford an additional confirmation of the merits of this mode of operating for aneurism. The applicability and expediency of tying an artery beyond the tumour in cases where the ordinary method from peculiarity of situation could not be adopted, were amply demonstrated by Mr. Wardrop's two cases. But I am not without hope that this operation may be rendered still more serviceable—that it will be found available in cases hitherto regarded as utterly beyond the reach of surgical aid—I mean aneurisms of the arteria innominata.

If we suppose a case of aneurism of the arteria innominata manifesting itself by a tumour at the lower part of the neck, let us inquire what would be the effect produced by applying a ligature to the right carotid artery in such a case? The impulse of the blood would certainly be diminished, and more especially at the upper part of the sac, the course in which the disease is extending; the obvious effect of an interruption to the ingress of blood in an aneurismal tumour is the formation of a coagulum, and such I apprehend would be the case in the disease under consideration. The diminution of the quantity of blood entering the tumour, and the reduced impetus of the fluid would, I believe, allow of a deposition of coagulum in the upper part of the sac, and thus we should (if I may be allowed the expression) build up the sac at that part where the disease was extending, and prevent its proving fatal from rupture. That the curative process in an aneurismal tumour will go on notwithstanding that the circulation of the blood is kept up to a certain extent, is an acknowledged fact. A case strikingly illustrative of this important point in the pathology of aneurism, is mentioned by Mr. Hodgson in his excellent work on Diseases of Arteries. It was a case of aneurism in which the femoral artery was found dilated into a sac, which was lined on all sides with very firm layers of coagulum, and in the centre was a small irregular canal, through which the circulation was carried on. Now if such curative process as this was permitted in the femoral artery, while the circulation was maintained, it surely will be admitted that the coagulative process might occur in the upper part of the arteria innominata, and at the same time the circulation through the subclavian be carried on.

I am sure it would have been difficult for any man to assert from his knowledge, that the patient whose case I have related was not affected with aneurism of the arteria-innominata. And knowing that there was so much doubt on the case, I was led to reflect on the propriety of operating, supposing it to be proved that the arteria innominata was affected, and I came to the conclusion that the operation was admissible in such a case, for the reasons I have mentioned above.

There is a curious fact in the history of the patient's symptoms subsequent to the operation. I mean, the cessation of the heart's inordinate action. It will be remembered, that violent palpitation of the heart, on making the slightest exertion, formed the most prominent and distressing feature in her complaint; this symptom entirely disappeared after the operation.*

Since I have performed the above operation, a second case has fallen under my notice, in which I have also recommended the adoption of a similar course.

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* Dr. Parry in his Elements of Pathology, remarks that an increased quantity of blood in the heart will often occasion its action to be diminished, and that when the pulsation of the carotid arteries is full and strong, if strong pressure be made on one or both arteries, the action of the heart will be diminished in force and frequency.

HOSPITAL OF WONDERS.

The following article is taken from the last Number of the YELLOW FUNGUS! Can such things be!! Comments in our next.

"TUMOUR IN THE SPERMATIC CHORD.

"*Account of a Case, in which a Tumour in the Spermatic Chord was complicated with Symptoms so strongly resembling those of Incarcerated Bubonocele, as to lead to an Operation, by which the true Nature of the Disease was ascertained.* Treated at St. George's Hospital, by HENRY JEFFREYS, Esq.

"CASES have not unfrequently occurred where another disease has been mistaken for strangulated hernia, and an operation performed for the relief of the symptoms. The most common of these has been where an enlarged absorbent gland has existed in the usual situation of rupture,—or where there has been an encysted hydrocele in the upper part of the spermatic chord,—or where the testicle has been stopped at the ring of the external oblique muscle, in its descent into the scrotum. But I do not, at this moment, recollect an instance on record exactly similar to that which forms the subject of the following history.

"Philip Haplin, forty-one years of age, was admitted into St. George's Hospital, in the evening of Wednesday, December 27th, 1826, with a tumour in the left groin, accompanied by symptoms resembling those of strangulated hernia.

"He said he was a watchman, and that, on his return home on Saturday morning, December 23d, he was suddenly seized with violent pain in the belly, followed by continued nausea, having had no stool for two days before. The pain was referred principally to the navel, and the lower part of the abdomen. By the direction of a medical gentleman in the neighbourhood, who visited him, he took some pills and aperient medicine, but without any effect. On Sunday he was bled in the arm, and took more purging medicine. On Monday he was still no better, and the bleeding and purgatives were repeated. On Tuesday he observed a swelling in the left groin, and was immediately impressed with the idea that he was ruptured. In the evening of that day he had four or five watery, purging stools, but they were not followed by any material remission of the symptoms. The next morning (Wednesday) he showed the swelling in the groin to the gentleman in attendance, who confirmed his opinion of its being a rupture. The surgeon told him that he had reduced it; and, by his desire, the man walked from his residence in Chelsea to the Strand, for a truss. On his return home, he was unable to bear the pressure of the instrument: the pain and distress in the belly, together with the sickness and vomiting, became much increased; and the swelling was larger and more painful; on which account the surgeon advised that he should be immediately conveyed to the hospital. On his arrival there, the taxis was again tried, but without success. He was then put into the hot bath, and, while there, thirty-two ounces of blood were taken from his arm, when he became faint, and in that condition the house surgeon again attempted the reduction of the swelling, but with no better success than before; and I was therefore sent for.

"It was between nine and ten o'clock when I got to the hospital. Upon examination, I found a tumour in the left groin, about the size of a large walnut, protruding from within the ring of the external oblique, which looked and felt, in all its apparent characters, like a strangulated bubonocele. It was firm, tense, and very painful and tender when pressed. Its anterior or projecting surface was perfectly distinct and circumscribed, and its base fixed and immoveable. The spermatic chord, from the tumour to the testicle, was free and natural. The slightest pressure excited great pain in the tumour, and increased the distress and sickness in the belly, which was swollen and distended. The man had vomited several times since his admission; appeared to be in great agony; and had a very distressed, anxious countenance. He declared positively that he had never had a swelling in that part before, and that it had become larger, and infinitely more painful, since his walk that morning to the Strand and back. I endeavoured for some time to reduce the swelling by gentle and continued pressure, but to no purpose: and therefore proceeded to the operation, as the only remaining alternative.

"Upon cutting through the sheath of the chord, and dividing the fibres of the cremaster muscle, there turned out a loose elastic substance, which appeared to consist entirely of cellular membrane, and was as large as a pigeon's egg. Under the upper part of this mass, coming out from the ring, a firm white tumour, of the size of a large Spanish olive, was exposed, which was imbedded in and closely attached to the substance of the chord. It had no resemblance to a recent hernial sac, nor to the pellucid membrane of an encysted hydrocele, but was tough and thick. When cut into, about a drachm and a half of clear water escaped; and it was then perceived to consist of a cyst, the parietes of which were nearly as thick as a half-crown. Its internal surface was smooth, and formed into little sacs or pouches; and it passed up nearly half an inch within the ring, but it had no communication whatever with the abdomen. As it could not be dissected out without slitting up the ring, and at the risk of injuring some of the vessels of the chord, I laid it freely open, and, having first satisfied myself that nothing like hernia existed in any part of the inguinal canal, put some lint lightly into its cavity, and brought the upper and lower parts of the wound gently together with sutures and sticking plaster. The man was then put to bed; and, as he complained of great pain in the wound and in the belly, he had forty drops of laudanum; and was afterwards directed to take two drachms of Epsom salts, dissolved in peppermint water, every three or four hours, till stools should be obtained.

"He vomited only twice after the operation: the pain in the belly then began to remit; and, in the course of the morning of the 28th, he voided four or five large purging stools, full of scybala; and could bear pressure on the abdomen without flinching. A considerable degree of swelling had already come upon the chord, which extended up within the ring and down to the testicle, and filled up all that side of the scrotum. The integuments over it were red and inflamed, and it was tender and painful when touched. His pulse was full and strong, beating 108 in the minute; and his tongue was white and furred.

"Blood was taken away from his arm; and he was ordered to take a saline draught every four hours, containing half a drachm of vinum antimonii tartarizati, and as much sulphate of magnesia.

"December 29. He had passed plenty of purging stools, and the pain in the belly and sickness had entirely subsided. But he complained of a good deal of pain and tenderness in the chord and scrotum, the swelling of which was increased to the thickness of a man's wrist, and was tense and hard. He complained also of a troublesome cough, with an abundant expectoration of muco-puriform matter, which, he said, he had been affected with for some weeks. Tongue rather dry; pulse 108.

"The sutures were cut away from the wound. Twenty leeches were directed to be applied to the swelling, and afterwards a large bread-and-water poultice, and a suspensory bandage; and the draughts to be continued.

"The next day, December 30th, ten more leeches were applied. On the 31st, a healthy suppuration was established, and the lint came away from the cavity of the cyst. The swelling, pain, and tension of the chord and scrotum were much reduced; he had a clean tongue, open bowels, and his pulse was reduced to eighty-eight in a minute.

"From this time nothing occurred to retard his recovery: the swelling rapidly diminished; the discharge was moderate and good; the wound filled up with healthy granulations; and, on the 30th of January, it was entirely healed, a very slight degree of thickening only remaining where the cyst had existed.

"The close resemblance which the tumour in this case bore, in all its apparent characters, to strangulated bubonocele,—the duration and increasing severity of the symptoms,—and the total failure of the remedies already tried, left no other resource but the operation to propose: indeed, to have delayed it under such pressing circumstances would have been inexcusable. No part, however, of the relief obtained can be attributed to the operation. The complaint in the bowels was clearly obstruction and inflammation, brought on by previous constipation; which were subdued by the copious bleeding, warm bath, and other means made use of after the patient's admission into the hospital. The tumour in the groin had probably existed for some time. The man discovered it by accident; and, combining it with his other symptoms, naturally conceived that he was ruptured. The rude and ineffectual attempts to push it up into the belly, excited pain and swelling of the part, and thus rendered its resemblance to hernia more remarkable. Had the true nature of the swelling been ascertained, a better mode of treating it could not, perhaps, have been proposed than that which was adopted and proved successful,—viz. the laying it fairly open by a simple incision. The case, being one of rare occurrence, is altogether highly interesting, and its result very satifactory.

"5, Arlington Street, Feb. 1, 1827."

To the Editor of THE LANCET.

SIR,—The advantage of prompt and wide circulation, induces me to trouble you with the inclosed case for insertion in THE LANCET. I remain your obedient servant,

E. BARLOW, M.D.

Bath, Sydney Place, March 17, 1827.

A Case in which Chalybeate Pills were retained for an unusual time in the Intestines. By E. BARLOW, M.D., *one of the Physicians of the Bath Hospital or Infirmary, and of the Bath United Hospital, &c. &c.*

THE following case seems to merit publicity; it records an extraordinary retention of chalybeate pills in the intestines, and suggests a salutary caution in the employment of such remedies, especially to those females who empirically resort to them:—

F. G., a delicate girl, 17 years old, who had never menstruated, was seized with acute pains of head, and the general fever, the health having for some time previously been in a declining state. Three children, in this family, had fallen victims to hydrocephalus, a fact which rendered the assemblage of symptoms, in this case, sufficiently formidable. A hot skin, parched tongue, flushed face, with eyes bright and sparkling, added to the severe pain of the head, and inordinate action of the heart, denoted active disease within the brain. The attack yielded to prompt and decisive treatment, the particulars of which I need not detail, the object of this paper being to record an unexpected occurrence which took place in the course of it.

Under the early purging it was notified to me, that the pills administered were passing unchanged. Satisfied that they were little likely to remain undissolved, I directed the pills discharged with the stools to be saved, and, on inspecting them, I readily perceived that they were none of those which I had prescribed.

I now learned, for the first time, that twelve months before, this girl had been persuaded by a lady to employ Hooper's pills as a remedy for amenorrhœa, and that she had, at different times, taken three boxes of forty pills each. The mother and daughter were not agreed as to the precise time when the last were taken, but both concurred in stating, that none had been used within the preceding six months.

From this time the pills passed were collected, and above fifty were thus obtained. The identity of the pill was established by chemical analysis; Mr. Cuff, a very intelligent chemist of this city, having demonstrated the chalybeate impregnation. For the most part they were passed separately; a few masses, however, were discharged, in which from six to eight were conglomerated. At first they were swollen to about twice the origininal size, but evaporation of the fluids absorbed, soon reduced them, so that when compared with pills taken from a fresh box, even the outward appearance perfectly corresponded.

The long retention of these pills was itself sufficiently extraordinary; but the degree of mischief occasioned by such a quantity of iron being so long lodged in the bowels, demands more serious scrutiny. It appears to me to have injured in two ways—by disordering the bowels, and by producing excitement in the heart and arteries, with determination of blood to the brain.

The bowels were in a highly morbid condition, the stools being foul to a degree, greatly exceeding that of ordinary febrile motions, and continuing so in despite of active and steady purging.

The abdomen was concave, so as to give the impression of the parietes being nearly in contact with the spine; it was tense, its skin harsh and dry, and a diffused tenderness pervaded the whole.

The irritability of pulse, too, was unusually slow in yielding; for though blood-letting, purging, calomel, antimony, and digitalis, made due impression on the more formidable symptoms, the action of the heart continued inordinate, and palpitation, with throbbing pulsation in the head, prolonged distress, and very slowly abated. It is almost superfluous to add, that the general emaciation was considerable.

Hooper's pills, I believe, consist chiefly of iron and myrrh. Prepared in large quantities, and remaining an indefinite time in the shops, they acquire great hardness, and possessing naturally but little solubility, it is not surprising that they should pass through the bowels unchanged. The retention of such a quantity, for more than six months, is less easily comprehended, and only to be understood on the supposition of their having lodged in the cæcum, or in the expansions of the colon, found between its annular bands.

Being thus insoluble, it may be conceived that they were harmless, further than as a foreign body exciting mechanical irritation. This supposition, however, can hardly be maintained, when it is recollected that though undissolved, so far as regards their obvious bulk, they were permeated by fluids to the extent of doubling their size, and that a means thus existed for the saline ingredients escaping, and mixing with the intestinal fluids.

I can conceive nothing more likely to excite the heart and arteries inordinately, and dispose the body not only to general inflammatory action, but more especially to acute disease within the head, than such a medicinal agency continuing uninterrupted for so long a period.

The facts here recorded are valuable, from the caution which they suggest, not only to those who resort to patent drugs, but to regular practitioners,—who, in administering pills with iron, should be careful to ensure their ready solution by appropriate combination, and also by having them always freshly prepared.

LONDON MEDICAL SOCIETY.

Mr. Amesbury introduced to the notice of the Society a portion of a thigh bone, which it was believed had been fractured within the capsule. The bone was sent to town by Mr. Chorley, of Leeds, who had the management of the case. Mr. A. was not minutely acquainted with the history of the case, but he was given to understand, that the gentleman from whom the bone was taken, slipped off a step as he was going from his own door, and the weight of his body falling suddenly upon the limb, occasioned the fracture. Immediately after the accident, the usual symptoms of fracture of the neck of the thigh bone, were observed; the foot was everted, and the limb shortened about an inch. Mr. Chorley employed such means as occurred to him, without following in particular any of the modes of treatment commonly recommended. His plan of treatment, however, was such as he conceived most likely to keep the limb extended, and the fractured surfaces in apposition. The gentleman was confined to bed six months, and was 79 years of age when the accident occurred. Mr. A. observed, that the fracture had taken place very near the head of the bone, and therefore there could be no doubt that it was within the capsule. There was a part of the neck of the bone below the fracture, which extended through the bone, just below the head, the appearance of which led him to doubt whether there had been a second fracture extending along the neck of the bone, in such a manner as to separate a portion of the shell of the bone from the cancellous structure immediately beneath it; or whether the appearance which the bone exhibits in this part, was the result of ossific deposit, which took place subsequent to the accident. Mr. A. thought this point could not be clearly decided, without dividing with the saw that portion of the head and neck of the bone, which led him to question whether this irregularly united bony matter observed upon the external surface of the neck be or be not a part of the original bone. The head and neck of the bone had been divided, and Mr. A. submitted the two portions to the inspection of the Fellows; and begged that they would favour him with their opinions respecting the present appearances of the bone, as far as they relate to the fracture.

Mr. Langstaff observed, that he had no doubt whatever that this bone had been fractured within the capsule, and that it was now united by the interposition of bone.

Mr. Callaway stated, that Sir A. Cooper does not assert that union by bone could not take place when the fracture was within the capsule; he says, on the contrary, that if the close coverings be not torn through, union by bone might possibly be effected.

Mr. Lloyd observed, that though Sir A. Cooper admits in his work on dislocations, that union by bone might possibly be brought about when the close coverings are not torn through, there is strong evidence to show that this is not Sir A. Cooper's opinion. Though he admits such a fracture may unite, the observations which he makes in other parts of his work, are of such a nature as to lead us to infer that he does not believe that union by bone can be effected even in such cases.

Mr. Kingdon thought, that the neck of the bone might have been crushed without a complete division of the coverings which closely surround it.

Mr. Amesbury was at a loss to know how Mr. Kingdon could have arrived at such a conclusion, for upon inspecting the cut surfaces, he might perceive, that the fractured end overlapped as much as three fourths of an inch, which he presumed could not have taken place, unless the close coverings had been completely divided, and in this opinion he was borne out by the retraction which took place immediately after the accident. There did not appear to Mr. Amesbury any thing in the appearance of the preparation which would authorise us to say, that the neck of the bone was crushed by the force which occasioned the fracture.

Mr. Langstaff said, that he had several preparations in his possession, showing bony union of fracture of the neck within the ligament, and that he should bring them with him on Monday next.

Dr. Roberts showed a tape-worm, measuring eight feet in length, which had been expelled by the administration of one ounce of the oil of turpentine in one dose, after various other remedies had been used without effect.

HYDROPHOBIA.

To the Editor of The Lancet.

Sir,—The case of the late unfortunate Ann Hudson, published in the *Morning Herald* of the 6th instant, with that of the equally unfortunate Mr. Powel, as detailed in *The Times* of yesterday, furnish, within one week, two melancholy proofs, in addition to those already on record, of the total inefficiency of every variety of medical treatment recommended by the faculty of the present day, in this truly unconquerable disease.

It may indeed be questioned, whether the free and always *despairing* administration of such powerful poisons as Prussic acid, belladonna, nox vomica, acetates of lead and of morphine, do not hasten its fatal issue, and, however revolting the thought, thus become the only boon which the science of physic, in its present state, can offer to the devoted victim. As all those around the sufferer know that the disease leads rapidly to death, if the medicinal poison cannot effect some change in its course, they say, let the drug be given until some alteration in the symptoms is produced. But, unfortunately, they do not recollect, or perhaps do not know, that the symptoms arising from the absorption of all and every one of the active poisons hitherto experimented upon, are precisely those that characterise the disease resulting from the bite of a rabid dog.—Prussic acid, strychnia, upas tieuté, upas anthiar, the poisoned arrows of Java and of Africa, the extract of nux vomica, the essential oil of tobacco, the venom of the viper, when applied to a wounded surface, all procure tetanic spasms, stricture of the muscles of deglutition, irregular respiration, convulsions, and death. The poison of the rabid dog, when it enters the circulation, gives rise to the same train of symptoms.

I would ask, then, upon what process of reasoning is the expectation founded, that the exhibition of any of these poisons can alleviate the symptoms, or avert the death which they all produce with equal and unerring certainty? How can the phenomena, arising from the mixture of one or more of these poisons with the blood, be distinguished from those of the others, seeing that the characteristic effect produced by all and every one of them upon the animal, is irregular contraction, as well of the muscles of voluntary as of involuntary motion? A disease then, of which irregular muscular action is the leading peculiarity, cannot be relieved by poisons capable "*per se*," not only of aggravating, but of producing this characteristic and deadly symptom; in fact, as the effects of the medicinal and rabid poisons cannot be distinguished *accurately* from each other, no rational bounds can be assigned to the administration of the former, nor any very certain criterion established as to the share which the latter may have had in the destruction of the individual. The melancholy experience of some centuries has placed these facts beyond the pale of doubt; yet we find these poisons every day prescribed in hydrophobia, and strange enough to say, to the exclusion of modes of treatment which have authority, experiment, and analogy to recommend them.

In this disease, Galen and Celsus employed, and not without success, the cupping-glass, the vapour-bath, and sudden immersion in cold water; yet none of these remedies are resorted to in the present day.

Modern and well-authenticated experiments have proved, that when a poison, whether mineral, vegetable, or animal, is applied to a wound, the animal is not affected until absorption has taken place; for if an exhausted cupping-glass be placed over the poisoned part, but one minute before the expiration of the time at which the poison is known invariably to produce its effects, the animal exhibits no symptoms whatever. Now it is a law, that absorption cannot take place *in vacuo*; therefore the mixture of the poison with the circulating fluids is affected during the last minute of its application, that is, at the instant that the convulsions begin.

"The notion that the hydrophobic poison is taken up and mixed with the blood after the manner of other substances similarly circumstanced, but that it does not produce its peculiar effects until after it has wandered through the penetralia of the animal during forty days or longer, is in direct opposition to all analogy." * Every thing, on the contrary, leads to the belief that the virus, which is afterwards to contaminate the circulation, is generated in the wounded part from the germ first deposited there by the tooth of the dog, just as we see take place in variola, vaccine pock, and lues. The period of assimilation of the fluids of the innoculated part is different in all these. But as soon as absorption of this assimilated matter commences, the symptoms of the disease begin to show themselves.

Under the presumptive impression then, that in hydrophobia, as well as in all other varieties of poisoning, the transport of the deleterious matter from the wound into the system, and the appearance of the symptoms peculiar to the poison, follow each other as cause and effect—*as soon as hydrophobic symptoms come on*, when the cicatrix begins to feel at all tender, or as soon as there is sufficient evidence that the animal that inflicted the bite was rabid, we should—1st. Immediately apply the cupping-glass, and keep it over the part for an hour. 2dly. Without having made any previous incision, we should dissect out the bitten part. 3dly. We should re-apply the cupping-glass for another hour, to wash out the vessels by a retrograde stream. 4thly. We should seal up the open mouths of the vessels by the free application of a heated iron.

During this treatment castor oil, with peppermint water, or some other carminative, should be freely administered, and assafœtida lavements to relieve the gaseous distension of the bowels, which is always a prominent symptom in hydrophobia. The vapour-bath, and unexpected immersion in deep water, might be resorted to if necessary; but above all, the cupping glass should be trusted to, if it be found to suspend the spasms, as it invariably does in every other variety of traumatic poisoning.

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* Experimental Researches by Dr. Barry, page 151.

It is almost unnecessary to add, that the tetanic drugs already enumerated, and all others of that class, should be most sedulously avoided.

If these poisons be employed internally, at the same time with the measures here recommended, the patient may perish from their effects, whilst by those about him he is thought to have died of canine hydrophobia. Besides, no precise information can be obtained by this double treatment, whether the case terminate favourably or otherwise.

I remain, Sir,
Your obedient servant,
Mysotoxicos.

London, 9th March, 1827.

To the Editor of The Lancet.

"Omne tulit punctum qui miscuit utile dulci."
Horace.

Sir,—I take the liberty of requesting your co-operation in promulgating my new and improved system of teaching the several branches of medical science; and from its obvious importance to the rising generation, I have little doubt of securing your support in its behalf. It is called the Conundro-Catechetical system, and its professed aim is to smooth the avenues to medicine, and to render the acquisition of the art both easy and entertaining. My plan of instruction, Sir, is as follows:—I issue, daily, twelve questions on different branches of medicine and surgery. The pupil who, at the end of the hour, returns his paper to me with the greatest number of correct answers, receives and wears for the rest of the day a medal, having on its obverse face the head of Hippocrates; and on the reverse a Sphinx, couchant at the foot of a pedestal, on which are inscribed the names of Harvey, Sydenham, Boerhaave, Haller, Morgagni, and Baillie. I enclose, Sir, as a specimen of the new system, the exercise of this day, with the answers, as furnished by one of my most advanced pupils.

After considerable labour, I have succeeded in arranging the whole of the Practice of Physic and of the Materia Medica, according to the new system, and I have made considerable progress with anatomy. I should not, however, have made this early announcement of the plan, had I not understood that some teachers in the west end of the town have heard of it, and are attempting to palm it on the world as their own. Whatever merit it may possess (and I shall willingly bow, on this point, to the decision of the public) belongs exclusively to, Sir,

Your most obedient humble servant,
Joseph Riddle, M.R.C.S.

15, New-street, King-street,
March 12, 1827.

First Series of Questions, with the appropriate Answers, illustrating the New, or Conundro-Catechetical System of teaching Medicine.

Nosology—1. Why are apoplexy and palsy like a bunch of spring flowers?

Ans. Because they are the first of the *new-roses* (neuroses).

2. Why is a standard taken in battle like marasmus?—*Ans.* Because it is *a-trophy*.

Surgery—3. Why is adhesion like a hasty marriage?—*Ans.* Because it is union by the first intention.

4. Why is a granulating sore like Brentford?—*Ans.* Because it is near *Ealing*.

Practice of Physic—5. Why is a patient with tenesmus like a ferryman of Pavia?—*Ans.* Because he is always on the *Po*.

6. Why are bugs like the epidemic of 1665?—*Ans.* Because they are the great plague of London.

Anatomy—7. Why is a radical distinction like an important excretory duct?—*Ans.* Because it is a *vas deferens* (vast difference).

Therapeutics—8. Why is the extract of belladonna like a good lecture?—*Ans.* Because it enlarges the capacity of the pupil.

Midwifery—9. Why is abortion like an old comedy?—*Ans.* Because it is Love's Labour Lost.

Pharmacy—10. Why is a patient with sciatica in a fair way of promotion?—*Ans.* Because he'll have an order of the *Bath*.

Miscellaneous—11. Why is a pupil of the new school like a man walking to Blackfriar's bridge?—*Ans.* Because he is sure to pass the hall.

N.B. Mr. Joseph Riddle's next course of Instruction begins on the 1st of April, at ten o'clock, a.m. A vacancy for one house pupil.

To the Editor of The Lancet.

Sir,—The following anecdote, translated from the "Hermite in Ecosse," may amuse some of your readers, and, should any *petit maitre* of a physician peruse it, and see his character portrayed in all its living absurdity, and be induced for the future to refrain from the use of affected and pedantic jargon, its insertion will not be without its use, if you give it a place in your very valuable Journal:—

"A maid-servant in a gentleman's family being unwell, her master having some slight acquaintance with a young physician who had very recently attained the degree of *Doctor*, sent for him to attend her. The doctor shortly arrived; a dapper little personage, "neat trimly drest" in bran-black, with a powdered head, and "perfumed like a milliner;" he was shown into a parlour: whilst adjusting his cravat at the looking-glass, the invalid entered, a robust and strapping country lass, an unsophisticated child of Nature, when the following dialogue ensued:—

Doctor. Well, child, what have you to say to me?

Girl. I don't know, Sir—very little.

Doc. What do you complain of?

Girl. I do not complain of any thing, but I am not altogether well.

Doc. We will soon render you convalescent; let me feel your pulse; (placing his fingers on her wrist;) skin hard and dry!

Girl. In consequence of hard work, Sir.

Doc. Have you never had any scorbutic affection?

Girl. No, Sir, I never had any affection, but for poor Jemmy Copland, who went to London.

Doc. What simplicity! (with his fingers still on her wrist, taking out his watch, and marking the seconds.) Ah! full and irregular! What are the symptoms that annoy you?

Girl. What, Sir?

Doc. Have you had any rigors, or trembling fits; have you a sensation of tension in the digestive organs—any tumefaction in the abdominal regions?

Girl. And why should I tremble, Sir? I have never done any thing abominable!

Doc. Poor ignorant creature! You must take some mild aperient, and refrain from all excitement, mental or corporeal.

Girl. (With indignation.) The corporal, Sir! I can assure you the corporal is not the cause of my illness; I am a virtuous girl.

Doc. Have the goodness to show me your tongue. Ah, white and dry! You experience nausea, headache, and a weariness—a prostration of strength?

Girl. (Very angrily.) I wonder, Sir, how you dare to say, that I have lost my strength by prostitution! Who do you take me for, Sir?

Doc. Have you no irregularity at particular times?

Girl. (In a violent passion.) I have told you before, Sir, that my conduct has always been regular.

Doc. Don't be angry, my good girl, your ignorance of technical terms causes an irrascibility which may produce a determination to your head, and occasion a sanguineous or serous apoplexy.

Girl. No doubt the matter is serious enough, Sir, when you take me for a common strumpet; but I'll stay no longer to be insulted by your finical terms.

In the violence of her gesticulation, she burst open the upper part of her dress, and flew out of the room in manifold disorder, slamming the door behind her, just as her master was going to enter, whom she rushed by, muttering revenge against the doctor. What strange ideas might have passed through the mind of the gentleman at that moment, is not for me to divine; he went into the room, and seeing the young physician gazing at the door through which his patient had vanished in breathless astonishment, looking unutterable things, and, ludicrous enough, burst out into an immoderate fit of laughter, which the doctor's offended dignity not being able to brook, he seized his hat, and precipitately fled—*sic transit gloria mundi.*

Yours truly,

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S HOSPITAL.

INFLAMMATION OF THE BURSA MUCOSA,

Situated between the Integuments and Olecranon, succeeded by Phlegmonous Erysipelas of the whole arm, treated by incisions, after Mr. Copland Hutchison's Plan.

Thomas Ranson, æt. 53. This patient, who is a carpenter, and of spare habit, fell and struck his elbow on the pavement, three days before admission; no uneasiness followed until the second day, when swelling and considerable pain came on; this increased on the following day, when he came to the Hospital.

Nov. 29. A light red, and painful inflammatory swelling, distinctly circumscribed, extends from the olecranon, down the outer half of the fore-arm; there is a slight laceration of the integuments over the olecranon extending into the bursa, from which several drops of thin serous synovial fluid are discharged on pressure; general health not disturbed: twelve leeches to be applied; afterwards fomentations and a bread poultice; four grains of calomel, and twelve of jalap, immediately; and a dose of senna mixture four hours afterwards.

30. Inflammation considerably extended on the fore-arm; pulse frequent, yet compressible; venesection ad ℥xvj. from the affected arm; mist. ammon. acet. c. liq. ant. tart. ʒss sextis horis; continue the fomentations and bread poultice.

Dec. 1. The blood taken yesterday considerably cupped, with a thick buffy coat; the inflammation, which has extended to the wrist, and along the upper and back part of the arm to the axilla, has all the character of phlegmonous erysipelas. The patient has passed a restless night, is feverish, and in much pain to-day. Mr. Lawrence pointed it out as a well-marked case of phlegmonous erysipelas, affecting both the skin and cellular membranes, and observed that extensive sloughing of the latter would inevitably ensue, unless the progress of the affection could be checked. He mentioned that the only means of accomplishing this object would be, the treatment recommended by Mr. Copland Hutchison, by free incisions through the inflamed parts, of which he said repeated experience had shown him the greatest advantages. He said this treatment would probably prevent suppuration and sloughing, in the present instance, but that it was equally advantageous after these processes had commenced, in preventing the further progress of the mischief. He therefore made two incisions with the scalpel through the skin and cellular tissue, in the whole length of the inflamed part, from above the elbow, nearly to the wrist. One was twelve, the other ten inches long. The exposed cellular membrane was inflamed and thickened. In one of the cuts it was loaded with effusion of a dusky hue, with small portions of yellow colour. The wounds bled freely, and all redness of the limb disappeared.

2. The bowels have not been opened for the last twenty-four hours; the patient has, consequently, passed a very restless night, and is feverish, with a furred and white tongue; much inflammation, and pain in the limb; the cellular tissue is decidedly sloughing at some points, and a small portion of the integuments adjoining has already done so; a dose of calomel and jalap ordered to be taken immediately, and the senna mixture every two hours, until the bowels have been freely opened.

3. He was freely purged yesterday, and during the night, and is much better today. The inflammation is subsiding; to take fifteen grains of Dover's powder at bed-time, if the purging should continue.

4. The bowels yesterday becoming quiet, the Dover's powder was not taken; had a good night; tongue cleaner; the redness of the skin has completely disappeared; the secretions from the wounds being deficient, they were desired to be dressed with yellow basilicon ointment, spread thickly upon lint, and then covered with a linseed poultice.

5. Copious healthy secretion from the wounds; there is general weakness, with slow pulse; to take infusion of bark, with dilute sulphuric acid, three times a-day.

11. Most favourable progress in all respects; there has been partial sloughing of the cellular substance, and skin on the inside of the arm; the wounds are healing rapidly.

16. The wounds nearly cicatrized, and the following day the man left the Hospital.

SYPHILIS COMMUNICATED TO A FŒTUS DURING GESTATION.

Henry Ashton, æt. 5 months, was admitted as an out-patient at this Hospital; its mother states that she has been married nine years, and has had seven children; the four former of whom are living and healthy. Four years ago, and after the birth of these children, she had a primary syphilitic sore, for which she came into the Hospital, and was cured. Since then she has remained free from any symptoms of the complaint, and has had three children. The two first of these three were still-born; this, the youngest, appeared quite well at birth; but, in about three days afterwards, red patches appeared about the umbilicus, and, in another week, about the palpebræ; desquamation of the cuticle, on the hands and feet. For these symptoms the child was brought to this Hospital, where some powders were prescribed for it, under the use of which he got well. Two months ago, copper-coloured blotches broke out upon the scalp, extending to the face and palpebræ; and, in another fortnight, the nostrils began to discharge. Then came excoriation about the anus, and the child was again brought to the Hospital, presenting the following appearances. Superficial copper-coloured blotches about the head and face; thickening redness, and excoriation of the palpebral margins; yellow and viscid discharge from the nostrils, with thickening of the alæ nasi. Excoriation around the anus, with a circular elevated sore on the perineum, about the size of a shilling; the latter is considerably raised, and has a perfectly smooth red surface, without granulations. Took hydrg. c. creta, grs. iv. nocte maneque; in three weeks these eruptions had entirely disappeared; but there being a little return of eruption on the head, it was recommended a powder should be taken once a-day.

PHAGEDENIC ULCERATION OF THR GLANS PENIS, THROAT, AND SKIN.

The following case is an exemplification of the phagedenic form of disease, in which *tonic* and *sedative* means, combined with *generous* diet, proved most available in effecting a cure.

George Tice was admitted under Mr. Lawrence, on the 7th of June last. Five months before his admission he contracted gonorrhœa, which lasted three months. He then observed a sore on the glans near the orifice of the urethra, to which caustic was applied without any benefit; poultices and cold cloths were had recourse to, but the circumference of the sore gradually increased up to the time of his admission.

7. The ulceration, which still possesses the phagedenic character, has destroyed the glans penis, except the mere edge of its corona, of which a very narrow portion remains. The front of this ulcer, which includes the internal surface of the thickened prepuce, forms a deep foul excavation, through which the urine is discharged. Immediately behind this there is a convex prominence of reddish and nearly healthy granulations; apparently the front end of the penis denuded by the destruction of the glans. The circumference of the sore corresponding to the corona glandis, has a foul white surface and ragged edge. The prepuce is swelled, and slightly indurated. There is superficial ulceration of the tonsils, and a foul white ulcer on the right side of the pharynx. On the face and neck there are a few small eruptions, or rather incipient circular ulcerations, of which the larger are about equal in size to a sixpence. The skin is bright red, and the cuticle in the centre, is elevated into a flattened vesicle, by serous or thin purulent secretion. The patient, who is tall and light complexioned, with light hair, emaciated and feeble, with a quick but weak pulse. Mr. Lawrence considered this to be a well marked case of the *phagedenic venereal disease*; its character being shown, not only by the nature and destructive effects of the primary sore, but also by the rapid supervention of the secondary symptoms. As neither mercury nor any other active remedies had been employed, the morbid phenomena had not been interrupted in their progress, and the case was therefore well calculated to exhibit the natural progress of disease. It was determined no mercury should be used internally, but that soothing and strengthening means should be resorted to, in addition to local remedies. Ordered cinnabar fumigation to the penis once a day, bread and water poultice; extract conii. v grains every eight hours; milk diet.

9. Fumigation not yet used; the sore better.

11. Copious hæmorrhage has taken place yesterday and to-day, from the foul and excavated anterior portion of the ulcer, making the patient very weak. Ordered the fumigation, which has been used three times, to be discontinued; bread and water poultice.

13 The bleeding has recurred to a very considerable extent. The sore is decidedly improved, having lost the phagedenic character; a few eruptions have taken place on the head and neck.

16. Severe pain in the left elbow and knee, preventing sleep. The knee is slightly swelled from effusion into the synovial membrane. Ordered six leeches to the elbow.

23 Great general debility. Ordered six ounces of port wine daily.

26 The ulcer of the penis is healed at its back part. The orifice of the urethra and front of the prepuce, are still occupied by a deep and large foul ulceration, over which the urine flows with great pain. The ulceration of the throat has become more extensive, but without symptoms of inflammation or difficulty of swallowing. Some of the eruptions on the face and head have formed circular sores, covered with scales about as large as a shilling. The knee and elbow are very painful. Ordered cinnabar fumigation to the throat and penis; the yellow wash to the ulcers of the head, with bread poultice; the conium and wine to be continued.

This treatment was pursued with little variation to the 29th of July, when the ulcer on the penis had healed. The orifice of the urethra, a portion of which canal had been destroyed, was so much contracted by the cicatrix, that it was necessary to slit it up half an inch, on account of the difficulty in making water; the throat was perfectly well, and the sores on the head soundly cautrized; the knee and elbow were well, but the hands and feet are a little swelled and painful.

August 12. The medicines and wine were discontinued, and the patient left the Hospital with all his syphilitic symptoms completely removed.

This man had had syphilitic disease two years ago: viz. chancre, followed by sore throat, ulcerations of the skin, and pains of the limbs. He took some pills for the chancre, which did not make his mouth sore, nor produce much effect of any kind. When the secondary symptoms appeared, he went into the Norwich Hospital, and there took diet-drink and pills; the latter did not affect his mouth, and he heard the surgeon say, "he should give him no mercury." He has cicatrices on the body, from former ulcerations; one on the thigh is two inches long by one broad. He remained in the Norwich Hospital about two months, left it cured, and remained well, until he contracted the chancre for which he came into Bartholomew's. From his description, as well as from the cicatrices, it is probable that he had formerly, as on this occasion, the phagedenic form of disease.

OPERATION BY MR. EARLE, WITH A NEW AMERICAN INSTRUMENT.

On Saturday Mr. Earle extracted portions of a lithic acid calculus from the urethra of a boy about fourteen years of age. The foreign body was situated in that portion of the canal, which is opposite the middle of the scrotum. Some degree of interest was excited on this occasion; for, instead of having recourse to the usual operation for extraction, Mr. Earle employed an instrument invented for that purpose by an American, a Mr. Isial Luke, who was present during the operation. Its construction is simple. It consists of *a straight metallic tube*, (of which there are different sizes, varying from the largest to that of the smallest catheter,) through which passes *a screw*, having, at its extremity, a three *pronged forceps*. The object of the screw is to allow either of the expansion of the forceps to a considerable extent, or of their points, (a little inverted,) being brought nearly into contact. This screw is *tubular*, for the passage of a *probe* or *sound*, which enables the operator to ascertain when the stone is within the grasp of the forceps. A *drill* is likewise fitted to the tube, with which the stone can be broken in fragments, if too large for extraction entire. Mr. Earle, previous to using the instrument, remarked, that it had been successfully employed by Mr. Key, for the extraction of a calculus from the prostatic part of the urethra. That, for himself, he was a perfect novice in its use; but considering, from the construction, it was adequate to the end proposed; and the disadvantages resulting from the ordinary operation, when the calculus was lodged in the situation it was in the present instance; he meant to give it a trial, and the result would prove the extent of its utility.* The instrument was passed down the urethra to the calculus; the forceps was expanded, and the probe passed through the screw to ascertain whether the stone was within their grasp. The points of the forceps were approximated by turning the screw, and the stone being firm within their grasp, its extraction attempted. It gave considerable pain; the boy bellowing lustily. In about five minutes, a fragment was brought away. The instrument was again introduced; the drill passed through the screw; the remainder of the stone broken into fragments, and a second portion extracted with the forceps. The boy was now desired to pass water, and several gritty fragments were voided with the urine, but a large one still remained. The forceps was again tried; but as the piece could not be readily grasped, it was thought unadvisable to attempt the removal longer; the propulsive power of the urine, it was said, would be adequate for its dislodgment. The use of the instrument seemed to occasion considerable pain. Mr. Earle was so satisfied with the *result*, that he has ordered one for the hospital instrument

Mr. Earle had brought into the theatre a man, with the intention of performing the operation of lithotomy. The staff being introduced, Mr. Earle informed those around that he felt the stone. As Mr. Vincent *hesitated*, and Mr. Lawrence doubted, Mr. Earle again took the instrument, but the feel was now somewhat equivocal.* At this juncture, the patient (having turned to some account the observations that had been thrown out) hoped " they wou'dn't cut him for no stone in the bladder." All the *absent* symptoms of the case being taken into consideration, Mr. Earle deferred the operation until next week, provided a stone appears in the interim.

As Mr. Lawrence called so publicly for the names of those cataract-cloth-pulling-off-gentlemen, and as we should be sorry, by any silence of ours, to eclipse their *natural* brightness, we beg thus, as publicly, to inform Mr. Lawrence, that if on Monday next, he put his six dressers all in a *row*, and select from them that man he considers best intitled to be called weak, (Week,) both by nature and name, such person, " in pursuance of his duty to promote the cultivation of sound chirurgical knowledge, and to discountenance practices which have a contrary tendency," can best put him in possession of the name of the offending member of the Royal College, and his associates.

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* We beg leave, respectfully, to differ with Mr. Earle in this matter. Once upon a time, a man was performing an operation, cutting and murdering the King's English, (in common parlance, writing a letter;) another happening to overlook his shoulder and letter likewise, cried out involuntarily, " Good God, Sir, you can't write good grammar;" " Why, who the devil can, with *such an infamous pen*," cried the unfortunate operator.

* What will the tolerant serpentine say to this " band of modern sceptics ?" Really, St. Bartholomew's seems rapidly verging to perdition, notwithstanding the tutelary power of the sweet " little electrical devil."

ST. THOMAS'S HOSPITAL.

CASE OF TRAUMATIC TETANUS, WHICH PROVED FATAL THIRTY-EIGHT HOURS AFTER THE APPEARANCE OF THE TETANIC SYMPTOMS.

The unusually rapid course with which the following case of tetanus proceeded to a fatal issue, exemplifies the propriety of dividing this disease into the *acute* and chronic form.

Thomas Lee, 43 years of age, a stout muscular man, was admitted into the Hospital on the 24th of February, under the care of Mr. Tyrrell, on account of severe injury to the left hand, and also slight injury to the right hand. The fingers had been crushed with a large stone; the man when admitted was in a state of intoxication, and he was described as being a man of intemperate habits.

It was found on examining the parts, that there was a compound comminuted fracture of the middle finger of the left hand, and a comminuted fracture of the ring and little finger, with contused wounds. On the right hand, the ends of two fingers were found to be much bruised and the nails torn off. There was considerable bleeding from the wounds which, according to Mr. Tyrrell, had the appearance of clean incised wounds, and he therefore considered that as little mischief was done to the surrounding soft parts, it would be proper to make an attempt to save the fingers. He gave directions that the wounds should be dressed with strips of soap-plaster, applied moderately tight, and the fingers to be placed on splints. The patient at the same time was ordered to keep his bed, and to have his hand placed upon a pillow, above his head; a plan of treatment wich Mr. Tyrrell invariably adopts in cases of injury to the hand or arm, on the principle of favouring the return of blood from the part.

In the course of a few days after the accident, the end of the ring and also of the little finger of the left hand, became detached by a process of suppuration; the stumps, however, had a healthy appearance, and union was going on favourably with the middle finger. Poultices were applied to the parts, and they were suppurating freely, the pus being of a healthy character, when, on the morning of the 6th of March, (ten days having elapsed since the receipt of the injury,) the patient complained of stiffness about the jaws and back of the neck, with some difficulty of deglutition. He was visited at noon on the same day by Mr. Tyrrell; the pulse at this time was very irregular as regards its volume, being occasionally large and full, and then in the space of a few seconds becoming faint and small in its beat; the bowels were constipated.

Mr. Tyrrell ordered a dose of colocynth and calomel to be given immediately, two grains of calomel, and one grain of opium to be taken night and morning. Two pints of strong beef tea, and a pint of porter, daily. In the evening, the symptoms had become much aggravated, and on visiting him about nine o'clock, we found the nurse in the act of giving a table spoonful of porter; this excited very great distress, and it was with great difficulty swallowed; the attempt to swallow being attended with strong convulsive action of the muscles about the throat. The pulse was at this time larger in volume than at noon, and the circumstance induced Mr. South, (who visited the patient in the unavoidable absence of Mr. Tyrrell,) to recommend that the porter should for the present be withheld.

March 7. Noon. (Second day of the attack.) This case now presents every symptom of tetanus, in its most aggravated form. The countenance is indicative of extreme anxiety, and is of a livid colour; all the muscles of the body are thrown into violent convulsive action; the spasms occurring either in rapid succession, or at intervals of a few minutes only. The abdominal muscles are rigid, and the body is bent forward, but not in a marked degree; the jaws are prevented from being completely closed, by a small piece of wood which the poor man's wife took the precaution of placing between the teeth; it is, however, of no utility, for the difficulty and distress of swallowing is so great, that the patient is reluctant to make the attempt. The pulse is 130, and small; the skin hot, and the bowels freely open, from the colocynth and calomel exhibited yesterday; the pupils are contracted, and the breathing is laborious. The patient is perfectly sensible, and does not complain of pain. An attempt was made this morning, at eleven o'clock, under the direction of the apothecary, to exhibit fifty minims of laudanum, but a very small portion, however, was swallowed.

Mr. Tyrrell directed twelve ounces of blood to be taken from the back of the neck by means of cupping; a blister to be applied to this part, and also between the shoulders.

[The reason assigned by Mr. Tyrrell, for adopting this plan of treatment, was, that in two cases of tetanus which had fallen under his observation the patients had distinctly referred to the cervical vertebræ, as the seat of pain.]

The poor man derived no benefit from the measures pursued; he continued in the same distressing state until nine o'clock in the evening, when death closed the scene of suffering.

This book
COOPER MEDICAL C

Post Mortem Examination.

This was, as usual, unsatisfactory, throwing no additional light on the pathology of this fatal disorder. In the head, the only morbid appearance perceptible, was slight opacity of the tunica arachnoides, with more than ordinary effusion of serum between this membrane and the pia-mater. There was considerable effusion of serum within the theca vertebralis; and upon the pia mater, at different parts of the spinal cord, were seven or eight patches of ossific matter, each of about the size of a split pea, and of the thickness of a wafer. The lining membrane of the larynx, and also of the pharynx, were more vascular than natural.

Mr. Tyrrell, in making some clinical remarks on the foregoing case, broached the following piece of *pure* surgery: "*the surgeon has little to do with the treatment of idiopathic tetanus.*" When will this nonsense end?

EFFICACY OF CUPPING ON THE LOINS, IN CASES OF INFLAMED TESTICLE.

The almost immediate relief which we have observed to follow *cupping on the loins,* in a vast number of cases of hernia humoralis treated at this Hospital, induces us to notice the practice here. It certainly is one of the most efficacious remedial means in these cases which we possess, and it is a plan of treatment that should be invariably adopted, when there is much pain in the loins.

OPERATIONS.

The operations performed since our last report, are, amputation of the thigh in two cases, by Mr. Travers, on account of disease of the knee-joint. Amputation of the thigh, by Mr. Tyrrell, in consequence of disease affecting the head of the tibia. Lithotomy on a boy, about eleven years of age by Mr. J. H. Green; the gorget employed on this occasion.

GUY'S HOSPITAL.

SECONDARY HÆMORRHAGE, OCCURRING AFTER THE OPERATION FOR POPLITEAL ANEURISM.—FEMORAL ARTERY TIED JUST BELOW POUPART'S LIGAMENT.

In the last Number but one of The Lancet, it was briefly mentioned that Mr. B. Cooper had operated for popliteal aneurism on the 20th of February. As there was nothing remarkable in the case, or in the operation, it was not considered necessary to enter into the particulars. The case, however, was subsequently rendered interesting by the occurrence of hæmorrhage from the wound in the middle of the thigh, at the part where the artery was secured.

The patient's name was Richard Robins, a stout middle-aged man from the country; he came into the Hospital on the 18th of February, and the operation, as we have previously remarked, was performed on the 20th. The artery was secured at the usual situation, and upon visiting him occasionally afterwards, it appeared to us that he was going on favourably, until five or six days after the operation, when there was some degree of erysipelatous redness about the wound. There appeared to be, however, but little constitutional disturbance, and the inflammatory blush at the edge of the wound subsided under the application of poultices; the suppurative process being now fairly set up.

On the 11th day after the operation, early in the morning, much alarm was excited by the occurrence of hæmorrhage from the wound, evidently of an arterial kind. It was restrained by pressure, but again recurred in the course of the day, and also on the following evening to an alarming extent, and it was therefore deemed advisable to send for Mr. B. Cooper. It was between seven and eight o'clock in the evening when Mr. Cooper came, and having ascertained the particulars of the case, he determined on tying the vessel as near as possible to Poupart's ligament, being unable to secure it above that part, in consequence of the application of pressure to restrain the hæmorrhage. The patient was removed to the theatre, and Mr. Cooper commenced the operation, by making a semilunar incision immediately over Poupart's ligament, when the artery was quickly exposed, and a ligature applied without difficulty. The patient was then removed to bed; there was no further hæmorrhage from the wound, and the man appeared for several days to be going on tolerably well; there was but slight variation in his state from day to day, until Thursday night, March 8th, when he was attacked with vomiting, and symptoms of great depression in the vital powers. The vomiting continued at intervals throughout the night, on the following morning, and also during the whole of that day, Friday. The countenance was anxious, the pulse quick and feeble, and the sickness truly distressing. Little or no relief was obtained from the means employed, which consisted in the application of a sinapism to the pit of the stomach, the exhibition of effervescents, with brandy and ammonia.

The poor fellow died early on Saturday morning, being the eighteenth day from the performance of the first operation, and the seventh day after the second operation. The friends would not allow the body to be examined.

THE LANCET.

No. 187.] LONDON, SATURDAY, MARCH 31. [1826-7.

MR. ABERNETHY'S

PHYSIOLOGICAL, PATHOLOGICAL, AND SURGICAL OBSERVATIONS;

DELIVERED IN THE

ANATOMICAL COURSE OF LECTURES,

At St. Bartholomew's Hospital.

On the Female Organs of Generation.

(Continued.)

We left off yesterday, by saying, that those birds laying the largest eggs, afforded us the best opportunity of examining the formation of the embryo. Now what do you see in the goose's egg? Why, it is a white speck you behold in it; it is a membrane; it is called the *cicatricula*; the vulgar people call it *the tread of the cock;* but then it is there, though the cock has never trod the hen. I kept pullets in a garret all the winter, and in the spring of the year following, they began to lay eggs; I gave the eggs to *Mr. Clift*, to see if he could find any difference in the cicatricula, but he said he could not; it is a small speck of a whitish colour. Then, upon incubation, this speck enlarges; and it's curious to observe how it is contrived to expose this speck to the warmth of incubation. There are spiral cords to go from either end of the egg, to connect the yolk to it; and put the egg down in any way you please, the cicatricula will be always uppermost, and of course always nearest to the breast of the hen.

Well, this speck enlarges, that's the first thing to be observed; then, another circumstance is, that a *zone* of dots appears round the circumference of the cicatricula, a zone of bloody points, as Mr. Hunter said. He had a curious sort of whim in his head, for he thought the blood was the first thing that was made, and the vessels afterwards. Now these points enlarge, and eventually seem to connect themselves with a point in the middle of the cicatricula which beats, and which is called the *vesicula pulsans*; the circular vessels turn out to be, those sort of things which serve the embryo as the lungs, and the *vesicula pulsans* eventually turns out to be the heart. What Mr. Hunter says goes to prove this, that various things are formed in various parts of the cicatricula at the same time; that there is no primary fibre from which all the rest proceed; that this is a part endowed with life, and that all parts are formed simultaneously. There are some who think there must be some elementary and primary fibre, and some get that sort of notion into their heads, that they cannot believe there is any thing like formation—that it must be development—that it must be evolution. Now, I say we have no sort of thing like this; I say the power of a female in forming an ovum, is clear, but that, however decidedly it may be formed, the actions will not go on, nor will a young plant or animal be produced, unless this part is stimulated by the semen of the male; if this be done, actions go on, and a young one is formed, resembling both its parents, and that is a most marvellous circumstance; every thing relating to this subject is marvellous.

Well, then, as the process of incubation goes on, you find the vesicula pulsans seems to be contained in a kind of circular or oval surface; this eventually turns out to be the body of the chick. There is another little sort of spiral part, which turns out to be the head, as it proceeds, of the chick; and the wings and limbs seem to grow from it. It is altogether not like evolution—it is like formation.

Well, I have done with that subject; those who are curious in tracing the history of formation of the young, of course attend to this, that there are some animals that are between the oviparous and the viviparous kind. One cannot express the thing plainly; they are oviparous, but the egg is hatched in the body of the parent animal. This is common in the lower class of of animals; and it is even so in reptiles. The viper is an ovoviparous animal, as its name implies; but this is even met with in quadrupeds. Mr. Hunter took a great deal of pains to get the ostrich to breed in this country, but he could not. We have become acquainted with a monstrous animal, the *kangaroo;* it's as big as a large sheep; and this great animal produces a young kangaroo that does not weigh above twenty grains. I have seen it when it did not weigh a scruple. It seems to be an ovum hatched in the uterus; and then, when it is hatched, it is excluded from the uterus, and received into a sort of *pouch* at the bottom of the abdomen; then grasping hold of the nipple of its mother, it suckles when it pleases. Here, too, how curious are all the works of Nature! you know, the old kangaroo is an animal with a monstrous pair of legs, with which it can leap the length of this room, and with four paws which only serve it to scratch or feel itself; but how different is the young one: it is a thing with most monstrous fore paws, but scarcely any hind legs at all: with those fore paws it clings to its mother, sucks nourishment, and then having attained to a certain state, it *pops* out of the bag; and this gives almost the first intimation to observe, that the female kangaroo has been in the family way. (Laughter.)

Now, I say, whether you can see it or not, you must admit that all that De Graaf said relative to the power of generation, is true; whether you can see this process or not, as it is ordinarily carried on, certain it is that it is carried on; and sometimes the *ovula Graafiana* will grow to perfection in the ovary. O, plenty of cases are on record to prove this, but it's gratifying to refer to cases which I myself have seen; and the first case I mention, was the case of a woman who died in the Middlesex Hospital, when a *Doctor Croome*, one of the midwifes, was one of the physicians that attended her. The body being opened, the appearance of a sac was perceived with the broad ligament of the womb about it. Here it is; and here is the uterus enlarged. Now then, this being laid open, it was found to contain a full grown child. This was the left ovarium. How can you prove that, you may say? Because it was included in the broad ligament; because the fallopian trumpet was attached to it in the vicinity of the bag. Now if I tell you that Mr. Hunter examined this particularly, and that he was convinced it was the ovary, even if there were no other facts on record, but there are, that would be sufficient. Very well, this is the fecundation of the ovula Graafiana in the ovarium. But suppose the fallopian trumpet should prematurely quit its hold of the ovarium; suppose a kind of ulcerated process takes place, and an opening is made, and this ovula Graafiana gets loose, but that the fallopian trumpet attracts new powers in the uterus, what then? Why this little atom of vital matter endowed with seed, is like a seed thrown loose into the earth; it sends forth roots, attaches itself to the earth, and lives and grows there. Now this is the case in ventral or abdominal fœtation. About the same time that one case occurred in London, another likewise happened: I have a drawing of it here, but it is horribly badly done: a woman who was pregnant, died, and being delivered, she was opened, and the appearance I now represent to you was exhibited: the bowels being drawn aside, a full grown fœtus was found attached by a sort of mock placenta to the mesentery. They did not make out exactly whether there were membranes or not; but here, as in the other case, you will observe the enlargement of the uterus; that goes on simultaneously, and it is a thing curious and deserving of your consideration. As to vital actions arising out of necessity, you may say, that provided the ovula Graafiana gets into the uterus, there is a necessity for a supply of blood, and therefore it enlarges, but without the ovula Graafiana getting into the uterus, the uterus enlarges, and the parts are all removed from one another; there being a child in the uterus, the mamma enlarges, and the secretion of milk begins just when it is wanted, and not before.

Then with respect to the ovarial fœtus; this takes place. I did not bring down the drawing of it with me; it is in the transactions of a society for the promotion of medical and chirurgical knowledge; the drawing and the relation of the case is given by Dr. Clarke, and a very curious case unquestionably it was:—A woman had an enlargement of her abdomen; it was a very firm kind of enlargement; she gradually got faint, and feeble, and she died. The nature of the case was by no means understood, and therefore they opened the body. The abdomen was found distended with coagulable blood; they cleaned away all the blood; they concluded that the woman had had some aneurism of some principal vessel of the abdomen, and that it had burst. They removed all the peritoneal coverings; sought through all the branches of the aortic system, but found nothing of what they had expected to find. They were going to relinquish the prosecution of the examination, ignorant of how this blood had got into this situation, when some one suggested, or thought, that it was reasonable to believe, the woman was newly with child; this excited Dr. Clarke's attention, and he thought, that if this were so, he might at least see the ovula Graafiana; he examined and he found it; he found that the fallopian trumpet had burst, and that that was the source of all this hæmorrhage. I mentioned to you, that the membranes of this part became so vascular that they underwent erection from desire; but though very vascular, it is impossible to account for this in any other way than this, namely, that there was something exciting irritation in the part. This was an ovarial fœtus, the fœtus being of a size that it could not pass through the ends of the fallopian trumpet, and which was big enough to be distinguished manifestly as an ovum. I myself gave Dr. Clarke a preparation of a fallopian fœtus, which had attained a very considerable size; he was the midwifery lecturer at the hospital at that time, and I thought it was more interesting to him than to me, so I gave him the preparation.

Well, there is no doubt then that the ovum is formed in the ovary, and that it passes through the fallopian trumpet into the uterus: all this is proved by results in the course of nature. Now suppose this ovula Graafiana to have got into the uterus, what takes place? Why, the uterus enlarges; but it is the *fundus uteri* that enlarges, and really three weeks may elapse and scarcely any thing be seen but a swollen and vascular state of the fundus uteri; but after a little time, you see a little membranous bag, with *floccular fibres*, shooting from every part. This is the first thing you see in the human ovum; and what do you afterwards see if you open it? Why, you see a little speck of matter, which is the rudiments of the fœtus; it is a little speck indeed, and hangs from the bag; however, as the ovum advances to maturity you distinguish certain parts in it. Now Mr. Hunter's plates were considered as masterpieces, in point of engraving, and yet Soemmering seems to have surpassed him; he has found artists that seemed to have surpassed all others.

Now then, I say, you see certain things in the ovum; you see that it is a membranous bag composed of two membranes, the outer one is called the *chorion*, and the inner one is called the *amnion*, containing the fluid in which the child floats. There is another membrane here reflected, that is produced by the uterus; this is exceedingly abundant in the young brute, and is called the *membrana decidua*. When the ovum gets into the uterus, the uterus throws out a sort of fibres, which are produced in every direction; subsequently these fibres become thick, form the placenta, and the whole communication between the ovum and the uterus is effected by the placenta. In one part of the chorion you have the placenta, but at first the attachment seems to be of a more general kind. Well, then, the human ovum is a bag of water, composed of two membranes, the external of which, called the chorion, is evidently vascular; the internal, the amnion, does not appear to be vascular, but you cannot doubt of its vascularity, since it probably secretes the water in which the child floats. Then the uterus throws out a membrane, the processes of which seem to meet processes thrown out by the chorion; but this general attachment by degrees subsides, and an especial attachment is made between the uterus and the ovum by means of the placenta.

Then what is the placenta? O, you know it very well; I need not particularly describe it. If you take a placenta, and inject it with wax in a child, you will find that the umbilical vein spreads its branches all over the placenta, and so do the arteries. The branches of the umbilical vein coming from the placenta, may be said to be the roots of that vein, being the blood which is carried to the child, and probably its nourishment; but the blood returning from the child goes again to the placenta. There do not appear to be communications large enough to let wax further pass; but there is no doubt that there is a communication, for if you inject with subtile injection, and throw it in by the umbilical vein, it returns by the umbilical arteries, and *vice versa*. It is undoubted that there is a connexion between the placenta and the child; that blood goes from the placenta to the child, and that it returns from the child to the placenta again to have some office wrought in it; and it is reasonable to suppose that the placenta serves the child in some such way as the lungs serve the adult subject; that is, that it effects some change essential to vitality.

Now the ground of this opinion? Why there are children born under circumstances in which the placental circulation has been obstructed. The funis umbilicalis has been known to slip down before the head of the child, and then the head of the child pressing down, squeezes the funis umbilicalis against the pelvis, and no circulation goes on; under these circumstances, the child is always born dead. The placenta is not less necessary to the child than the lungs are to the adult.

But this is one view of the matter. The mind is once set upon an inquiry, and it proceeds to ask, how is all this blood got together—where does it come from? Be aware I am only describing one portion of the placenta, and that is the fœtal portion; for there is another placenta to the uterus, the maternal portion. You inject the fœtal part as subtilely, but the uterine part is not injected; nay, the maternal part of the placenta, this uterine part, may be injected from the vessels of the uterus. Throw injection into the uterine arteries, you inject this and make it as red as possible, but the fœtal portion may be taken off from it, and it will not appear as if injection had been used. I say they are separate; you can inject them separately, and make each as red as the injection you use, without injecting the other; so that there appears to be a distinct circulation between the uteral and the fœtal parts of the placenta; but doubtless the fœtal part is supplied with blood from the uterine part, but how this supply takes place I believe no one knows. In animals the uterine part of the placenta—in many animals the uterine part of the placenta is of considerable substance, and it forms little cavities into which *nodules* belonging to the fœtal part of the placenta enter; but in the human subject, the maternal part is of a very flimsy portion, and you may, if you plunge a pipe into the placenta, where it is attached to the uterus, throw in an injection which will pass into the uterus. O, there is no doubt that there is a communication, but the communication is intricate and yet unexplained.

Now the question is, Why, why is this intricacy? Can any good reason be assigned for it? The answer is, Yes; seemingly a very good reason. If the vessels of the mother had led into the child; if the blood of the mother had directly communicated with the child, the child would have participated in all the illnesses of the mother. Sickly mothers would have always borne sickly children. It is of great consequence that a child should be healthy; and sickly mothers often bear healthy children. The child has an independent life; the mother furnishes it with nourishment, but the functions are so far unconnected with the circulation and general health of the mother, that the child does not suffer by the maladies of the mother, at least in any considerable degree. Mr. Hunter, thinking on this subject, was led at first to suppose, that the diseases of the mother could never be communicated to the child; but he lived long enough to see his error, for infectious diseases are communicated to the child after a certain period. If a mother has *measles*, *hooping-cough*, or *small-pox*, the disease is not communicated to the child till it is about six months old; after that period, the child is liable to participate in the disease. Children generally do participate in such diseases, and premature labour coming on, children have been born covered with small pox; but this does not happen till perhaps the seventh or eighth month. I knew an instance in my own acquaintance of a mother who had the hooping-cough, and who produced a child with the hooping-cough at the time it first breathed.

Well, then, I have told you as much as I believe physiologically need be told, relative to the human ovum. Some have bothered themselves about the *use* of the waters of the amnion; some have entertained an idea that the child might drink them, and be nourished by them; but this is very absurd, because children are supported by *blood* from the placenta; and children have been born without the power of deglutition, who nevertheless have been well formed and strong. The waters of the amnion exceed by 30 times the young fœtus at first; and in the case of the old fœtus, the bulk of the fœtus exceeds by seven or eight times the waters of the amnion. You cannot imagine any better defence for the delicacy of the young, than that of having it suspended in a bag of water: any action of the uterus cannot injure it; but as the texture of the embryo becomes firm and capable of bearing pressure without being injured, so do the waters of the amnion go away. You know the growth of the ovum is entirely in the fundus uteri for a certain length of time; at about half the period of utero-gestation, the uterus rises up out of the pelvis, at that time do uterine motions take place in the child, and, as the phrase is, the woman *quickens*. Now at this time, the whole of the cervix uteri is perfect, but by degrees the cervix uteri becomes extended, and made part of the bag that contains the fœtus. The obliteration of the cervix uteri, therefore, denotes the progress of pregnancy, and it is not until the ninth month that it is completely evolved, so as to make a part of the bag that contains the ovum.

Now this, no doubt, is very curious, and is the consequence of the upright figure of the human female. If it had happened otherwise, the weight of the ovum would have gravitated against the *os uteri*; as it is, it can never gravitate till the uterus has obtained its full dimensions, and till the cervix uteri has expanded, so as to make part of the general bag that contains the child. The uterus gradually comes up in front of the bowels, and the progress of its ascent is noted; by the eighth month, it has got above the umbilicus, or as high as the umbilicus; it gets higher still, and seems to fill the whole front of the abdomen; but towards the ninth month, a very considerable change takes place in the situation of the uterus. Actions preparatory to parturition take place, which bring the *os internum uteri*, the *os tincæ*, into the very middle of the superior aperture of the pelvis. These are those adjusting actions preparatory for parturition which take place. Then, at the ninth month, more efficient actions of the uterus take place, and the ovum is protruded against the os tincæ; it yields, but yet it is injured, and forced away, so that blood is discharged from it, and it is made gradually to enlarge. There have been some who have puzzled themselves about inquiring why those actions of the uterus should take place at the generally allotted time; and some have held, that the burthen is kept as long as it can, and therefore that the uterus is glad to get rid of its contents. But it is held only the same time, whether there is a dwarfish fœtus, or a large one; whether there is much or little of the water of the amnion; and, in short, we cannot tell the nature of these things—it is a sort of ordinance of Nature. Then, when the uterus begins to act, it is aided by the expiratory powers; it is first pushed down by that which is free to move, that is, the waters of the amnion; then by the weight of the ovum, and there is carried forward a portion of membrane, which gradually tends to enlarge the os tincæ. Then it is natural to expect that these membranes will burst in their most extended part; but this does not always happen, for sometimes they burst in the uterus, and then the child carries forth a part of the uterus on its head; but generally it is the other way, and then what happens? Why, then, the head passes down; and what further happens, has been explained in these Lectures, as far as physiology is concerned. Well, the child is protruded, and the uterus is contracted until it has expelled the whole of its contents. The child is protruded out of the vagina, and the uterus is contracted so as to hold nothing but the placenta and membrane of the ovum: resting from its labour a little, it resumes it again, and it expels the ovum. Having contracted, so as to expel the ovum, it must have reduced itself to so small a size, that the vessels will be closed, or will pour forth but a very small quantity of blood. There is no hæmorrhage where the uterus is allowed to expel the ovum after what Nature has designed.

Now, really, there is good in studying these powers of nature, which we should always endeavour to imitate, and not interrupt—always endeavour to aid, and not to interrupt. A child does not grope its way into the world, and get through, just as a *chimney-sweeper* gets out of a chimney, (laughter,) by any efforts of his own; it's expelled, and the parts must be perfectly contracted, when it's expelled from the ovum. But suppose a midwife helps the child out, draws it forth, and so on? the uterus containing the placenta and ovum is not contracted; and suppose those become detached? O, then you have uterine hæmorrhage; and an inclination to get away the *secundines*, may induce the midwife, improperly, to pull. I once heard, what I thought was a good story; a medical man was talking to some comrades in his profession, and he told them that which I dare say he would not have told to others: he said, O sirs, I was quite astonished to find, and I was not at all aware of the very little force required for *inverting* the uterus! Now I took it for granted, he had helped the child into the world. You know that the uterus has been inverted, and that the inversion of it has afforded the means of showing the menstrual discharge.

Now, I did not speak of the changes the uterus undergoes, and yet I should do that. When the uterus is enlarged, O, we see the veins very considerably enlarged; and when we cut through them, they look like as if they were composed of cells; we see the arteries of the uterus also very considerably enlarged. The arteries of the womb have a very curious tortuous arrangement; Mr. Hunter calls them the curling arteries of the womb: a very curious tortuous arrangement. And then, on examining the womb, you have appearances, which Mr. Hunter, and others, have believed to be muscular, and some have denied that they are muscular; but no one can doubt the power of forcible contraction of the uterus, who has had his hand in the cavity of it. I need only appeal to the sense of accoucheurs for confirmation on this point. And now, then, I have done with the history of fecundation, and the growth of the ovum, as far as seems to me to be necessary, speaking physiologically.

The *secretion of milk* begins at this time—at the time when the child is able to suck. Now, with respect to the *mammary gland*: it is a gland that one can hardly describe as conglomerate; it is smooth when you cut into it, very firm in its texture, and much intermixed with fat; it is flat where it lies on the peritoneal muscle, and somewhat convex on the other side. It is a gland sending forth pores, and that's what every surgeon should remember: often have I seen a surgeon take away a diseased lump from the breast; then wiping the breast, he has seen a portion of the gland remaining on the woman, and looking white, he has said, O, I see something scirrhous still. Now, a surgeon should never look there to see whether his operation be complete or not; he should divide the substance he has endeavoured to remove, and see whether there are any ramifications of white bands extending further than what he has taken away; see whether he has taken away all the disease, and all the parts in the vicinity of the disease. It is what he has removed that's to be examined, and not the aspect or situation of the bleeding wound. Well, what can we say of the mammary gland? Why, that it is supplied with arteries and veins, as every other part is; that it secretes *milk*, and that the substance is made of *lactiferous tubes*. You may inject those tubes from the *nipple*. The gland seems to be a concretion of lactiferous tubes; those tubes collect together, and make one tube, which ascends up the nipple, and terminates there. Now the *skin*, as it approaches the nipple, suddenly changes its nature; it becomes of a *greyish* aspect; this is the *areola*; and this dusky skin mounts over the top of the nipple. The gland is, therefore, of lactiferous tubes, of vascular substance, and covered over with skin. But there is so much vascular matter in the nipple, that it is capable of *erection*; and when it is erected, the flow of the milk is allowed, by the tubes being kept straight, and it runs out; but when it is not in a state of erection, there is an obstacle preventing the flowing of the milk. There are controversies about the number of the lactiferous tubes, which, as I believe, can never be decided, because there are only a certain number that become enlarged to give passage to the milk, and others remain in a contracted state. You may put bristles into them; but, as for seeing what are their exact numbers, I think it is more than any individual can determine.

Well, now, such is its structure, and now as to its use: it secretes milk, the sustenance of young animals. And what is milk? It is *serum* and *crassamentum*: but the serum contains a certain quantity of *sugar*. Now this is curious, that the milk, both of young animals and vegetables, should have a *saccharine vegetable* in them. And what is the crassamentum—the curd of the milk? I cannot tell you; it is an insoluble matter; it is something analagous to blood, as I should say. But besides this, there is oil—*pure oil* in milk; and the propensity of this oil to rise, and carry the curd of the milk with it, is what they call *cream*. If you separate the curd from the oil, you will find the oil to be a very pure oil. There are various opinions in France upon this subject; and we have different proportions of sugar, and different stuff, contained in the milk handed to us, which you may search into, if you are desirous of making further inquiry upon this point; but, for my own part, it is sufficient for me to know that it is a very nourishing food for young animals.

There are two animal substances, which I say contain, and must contain the greatest nourishment; that is, *milk* and *egg*. You know a calf drinks nothing but milk, and the milk is converted into blood, flesh, brain, and bone, with most surprising celerity; *ergo*, it must contain the elements of all these subjects; but I believe it requires a calf's stomach to digest it. Milk is the food of young animals; but I don't think the stomachs of old, or of sick persons, can digest it. And out of an egg comes a chick; the egg must, therefore, contain all the rudiments of the materials of that chick. I say, suffice it for me to know, that this is the most nourishing food for young animals.

But, physiologically, I feel much interested as to the function of this mammary gland, for here is a gland where you have an opportunity of seeing how much of glandular secretion depends upon nervous action. It is really very curious that such a complicated fluid as milk can be prepared by this secreting gland, with such surprising celerity: a cow will yield a pailful of milk, and which must be secreted almost as fast as the blood is formed, and is this not wonderful, with respect to what the vital powers are competent to effect. But suppose the cow had had the pet: suppose the calf had been taken away from her; or suppose that somebody had come to milk her she did not like, would she secrete any milk? O, none at all. You might stroke out of the lactiferous tubes that which was in them, but the devil a drop more would you get. Therefore, you see it requires a tranquil state of mind, and a distribution of nervous energy, for the secretion of milk from the secreting fluid; it is not because the blood secretes, but there must be vital action co-operating, in order to produce the secretion. The effect of those vital actions, in *compounding* fluid, as it were, with such celerity, is, indeed, a matter which cannot but excite our surprise, and though it may excite our wonder, it is a fact we cannot deny.

Morbid Anatomy.—I now speak of the morbid anatomy of the female organs of generation; and beginning with the *womb*, I have to say, that there are diseases in the vicinity of the womb, under its peritoneal coat, under its internal lining, in the broad ligaments, and in the substance of the womb too, which are similar to one another.—They are tumours of a peculiar texture, like *scirrhus*. Here is one exposed to show the texture; this is in the cavity of the womb, formed under the internal lining of it; there are firm fibres, and substances deposited in the intervals, so as to give to the whole a firm degree of hardness, not that extreme hardness, however, that cancerous scirrhus possesses. Yet these tumours never ulcerate; they are not at all of a cancerous nature, they merely increase in growth, and seem, as it were, to teaze people to death, by the irritation they occasion in the surrounding parts. Here is a preparation in which there is a lot of them in the broad ligament. Some of these tumours are of a looser texture than others; all this Dr. Baillie has remarked. There are something like cells in them, but they all agree in this particular, that they increase in size, have no malignity in their nature, have no tendency to suppurate or ulcer, are inclined simply to increase in bulk, but they are exceedingly distressing as to their consequences. By pressing on the *ovaries*, they create uterine irritation, irregular and painful menstruation; by pressing on the bladder, they create a frequent desire to void the urine; and so with regard to pressing on the rectum, they produce *tenesmus*, and prevent the discharge of fœtal matter. Persons having these diseases labour under circumstances which are exceedingly perplexing, and it is not till a very advanced period, when the swelling has called for the patient's attention, and the examination of the medical attendant, that the real nature of the disease has been known. There are people who have been hardy enough to poke instruments into them, for bringing about, as they say, a change, and, they also state, successfully too; but this is a practice which I know nothing of. To pass an instrument into the womb, where you are uncertain what you may wound, is certainly a kind of practice that should not be projected, until the beneficial effect of it has been substantiated by the relation of a number of cases, and by the concurrent opinion of the profession. Now when these things, growing beneath the lining of the womb, increase to a certain size, they are protruded out of the *os internum uteri* into the *vagina*. Here is a very large specimen of that sort; and then this is often accounted a polypus of the uterus. They have absolutely become so large, that they have projected out of the *pudendum*, and descended half way down the thigh. I saw a preparation which Dr. Coombe possessed, where the bladder and part of the pelvic viscera were actually drawn a considerable way down. Being sometimes of a pyriform shape, they have been mistaken for an inverted uterus. These are the tumours which you may tie, if you can get a thread or wire over the neck of them; when that is done, the tumour drops off, and the patients are as well as if they had never had any such disease. These are the tumours which Leveret invented a sort of wire to tie; he put the wire round the neck of them, and twisted it daily. There are various modes of tying them. Well, then, these tumours, when they present in the uterus, are esteemed, perhaps, polypi of the uterus; but there are polypous growths from the uterus, and here is a preparation of one, it has a thick base. Here is one of those injected, but still it seems to be a tumour with a thickened base.

What I want to tell you is this, that I know very well, that where there is a tumour carrying down with it a process of the membrane of the womb, there is no doubt that that may be tied, and that no harm will result from it; but even those with thickened bases may also be tied, and no harm result from it. But I have met with many cases in the course of my life, where medical practitioners, tying these *polypi*, as they are called, (for they all go by that name,) with thick necks, have included a portion of the uterus. Those tumours sometimes form within the *parieties* of the uterus, and they may drag down a portion of it; but if the uterus is included in the ligature, generally fatal irritation succeeds. Many times have I been called upon to open the bodies of people who have died after they had had what was called polypi tied; and I have found, that a portion of the uterus was included in the ligature. Now this should make us cautious in our proceedings.

Well, then, so much for those diseases, and now, with regard to the diseases of the womb itself: you find the womb chronically enlarged and diseased; in some cases, the whole substance of the womb is thus situated, and it is known, that in these diseases there is sometimes morbid, and often fœtid secretions, from the linings of the womb. Now this I deem right to mention, because I would not, if I found a case of this kind get well, report it as a case of cure of cancer of the uterus. Here is a specimen showing a uterus chronically diseased; the whole substance of it is thickened. But in the cancer of the uterus, the disease always begins in the cervix uterus: and there are two sets of these diseases; one that begins with scirrhosity, and then goes into a state of ulceration, which is a fatal disease. Here are a number of specimens of them. But the *fundus uteri* remains sound to the last. It begins in scirrhosity in the cervix uteri; and this scirrhosity, which goes into cancerous ulceration, generally begins where there is most mucous secretion, as I may say, about the pylorus, and so on; it extends progressively, and of course the fundus uteri is most remote, and remains sound to the latest period. But there are other cases in which the ulceration in the cervix of the womb throws out a *fungus*—a queer sort of fungus. Here is a specimen of that kind, but it equally shows the fundus uteri, remaining sound, till the disease has so spread as to destroy the life of the patient.

Then I must speak of *morbid appearances*, as circumstances contained in the womb itself: and here I have to mention that there are *hydatids*. Here is a specimen of uterine hydatids; they are of an oval form; they have necks, and they seem to be attached to one another. The uterus becomes distended with them; the weight of extension expels them; and the uterus being enlarged to a considerable size, when they are discharged, there is a great deal of blood discharged from the uterus. I have known many people, as I may say, *delivered* of hydatids, and they have done very well; I have known some, who have been delivered more than once of such a burthen. Ruysch had an opinion, that if there were hyatids, there was an *ovum*; but I know not, if any one has had an opportunity of making remarks on this subject, because the woman discharged the hydatids, and then we see no more of them. I say that I know of none, but *Sir Everard Home* says that he examined the uterus of a woman distended with hydatids, in a workhouse in this town; and he seems to think as Ruysch did, that there was an ovum, but he has produced no voucher that I can see for this opinion. He says there were membranes, but he only supposes they were the membranes of an ovum. Now, what do we know of hydatids? Why, that whenever they form, they are either in a natural cavity, or in some membranous cyst; so that the finding of a membrane, or a something thrown out from the lining of the uterus resembling a membrane, would not be an appearance like what you would expect where there is an ovum; and it does not identify that that is the membrane of an ovum.

I may here say, that the ovum itself often goes into a diseased state, and thus the child does not grow; that there are diseases of the *placenta*. Here is a specimen of one—of a diseased state of the ovum, such as prohibited nourishment being conveyed to the *fœtus*: the little fœtus is hanging to the morbid ovum; sufficient nourishment has been conveyed to maintain the life of it; but not sufficient to enable it to grow. When people have an ovum of this kind, in a diseased state, after a time it is expelled, and they are delivered of a very strange thing—of a *mole*; as they call it. And a case occurring near this Hospital, of this kind, I went to see it, and I brought away the preparation I now show you, which I found to be the case of a placenta, from its being covered with membranes.

Ovarian disease.—Well, I can say no more relative to the disease of the uterus; and that there are such things told in books, though I have not seen them, as dropsy of the *Fallopian trumpet*. But diseases of the *ovary*, which is the next subject I have to call your attention to, are exceedingly common indeed; and it is curious to know that a little body like the ovary, not so big as a pigeon's egg, will swell to an enormous size. Now, when it enlarges, it generally has cells in it, and those cells are filled with gelatinous fluid. I show you here a portion of an immensely large ovary, which has been injected. Sometimes, however, a single cell fills and enlarges, and grows till it occupies the whole of the abdomen, and then this is what we call a dropsy of the ovarium. Sometimes the whole enlarges together—there's a congeries of cells, and thus all are enlarged, having a kind of sarcomatous structure, and sometimes the case is the compound of these two: one cell enlarges, or two cells enlarge, and you are obliged to tap them on opposite sides of the body; and there is a certain portion still sarcomatous. Now these are the circumstances you may meet with in diseased ovaries. I say, it is curious that a little part like the ovary should acquire such a great magnitude. O, the cells often become immensely large, as I shall tell you. You can do nothing in the way of operation, where the ovary is of this cellular structure which I have exhibited to you; you cannot tap a thing of that sort; if you did, you can let out nothing, and it is very dangerous to do it. I have seen where people thought there was dropsy in the ovarium, that they plunged a *trocar* into some solid substance, but the patient has died. I have known many cases, of solid substance of the ovary, where it has attained a certain magnitude and then ceased to grow. I have therefore to declare to you, as my opinion, that where patients have a filling up of one cell of the ovary, or of many cells of the ovary, that the case ought to be treated upon purely surgical principles: that when you find the body rising up on one or other side, and painful, you should keep your patients in a horizontal situation; apply leeches, blisters, and produce irritation, for I can assure you that I have seen many enlarged ovaries arrested by this treatment. Of course you would attend to the state of the patient's general health, as I imagine you would do in every case, in which a patient was affected; but I say this should be treated upon surgical principles, just as you would an enlargement of any other part of the body.

When the belly is distended, and where there is one great cyst, forming the principal bulk, the question is, about tapping it. Now I should say to you, you must tap where it becomes inconveniently large to the patient. It is a cruel thing for a female to be subject to periodical tappings, but there is no help for it. I shall tell you cases of postponement of this operation, in order to show you the consequence of such postponement. It is a curious thing too, that sometimes when the ovary increases in this manner, the urinary secretion is suppressed. This is one of the circumstances that probably has led to the treatment of the disease, as if it were a dropsical disease, as it is called—a dropsy of the ovarium. It is not in every case there is this suppression of the urine, or rather diminution, for it is not an actual suppression, but a *diminution* of the quantity; but where such an occurrence takes place, it has been observed that the secretion of urine becomes renewed, and the fluid of the ovary is dissipated. A lady who had had this happen to her several times, went on in hopes that it would again occur, till her ovary became most immensely enlarged indeed, and then she was obliged to consent to the dreaded operation of tapping—dreaded by her; and I let out from the ovary a washing-tub full of fluid, a pail, and many wash-hand basins full. I did not measure the quantity, but it was very great indeed. I closed the aperture, and bandaged her up. Now the consequence? Her abdominal muscles had been so overstretched, that she could make no use of them; she could not cough: the following night she had some irritation in her throat, and she wished to cough, but she was unable to do it; she poked her finger down her throat, with a view to assist in removing the irritation, but this only made bad worse, and her sufferings during the night were almost intolerable. This is overstraining the abdominal muscles. Now another case: A young lady who was really exceedingly vain of her fine form, had it spoiled by dropsy of the ovary. She was so annoyed by this, that she secluded herself from the view of every one; she went into the country and left her family; she became very large in the abdomen indeed; she was miserable, and altogether it produced a great decline in her health; but she shrunk from this operation of tapping, till at last she was reduced to extremities, and was brought back to the residence of her parents. A physician was sent for; he had seen her in the early stage of the disease; he said it was a diseased ovary; he said it must be tapped; and I was sent for to perform the operation, but I could feel nothing like undulation, and I said, I don't think there is fluid in it. O, said he, that's quite nonsense; you must perform the operation; I have known the case from the beginning, and why should you be afraid to perform the operation? I said, it may be a sarcomatous ovary, but if you demand it, I am ready to introduce a trocar, and I did. What were the contents? It had been jelly; it was now almost a solid substance, but there did ooze out a sort of thing that would scarcely pass through the aperture, which the *Doctor* took hold of, and dragged out to a considerable length; but really there was no good done by the operation. Well, you must go on with the practice of your profession, according to those rules that experience has established to be right. But this is so deplorable a thing for a person, apparently otherwise healthy, to submit to this periodical tapping, that almost every medical man has been devising means to cure the disease, or to prevent the necessity of a recurrence to this operation. Now we are not the arbitrators of the life and death of people; if they die in consequence of disease, why it cannot be helped, and people submit to it, for they know it is inevitable; but we had better not be making experiments that probably may destroy them, and bring disgrace on our profession. What has been done? Why, people have passed setons, have thrown in injections into diseased ovaries, and so on. I have known many of these pranks played in the course of my life time, and they have all been fatal. Certainly, in common sense, no one would treat a diseased ovary, as they would do the common *hydrocele* of the *tunica vaginalis*. *Le Dran* did puncture the ovary, so as to have a fistulous opening, out of which the water could be passed; but I don't know that the patient's state was much bettered by that. I have seen this, however, practised, where there were divers cysts in one ovary, and a good deal of sarcomatous swelling, in order to prevent the repetition of the tapping. The lady whose case I have mentioned, said this to me, "What, must I submit to this periodically? Is there no mode that can be adopted to obviate such a course?" And a very rational lady she was. I told her that there was no mode, save this one, namely, putting in a *canula*, and leaving it in, but that I thought that as bad a doom as the other. She said, "I shall have that done." She was a woman of great determination, and of great intellect; she decided that she would have it done, and that if I did not choose to do it, some other body should. Well, then, I tapped the abdomen the second time, or rather the third or fourth time, for it had been tapped several times before, and put in through the canula of the trocar a catheter, and fixing the tube, I dressed the part up, and put on a bandage. I thought this was a very good way of proceeding, but the case terminated fatally. Now I know Dr. Gooch was much inclined to recommend that operation; I have only, however, to tell you what I know myself respecting these cases; and I say, I should be more disposed to let disease destroy the patients, than to incur the blame of having at all aided in their destruction.

I omitted to say this—I am convinced that an enlarged ovary, treated on surgical principles, even subsequent to these operations, may do good. And here I have to tell you what's come within my own knowledge in treating the disease in this manner. I have tapped many ovaries, and by producing counter irritation with blisters and so on, I have kept them from filling again. I could tell you a very considerable number of cases, but the case of one old woman shall suffice. This old woman I kept nine months in the hospital, and there was no filling of the ovary; I could not detain her any longer; it would not have been right to have done so, and I let her go; but I said to her, if ever this should fill again, do apply early, and she said she would. However, I saw not the old woman again for two years, and then she was a patient in the house, with a sloughing sore of her leg, and her abdomen was full. I asked the old woman why she did not come early, according to her promise; she said she did not like to be blistered. She told me, she had not filled for a year after leaving this hospital; that she had gone to a dispensary, and got tapped, and that this was the second time of filling since she had been in this hospital before.

Now the diminution of urine is a curious thing. Some would be inclined to say it was the pressure of the ovary upon the kidneys that caused it; but that opinion cannot be maintained, for the ovary will fill, and the secretion will come on when the ovary is at its greatest magnitude; just as I have observed in the case I have mentioned, for several times that lady was relieved in this way, and which induced her to postpone the tapping.

I remember, when I was quite a boy, hearing this case: that an old woman, or an oldish woman, with an exceedingly large belly, was waddling over London Bridge on a cattle day, and there arose behind her a cry of mad ox, mad ox! She was terribly afraid; she waddled into one of the recesses on the bridge; the ox passed her; and from the state of fear into which she was thrown, she immediately began to piddle, and the water continued to flow from her, until she was as light as a greyhound. (Laughter.)

Now this suppression or diminution of urine cannot be owing to pressure; and what is it owing to? O, no doubt, it is a *sympathy*; no doubt that the kidneys are sympathetically affected with the ovary. I would not tell this to those who choose to be incredulous, but I tell you it, as my opinion of the only solution of it; and if you can keep the ovary exempt from irritation, you will keep the kidneys from this sympathetic affection. Thus it has happened when I have treated the disease of the ovary, by surgical measures, after the depletion of their contents, that I have prolonged the secretion of urine for an indefinite period. I do not remember whether, in the case of the lady I have mentioned to you, there was a diminution of urine; I do not remember whether there was or not, but I remember many patients in this hospital in whom it was; one woman in particular—an old *stager*, who used to go into all the hospitals in London, to get tapped; I tapped that woman; afterwards, I put on the bandages, leaving a little sort of trap-door, where I could apply a blister; by doing so, keeping her in a recumbent position, and attending to the state of her bowels, she has got round, but her urinary secretion used to stop on the third day.

I may tell you, that whenever the water is discharged, in general there is a flow of urine at first—a considerable flow of urine from the relaxation induced in the cyst of the ovary; but, on the third day, the ovary begins to fill again, and the urinary secretion is diminished. It is not in every case of diseased ovary you find this; sometimes you find it, and sometimes you do not; and this is the case of all sympathetic affections that I know anything of: the stomach and the head sympathise; and there are people, too, of diseased stomachs, without cerebral affection.

I have a preparation here of the state of an ovary, where, instead of jelly, or a sort of gelatinous fluid, or a bloody fluid being found, there was stuff like water-gruel in it; this stuff became solid from residence, and was afterwards rolled up into balls like gun-bullets. The surgeon who examined the body, and who gave me the preparation, was much surprised at this form of appearance. There was also a great ball of *hair* rolled up, and plastered over with this water-gruel sort of stuff.

Yes, you find hair grow from the sides of the ovaries, and afterwards become detached; but it is curious that this hair has no bulb to it, as hairs in common have. Also oil is found in these cysts; oil which becomes like suet when cold. If you open the body when warm, you will find it to be oil, but if you allow the body to get cold, this becomes of a suety sort of consistency.

Also in the ovary, you sometimes meet with *bones*; and whenever bones have been met with, the medical man who has examined the case, has been apt to suspect that there was a fœtus. This was the opinion formerly, that there was an ovarial fœtus in such a case, and that the rest of the fœtus had decayed and been absorbed, but that these bones had been left: now Doctor Baillie invalidated this opinion, by the examination of a child who must have been a virgin, and in whose ovary he found a bone. Then I dare say those who are disposed to speculate, might say, O, well, I don't wonder at that; the ovary is kept down with very peculiar and elastic powers; it may form bone; it is intended to form bone, which might be the rudiments of the embryo, and so on. Now that does not at all seem to me to be sound physiology; and it is invalidated by this case—a case which occurred in an animal that was neither male nor female, *to wit*, a *gelding*. (Laughter.) One of the horses of the artillery at Woolwich died; Mr. Coleman had him opened, and he found below his kidney a kind of cyst which had in it a tumour, of a fleshy hardness; he tried to cut it through, but he could not, and he was obliged to saw it. It was a fleshy tumour in a sort of cyst, but containing *horse-teeth*—large horse-teeth, with processes of enamel descending between the bones of the teeth. Now these could not have been formed, but upon the bulbs, and upon compound capsules. Well, then, the vessels of a part seem competent to do anything, and to build up any kind of structure. Now this is what I have to say about the disease of the ovary.

Superfœtation.—A great deal of fuss has been made of late where appearances have been met with, that have led to the idea of the existence of what is called *superfœtation*, as if there was an embryo within an embryo. You have heard of those cases, doubtless. A person has some swelling in the abdomen, the nature of which is unintelligible; and, subsequently, the patient dying, on being examined, it is found that this swelling is something like a fœtus; that there is a head, and a trunk, and limbs to it. But, in general, nothing has been made out, as to the supply of such a fœtus. I have no doubt it is supplied, if the case was made out at all, by the *aortic system* of the subject. But it is supposed to be a sort of second conception—a fœtus within a fœtus, and looked upon as exceedingly marvellous. Now, if the same thing had grown upon the *back* of a patient, why there would have been no marvel in it: do we not find children formed with superfluous membranes, and yet consider them as no matter of surprise at all? I may be wrong, you see, in these opinions, but I tell you my notions about them. To me there does not seem to be anything very remarkable.

Monstrosities.—I have not talked of *monstrosities*; the subject is endless; but I wish to tell you, what seems to me, physiologically speaking, the most curious thing with respect to monstrosities, as related in a case by Dr. Clarke: a woman was delivered, who had two ova; out of one ovum was formed a healthy well-formed child, but there seemed to be more in the uterus; and out of the other ovum there was delivered a mass of flesh, about seven or eight inches long, three or four inches in breadth, and one and a half inch, or two inches, in thickness; in one part of it there was inserted the *funis*, and the other end was attached to the ovum; it had neither head nor extremities. Dr. Clarke took it home, and injected it from the funis; he made it red throughout with injection; it was a fleshy mass; it was cut asunder, and what do you think he found in it? Heart, lungs, or digestive organs? Not one of them; it was a vascular mass throughout; but nearly extending the whole length of it, there was a gigantic thigh-bone, much bigger than could have belonged to any child born in the natural way. You will say, what vessels were there to supply this bone, when there was neither heart nor anything of that kind found in the mass? Did the vessels emanate from the placenta which produced a mass of flesh, and a well modelled thigh-bone, differing in nothing from a natural thigh-bone, saving its gigantic size?

Well, I say, in a physiological point of view, this is curious. In general it is said, where products come out from a second ovum, that there is a communication between the vessels of the placenta of the two ovums, so that this accounts for a sort of mode of conveying nourishment.

Well, this is all I have to say on the subject of the morbid anatomy, or its appearances in the examination of the female genitals.

LECTURES
ON THE
Diseases of the Nervous System,
BY
DR. CLUTTERBUCK.

LECTURE XII.

On Specific Fevers.

This name is given to a class of diseases which have all the essential characters of *idiopathic fever*, but with several peculiarities by which they are distinguished both from ordinary fever, and from one another. They have been usually termed *exanthemata*, or *eruptive fevers*, from their being commonly attended with an efflorescence or eruption of some kind on the skin, different in the different species, as I shall presently describe to you. There is a considerable number of these *specific* or *eruptive* fevers, the chief of which are *small-pox*, *chicken-pox*, *measles*, *scarlet fever*, the *vaccine*, *cynanche parotidæa*, or the *mumps*, and probably others less known. These are all sufficiently characterised as *specific fevers*; but others have been included in the class, with doubtful propriety. Such are *pestis* or the *plague*, *erysipelas*, *miliaria*, *urticaria*, *pemphigus*, and *aphtha*. I shall proceed now to explain to you in what respects these *specific fevers* differ from ordinary *idiopathic* fever, and then describe the peculiarities of each.

The *specific* fevers commence with the symptoms of ordinary *idiopathic* fever, both *local* and *general*. The manner of attack is the same. There are, for example, the *local* symptoms of pain in the head, with disturbance of the *sensorial* functions; and the same *constitutional* disorder, (*pyrexia* or a febrile state of system). So that, at first, you would be unable to ascertain the precise nature of the disease. If, for instance, you saw a patient during the eruptive fever of *small pox*, and before the eruption had made its appearance on the skin, you would be unable to determine the actual nature of the disease present. You would say, the patient is labouring under *fever*; but nothing further. It is not till you had watched the progress of the disease for a certain time, that you would be able to determine its particular nature.

The peculiarities of this class of diseases are various.

1. They are *contagious*, in the strictest sense of the term, as I before explained to you: that is, they are produced, each of them, by the action of a peculiar poison or *virus*; which *virus* is generated in the body of the sick while labouring under the disease, and communicated to another, either in the way of actual contact in a solid or fluid form, or by effluvia. There is no sufficient reason to believe, that they ever arise spontaneously, or from any other source than that I have just mentioned.

2. They are all of them, comparatively speaking, *new* diseases, no mention of them being made in the works of the older writers; such as those of Hippocrates, Aretæus, Galen, Celsus, or others equally remote. The exact time of their first appearance is unknown; nor do we know any thing certain regarding their origin, so as to enable us to account for their existence at one time or place, rather than another. It is not improbable that they may have had their source in the application of a *virus* from some animal in a diseased state; and the disease, when thus once excited, might have been transmitted afterwards from one human subject to another; just as we see to be the case with regard to the *vaccine* disease. But this is mere conjecture.

3. They take place but once in the same individual, those who have gone through the disease being afterwards exempt from their influence. This rule is general with regard to all of them; though there are probably exceptions. These, however, are very few; and indeed most of those that have been adduced as such, are equivocal.

4. They have peculiar characters, and their progress and termination are likewise peculiar; by the observation of which they may be distinguished from other diseases, and from one another.

5. They are for the most part incurable by art, having a determined course to run, when they terminate spontaneously, and for the most part in health. This course can hardly be prevented, nor materially interrupted without disadvantage. All that, in general, art can do towards their relief, is in the way of mitigation merely.

I shall now proceed to mention them individually, and nearly in the order given above. It is not necessary to be very minute here, because you will easily perceive that the treatment is very simple, being merely *palliative*; while the means we employ are of the simplest kind; for we have no *specific remedies*, such as *mercury* is in *syphilis*.

1. *Small pox (variola)*. This is the most important of the *specific fevers*, for none, probably, has been so destructive to the human race. The first mention made of this disease is in the writings of the Arabian physicians, about the fourth century; but it is not spoken of as a new disease, but as one with which they had been long familiar: nor is any allusion made to its origin or first appearance.

The attack of the *variolous fever* is said to be distinguished by an unusual degree of pain in the back and loins, and also pain upon pressure on the *epigastrium*. These symptoms, though often present, are not at all times remarkable. About the third day from the commencement of the fever, there appear on the skin very minute red spots, at first scarcely larger than flea-bites, and without perceptible elevation. In a few hours they spread, become elevated, and gradually rise into pimples, which go into suppuration, in the space of from four or five to eight days or longer, depending much upon the number of the pustules present. The pustules thus formed, gradually become dry, and in general without breaking, the fluid they contain being either dissipated by exhalation, or absorbed. A brownish crust forms on the surface, which, in a week or more, falls off, leaving a red spot behind on the skin; and often a depression or *pitting*, which remains for life. It is commonly many weeks before the skin recovers its natural hue.

There are many varieties to be observed in *small-pox*, both as regards the *fever* and the *eruption*. Thus, the *eruptive fever* is at times so mild, as hardly to be noticed; and in this case the succeeding eruption is trifling, in point of numbers: in such cases, the disease is likely to be overlooked, and hence, probably, many are said to be insusceptible of the disease, who have already undergone it in the mild way I have just described. At other times, the fever attacks with great violence, and in infants is often attended with convulsions; but this is not necessarily followed by a copious eruption, often indeed the reverse: but in general there is a proportion observed between the degree of fever, and the eruption that succeeds. If the eruption is not very abundant, the fever commonly subsides on the eruption being completed: but if the pustules are very numerous, the fever continues; and this is always an unfavourable sign.

There is great diversity also, in respect to the eruption itself, which is not only more or less numerous, but with very different characters: 1. There is the *distinct kind* (*variola discreta*), where the pustules are more or less numerous; but, however numerous, are nevertheless accurately circumscribed, and distinct from each other: in this case, the fever generally subsides as soon as the eruption has taken place. The character of the pustules differs likewise in other respects: sometimes they are white, and contain a puriform fluid; at other times, they are transparent, and contain a limpid fluid (*crystalline*). Sometimes, again, they contain little or no fluid (the *warty pock*). All these are of a mild nature, and rarely dangerous.

2. The *confluent small-pox*, where the pustules are extremely numerous, with an irregular outline, flattish on the surface, and breaking into one another. In this case, the fever continues throughout the whole course of the disease, which is always then attended with much danger. Occasionally, *purple spots* appear in the interstices of the pustules, and the fever assumes a character of great *malignity*.

In the *distinct* sort, if the eruption is numerous, the febrile symptoms are renewed about the period of suppuration; this is called the *secondary fever*.

The pustules appear first on the face, then on the trunk, and lastly on the extremities; there being a day or more of difference in the time of appearance: and they follow the same order in their progress to suppuration, or *maturation*, as it is usually termed. This process is completed in seven or eight days in the mild and *distinct* sort; but where the pustules are very numerous, a day or two longer is required. When the disease is *confluent*, it is commonly much longer, as twenty days or more, before the whole have maturated.

Prognosis. When *small-pox* takes place casually or *naturally*, as it is called, and not by inoculation, it proves fatal in a large proportion; the mortality has been variously stated: as by some, as high as 1 in 3 or 4. In hot climates, and in peculiarly unfavourable circumstances, this may probably be the case. In favourable circumstances, it is probably not as high as 1 in 10. This, however, you must allow, is still a large proportion; making it a matter of great importance to mitigate by art, or, if possible, to *prevent* the disease altogether. How far this can be done, we shall presently consider.

The danger of *small-pox* depends partly upon the number of the pustules, partly upon their character, and that of the attending disorder of system. A very numerous eruption is always attended with danger, from the mere extent of inflammation present. The *confluent sort* is still more dangerous: and the same is the case where *purple spots* appear in the interstices, with other symptoms of *malignant* fever. *Small-pox* is most dangerous in persons of high health; in very young infants, who are often carried off by convulsions; and also, in old persons. It is dangerous to women in the advanced stage of pregnancy; and in the earlier stages, is very likely to produce abortion. The time of greatest danger is from the 11th to the 20th day, and before the maturation is completed. The signs immediately indicating danger, are a sudden shrinking of the pustules, with coldness of the extremities, succeeded by great restlessness and delirium, and, at length, stupor.

Treatment. I have already told you that *small-pox*, like the rest of the *specific fevers*, is incurable by art: the disease will run its course, in spite of remedies. Your object should be, therefore, to mitigate its violence, not to attempt to interrupt its progress altogether; for you thereby only make it irregular, and protracted in its course, with a risk of rendering it more dangerous. It is a highly inflammatory disease, and requires *antiphlogistic* treatment, especially in the early stages, and indeed as long as the pulse retains its strength and fulness. The propriety of *blood-letting* to any great extent, is, however, questionable. Those of the greatest experience in the disease, are against its use, considering that it may do harm by disturbing the natural and necessary course of the disease, so as to increase its danger by impeding the process of maturation, which appears to be essential to recovery. In general, mild cathartics, with the admission of cool air, are all that is required. It was Sydenham's practice to give an *opiate* at night, throughout the disease; and he had great experience of it in its worst forms. Our present experience of small-pox is too limited, to warrant my giving you a confident opinion on the subject. Towards the end of the disease, when the skin turns pale, and the pustules shrink, with the restlessness I before described, I believe the common practice of giving brandy to the patient, as well as other active *stimulants*, to be useful. The *hot bath* is also proper on such occasions, used from time to time, but not so long as to induce faintness.

Small-pox is wonderfully mitigated in its violence and danger, by the practice of *inoculation*; that is, by inserting the variolous *virus* into a wound in the skin. When this operation is practised under the most favourable circumstances, the deaths from *small-pox* do not amount to more than one in many hundreds; as was proved by the practice of the *Small-pox Hospital*, previous to the introduction of *vaccination*. The *Vaccine Board*, it is true, in their annual *Reports* to Parliament, state the matter very differently; exaggerating enormously, the mortality of *small-pox*, both the *casual* and the *inoculated*. But then you are to consider, that the *Vaccine Board* consists of the heads of the two colleges, who have few or no opportunities individually, from their own experience, of knowing any thing of the one practice or the other: and further, that they divide among them the *lion's share* of the *three thousand pounds* annually granted by a well-meaning parliament, for the propagation of the *vaccine* practice.

' No satisfactory reason can be given for the effect of *inoculation* in so remarkably mitigating *small-pox*. The patient, after inoculation, usually sickens about the eighth or ninth day; whereas the disease, when taken in the *casual* way, does not make its appearance till after fourteen days. There is a great advantage in *preparing* the patient for inoculation; and this preparation consists merely in the adoption of an *antiphlogistic* regimen, with the use of a few purgatives, before the time of sickening. It is a great mistake to suppose, as some do, that a state of high health is the most favourable to excite the disease in; the contrary is, in fact, the case: for the same reason that the greater surgical operations are found to be most dangerous in healthy and robust subjucts.

The *small-pox* is not merely mitigated, but *prevented*, by the practice of *vaccination*, newly introduced among us. By this practice, a peculiar form of disease is excited, consisting, like the other *specific fevers*, of a *local* affection, and a *constitutional* disorder having all the essential characters of *idiopathic fever*. This fever is sometimes so slight, as to be hardly perceptible: at others, it is very severe; and in infants, sometimes attended with convulsions; just as happens in *small pox*. The *vaccine* disease does not appear to spread by effluvia, but only by the direct application of the *virus* to he skin.

The power of the *vaccine disease* to prevent *small pox*, is sufficiently ascertained in a general way; but, at the same time, the exceptions are so numerous as to detract materially from the value of the *vaccine* practice. Unfortunately, the degree of security afforded against future *small pox*, cannot at present be ascertained, so as to enable us to form a satisfactory estimate of the value of the *vaccine practice*, in comparison with the *variolous* inoculation. The forced, and almost exclusive, use of the *vaccine inoculation*, from its first introduction, has made it impossible to know who are, and who are not still susceptible of *small pox*; for persons are not now, as formerly, much exposed to the contagion of this. Many years must yet elapse, before the true value of vaccination can be determined. The superiority of the new practice is founded on the following points. 1. The *vaccine* disease is far milder, than the *variolous*, as produced by inoculation. 2. It leaves no deformity behind it, as the *variolous inoculation* sometimes does. 3. It is better as regards the public; as it is not propagated by effluvia as *small pox* is, the ravages of which are thus liable to be increased by the *variolous* inoculation, unless practised under particular restrictions. These advantages, great as they undoubtedly are, are counter-balanced in some degree by the insecurity of the *vaccine practice*, which does not, by any means, afford equal exemption from future *small pox*, with the *variolous* disease itself. On which side the scale turns upon the whole, is at present matter of opinion. I think the public should be allowed to judge for themselves in adopting one or the other practice; and which they are as competent to do, and quite as likely to come to a judicious and disinterested conclusion, as the *Vaccine Board* itself. I may observe, in the mean time, that the danger of the *variolous inoculation* has been most unreasonably exaggerated; as you will find on comparing the statements recently made on the subject with the recorded experience of the Suttons, Baron Dimsdale, and the practice of the Small-pox Hospital.

Varicella, or *chicken-pox*, has so strong a resemblance to *small-pox*, as, at times, to be easily mistaken for it. Severe *chicken-pox* approaches very near to *small-pox* in most respects; and the two, no doubt, have often been confounded together. The chief discriminating characters are, the milder nature and shorter duration of the *eruptive* fever in *varicella*—the crystalline appearance of the pustules; and their more speedy maturation and desquamation. As to the treatment of *chicken-pox*, the mildest antiphlogistic means are all that are required.

Rubeola, the *measles*; called also, *morbilli*. This disease, like *small-pox*, is contagious, and spreads widely by its effluvia. The eruption usually appears about the fourth day after the attack of fever. The eruption consists of minute red spots, not of the brightest hue, slightly raised above the general level of the skin, and mostly with an exceedingly small vesicle on the top.

After three or four days, the eruption begins to fade, leaving a scaly roughness on the skin for some time. The fever does not so generally terminate with the eruption as in small-pox, but often continues afterwards, and sometimes in an aggravated degree.

The disease commences with catarrhal symptoms, namely, sneezing, red and watery eyes, and a short, dry, hoarse cough. These symptoms continue for some time after the eruption has disappeared; and frequently the inflammation at this period extends to the substance of the lungs, giving rise to difficulty of breathing, with pain in the chest: a foundation is thus often laid for future *phthisis*. Sometimes the inflammation is concentrated about the larynx, and produces symptoms of *croup*.

The *measles* differ much, in point of violence and danger, in different seasons; sometimes being mild in character; at other times, fatal to great numbers. The disease sometimes proves fatal from the violence of the fever, or *brain-affection*; sometimes from the *pulmonic* inflammation; or from the occurrence of *croup*, as I have just stated. The continuance of inflammation in the chest, in a chronic form, is another source of danger, that ought to be carefully guarded against.

Treatment.—Mild cases of *measles* require only careful nursing, and an antiphlogistic regimen, while the disease is running through its course. If either the symptoms of fever, (*brain-affection*,) or those of inflammation in the chest, are unusually violent, a more active antiphlogistic treatment is required; *bloodletting* more particularly. This evacuation is often more requisite at the decline of the disease than at an early period, on account of the pulmonary symptoms. The antiphlogistic treatment should be continued, and the patient carefully attended to, as long as any signs of pulmonic or catarrhal inflammation remain.

The *measles* are said to be attended on some occasions with *putrid* or *malignant* symptoms, such as *purple spots* in the skin, and the like; but having no experience of this myself, I can give you no directions in regard to the treatment; further than saying, that the best mode of treatment in such cases is, I believe, not sufficiently ascertained.

Scarlatina, or *scarlet-fever*, so called from the bright red hue of the skin. This is a highly contagious disease. The efflorescence usually makes its appearance three or four days after the commencement of the fever. It is more or less generally diffused over the skin, sometimes pretty uniformly, sometimes in patches; there is also, generally, a degree of roughness of the skin, occasioned by extremely minute pimples or vesicles. After three or four days, the efflorescence fades and gradually disappears, the cuticle falling off in minute branny scales; but where the cuticle is thick, as about the hands and feet, it often peels off in large flakes.

In most cases of this disease, if not in all, there is soreness of the throat, arising from inflammation of the mucous membrane lining the fauces; whence the terms *scarlatina anginosa*, *cynanche scarlatina*, and *scarlet fever with sore throat*, that have been applied to this disease.

There is no disease that differs more at different times, in point of severity and danger, than this; and that both with regard to the local symptoms, and the attending fever. In some seasons, it spreads widely as an epidemic, and proves fatal to great numbers; and that more quickly than is the case in almost any other disease, in this climate at least, At other times, it takes place *sporadically*, that is, individually, with little disposition to spread by infection; or if it does so, it is of an uniformly mild character.

In many cases, the inflammation in the fauces is trifling and superficial, or, at most, is attended with slight ulcerations that quickly heal; in this case, the attending fever is also slight and inconsiderable. In some instances, the affection of the throat has not been noticed at all; when the term *scarlatina simplex* has been applied to it. At other times, where the throat has been affected, there has been little or no efflorescence on the skin. Sometimes, again, the inflammation in the fauces has assumed a bad character, ending in foul and putrid sloughs, with deep ulcers; and accompanied with the symptoms of *malignant* fever, that is, a disturbed and oppressed state of brain, the consequence of active inflammation in this organ. These cases prove fatal in a large proportion. To this form of the disease, the terms *putrid*, *malignant*, and *ulcerated* sore throat, have been applied, (*cynanche maligna*.) It has been made a question, whether the *scarlatina simplex*, and the *cynanche maligna*, are not *specifically* different diseases, each proceeding from its proper *virus* or contagion. This point may be considered as still undecided. But seeing that when these diseases prevail epidemically, there are often found, even in the same house, instances of the most *mild* and of the most *malignant* species, I am rather inclined to the opinion that they are only different degrees of the same thing, modified by season, weather, and individual constitution.

In the *treatment* of this disease, you are to bear in mind its *specific* nature, and that it is scarcely curable by art, but will run its course in spite of any remedies. *Palliation*, therefore, is the great object of practice. Slight cases may be safely enough left to themselves: the more severe ones call for more attention. In the early stages of the disease, the general febrile action is to be moderated by cool air, and keeping the skin cool, by occasionally moistening it with simple water, which is better than vinegar and water. And the regimen altogether should be mildly antiphlogistic. The utility of *bloodletting* is an unsettled point, and one about which directly opposite opinions are entertained. It appears to me to be in general unnecessary; while, if used, it cannot be expected to put a stop to the disease. Were any very urgent symptom to arise, such as early delirium, or croup, and this in a habit of tolerable strenth, I should have no doubt of the propriety of moderate *bleeding*. When *malignant* symptoms present themselves, such as foul and putrid sloughs in the fauces, with a weak and rapid pulse, *bloodletting* would seem to be out of the question. But there is still a doubt as to the utility of *bark* and wine, and *ammonia*, and the like, in such circumstances. The late Dr. Fothergill strongly advocated the use of these remedies, and the practice became in consequence very general. But Dr. Fothergill subsequently changed his opinions with regard to them, and at present they are but little used. According to my observation, such remedies, carried to any great extent, do harm, by aggravating the febrile symptoms altogether. It has appeared to me, that even in the most formidable circumstances, a passive mode of treatment is the best, such as I have mentioned above, as applicable to the early stage of the disease. *Liquid chlorine*, formerly called the *oxymuriatic acid*, was at one time reckoned almost a *specific* in this disease; and large doses of the *capsicum* have also been recommended, both *locally*, as a gargle, and taken into the stomach; but these have been used upon theoretical grounds, rather than from actual experience. I can only say with respect to them, that I have seen no reason to consider them as of much importance.

The *mumps* (*cynanche parotidæa*). This is a fever of a peculiar, and evidently contagious nature. The distinctive character is a painful and extensive swelling of the parotid and maxillary glands; which continues three or four days, and then declines; the fever usually going off at the same time. It is a remarkable circumstance, that as the swelling about the throat subsides, an inflammation of the *testes* frequently arises in the form of what is called *hernia humoralis*, but which soon again disappears: at times, brain-affection with delirium follows this subsidence of the swelling of the *testes*. It is said that, in females, the *mammæ* become inflamed and painful, like the *testes* in the male subject: and I think I have seen two or three instances of this.

In general, the disease altogether is mild in its character, and requires only a mild antiphlogistic treatment. If the pain or fever are unusually great, *blood-letting* may be called for, to relieve them.

Urticaria or *nettle rash*, called also *esscra*, has been sometimes classed with the *exanthemata* or *specific* fevers: as has likewise *erysipelas*, and even *aphtha miliaria*, or the *miliary fever*, (so called from the skin being covered with minute whitish pimples, resembling millet-seed in appearance,) has been looked upon in the same light; but there is a doubt with respect to all of these, as to their *specific* character, and as to their being contagious or otherwise. *Pemphigus* is of so rare occurrence, that I can hardly venture to give an opinion upon it. *Hydrophobia* might, I think, with much propriety, be placed among *specific* fevers, for it has the essential characters of fever, together with a peculiar train of symptoms that distinguish it from all other diseases; while, like the other specific fevers, it arises solely from the application of a peculiar *virus*, generated in the body of a rabid animal. Unfortunately, the fatal virulence of this poison is such, as hitherto to have defied the power of art to subdue its effects: and *prevention* alone can be looked to; the only means of accomplishing which, that are deserving of any confidence, is the complete excision of the bitten part. This would be justifiable at any period prior to the appearance of the symptoms. The destruction of the part by *caustic* is less to be relied upon, as it appears to have often failed to prevent the occurrence of the symptoms,

I shall next have to treat of the *non-febrile* diseases of the brain, embracing the class of *neuroses* of Dr. Cullen, the *nervous affections* of other writers.

EXOSTOSIS OF THE LOWER JAW.

On Sunday last, at the Hospital of Surgery in Panton-square, Mr. Wardrop, assisted by Mr. Bennett, removed *rather more than half* of the inferior maxillary bone, in consequence of its being extensively affected with the above disease. It was a most formidable operation, and the first time that it has been performed in England. The patient is still in the Hospital, is doing remarkably well, and the scientific practitioner might feel gratified in having an opportunity of seeing her.

THE LANCET.

London, Saturday, March 31, 1827.

The Number of the Yellow Journal for the present month (March) is equally as uninteresting as the most worthless of its predecessors. It is dull, stale, and unprofitable, and in going from Johnson's "Blue" to Roderick's "Yellow," it is a change merely from "chaff" to "bran." We are heartily sick of the insipidity of both, and implore them, if they have one spark of wit or a single grain of benevolent feeling, to supply us on future occasions with something of a more agreeable nature, than the recent results of their editorial cookery. Too much of *hotch-potch*, like too much of any other good thing, must in the end prove not only annoying but pernicious. It is the precursor of inveterate indigestion; hence the morbid inflation of the "blue" editor's entrails, and his lachrymose effusions on *gas*. The chief ingredients of the *hachée en pot*, now before us, are styled "Original Papers and Cases" on "Erysipelas," by Mr. Arnott, "Distortions of the Spine," by Mr. Shaw, "Treatment of Fractures," by Mr. Chandler, "Wounded and Diseased Arteries," by Mr. Travers, "Tumor in the Spermatic Chord treated as incarcerated Bubonocele," by Mr. Jeffreys, "Fatal Case of Chorea," by Dr. Hawkins, "Cases of Injuries of the Head," by Mr. Nobody, and, lastly, on the "Inefficiency of the Act of Vomiting, in removing Arsenic from the Stomach," by Mr. Scott. At the bottom of this list, which we have copied from the last page of the cover, the following significant notice is attached in a parenthesis, thus ("For various other original articles see our Intelligence") precisely what we would like to see; and, in fact, it is just what we have been looking for most anxiously, during the last three years, in vain, which we now despair of ever seeing, and therefore shall never search for it again. However, under the misapplied head "Intelligence," a few other slops are thrown in to complete the medley. "A Monthly Report of prevalent Diseases," "Case of Obliteration of the Aorta," by Mr. Churchill, "Remarks on Inflammation," by Mr. Wise, "On Salivation from inhaling Mercurial Vapour," by Mr. Somerville, "On the Utility of fumigations," by Mr. (not J. H.) Green, and "On Constitutional Effects from the external Application of Belladonna," by Mr. Wade.

In noticing these articles we shall not restrict ourselves to the foregoing arrangement, and on some of them we shall offer no comments at all, as they are beneath all criticism. Mr. Arnott's paper on "Erysipelas, accompanied by Affection of the Throat," occupies no less than eighteen pages, and in recapitulation the author says,

> "On reviewing, therefore, these observations, and for the reasons developed in the course of them, I would venture in conclusion, to submit—
>
> "1. That the term erysipelas should be restricted to that febrile affection of the system, accompanied with inflammation of the integuments of the face, to which it has most usually been applied; and that, until we have better evidence for so doing, the expression erysipelas and erysipelatous, should not be applied to affections of the skin in other parts of the body.
>
> "2. That the term erysipelas phlegmonodes should be abandoned, as unnecessary, as well as inacurate, and applied to dissimilar morbid conditions."

It surely is not necessary that we should insert any more of these "*propositions.*" The first is absurd, and the second unintelligible. In the former, Mr. Arnott recommends that the term erysipelas should be "*restricted* to that febrile affection of the system, accompanied with inflammation of the integuments of the face;" and on the same principle, he of course would suggest the propriety of *restricting* "the term gout to that febrile affection of the system accompanied with inflammation of"—the *great toe!* This would be carrying us back a trifle,—only two or three centuries or so to be sure. In a word, with the best feelings towards Mr. Arnott, we earnestly advise him to commence the study of Bichat's GENERAL ANATOMY, and in a very few weeks he will relinquish his scheme of *mapping* out the skin of the human body into *square inches*, and of applying to these little territories *dissimilar designations*, when assailsd by the *same enemy*.

Mr. Chandler has invented a machine for the better security of fractured extremities, of the merits of which we cannot speak, as we have neither tried it nor seen it tried.

Dr. Hawkins's case of *chorea* proved fatal, notwithstanding " a full, but unsuccessful trial was made of the purgative plan of Dr. Hamilton. The patient had repeated doses of calomel, senna, or jalap; and an enema of oil of turpentine was three times administered." He does not state that purgatives were administered *daily*, the plan of Dr. Hamilton, but that she " had *repeated* doses," and we are justified in the opinion, that purgatives were not employed to a sufficient extent, from Dr. Hawkins's own assertion, that when given, " they NEVER failed to bring away COPIOUS and *dark-coloured* evacuations;" it would, we think, have been but consistent with " sound" medical knowledge, if the purgatives had been continued until NO MORE " *copious dark-coloured evacuations*" could be procured, and probably Dr. H. now entertains a similar opinion. Of the propriety of the practice of almost *daily* administering purgatives in chorea, agreeably to the proposal of Dr. Hamilton, we can speak with much confidence, as we have seen it attended with the greatest success.

In the paper of Mr. Nobody, on " Injuries of the Head," we are gravely told that those cases " which have been denominated *concussion* and compression of the brain, have many symptoms that are common to both;" and in that of Mr. Scott, that the act of vomiting is often insufficient to cause the ejection of *arsenic* from the stomach, which important facts we apprehend were pretty well known to the " sound" chirurgicals of *Kamschatka* some fifty years ago. Mr. Churchill's case of alleged obliteration of the aorta might have remained in Dart Street amongst the " botanicals," without any great injury to medical science; he himself allows that " the *pathological descriptions are obscure*, and difficult to comprehend." Why publish, then? The " remarks" of Mr. Wise " on some of the phenomena of inflammation," are not *overwise*; the *belladonna* case of Mr. Wade " does not enlarge the capacity of the pupil;" and we have passed through the fumigating papers of Messrs. Somerville, Green, Moonshee, and Shastree, without being suffocated—no trifling escape. John Shaw, with his thousand distortions, has really become a complete *bore*. He claims pre-eminence as a spinal doctor; and in order to attain his object, he probably deems it necessary to abuse and misrepresent all other labourers in the same vineyard. The reclining posture, introduced by the excellent Mr. Baynton, is declared to be injurious, when constant; though, the fact is, according to uniform experience, directly the reverse. It is to be employed daily for certain periods, and is then beneficial. The critical moment is, of course, revealed only to the supernatural genius of our admirable Crichton. Gymnastics, too, are essential to success; but Mr. Ward neither directs them like an anatomist, nor varies them, with the requisite skill. Stretching the spine is also an indispensable operation, when done with weights and pulleys, but with the fixed machinery of Dr. Harrison, it is often beneficial. Really, Mr. Shaw, to be serious on a grave question, did you ever witness or practise these several modes which you venture to condemn in no measured terms? We rather believe, for our own part, that you have not; and, moreover, that this ungenerous opposition is kindled more by the mammon of pelf, than the disinterested emotions of a scientific mind. We feel no inclination to assume the offensive, and push our videts into the enemy's lines, otherwise we could easily prove, that Mr. Shaw's hotch potch processes, gleaned from every quarter, are an ignis-fatuus, which glistens at a distance, but neither warms nor renovates.

May we ask who is A. Shaw, the delineator of J. Shaw's two engravings of Mary Anne Roach's distorted back. It is of importance to ascertain, at the starting post, that the figures were faithfully taken from the girl's person; that they are, moreover, true representations of the deformity before the treatment began, and after it was concluded. We do not require to be told, that a complaisant artist can easily increase the distortion in one drawing, and reduce it in the other. It is also to our purpose to remark, that unless portrait painters will condescend to flatter their employers, they never succeed with the public. Is it then too much to suppose, that A. Shaw may have performed a friendly office to J. Shaw, on an occasion so flattering to his interest and his vanity. The thing is certainly not impossible.

After all, we maintain that little reliance is to be placed upon drawings made directly from the figure, and least of all when executed by friends or dependants. Casts taken by artists of reputation and experience are of a very different order and denomination. These models are true representations of the parts intended to be shown. They cannot err, and remain durable monuments of the objects portrayed. We remember to have seen, at the time, a very strong display of the lateral curvature described by Dr. Harrison, and exhibited in the *Yellow Fungus.* The distortion was much greater than in Mr. Shaw's patient, and the success was certainly more complete. It will be seen, on reference to the plates, that not a shadow of deformity remained at the end of the process; whereas, with Mary Anne Roach, the disease is far, very far, from being subdued. Why, in "comparing the plans recommended in England, with those pursued in Germany and France," did Mr. Shaw omit to notice Dr. Harrison's brilliant and unique display of success? Does he expect, vain man, per fas et nefas, to raise himself into eminence? If it be his ungenerous aim to prosecute such schemes by misrepresentation and detraction, we assure him that a discerning and liberal public will defeat his object, and convince him, that an open and honourable course is more likely to gain him the distinction to which he aspires, than a covert and dirty path. Dr. Harrison's casts were taken from the figure by Mr. Mazzoni, the eminent modeller, before and after the treatment concluded. We therefore do not hesitate to place the fullest reliance upon his engravings, while we must be permitted to receive those of Mr. Shaw, cum grano salis.

The last paper on which we have to offer any comments is that of Mr, Jeffreys, entitled an "Account of a Case in which a Tumour in the Spermatic Chord was complicated with Symptoms so strongly resembling those of Incarcerated Bubonocele, as to lead to an Operation by which the true Nature of the Disease was ascertained," which we published verbatim at page 805 of our last Number. This is not the least curiosity of the records of "Hole and Corner" Surgery; had this paper appeared originally in The Lancet as an "unauthorised" production, there are not six Hospital Surgeons of this town who would have failed to declare, that it was a false and infamous libel on the splendid talents of Mr. Bandager Jeffreys; that it contained not a word of truth; that it was published for the basest of purposes; that it was our object to misrepresent the supporters of the College, and to render them objects of contempt in the eyes of all the general practitioners in the kingdom. Had we been the first to publish the report, these denunciations would have been repeated at the dinner tables of all the "Pures," would have bee vociferated throughout the squares of all our Hospitals, and would have been bellowed into the ears of the students in four-fifths of our recognised theatres of anatomy. Many would have believed the "Hole and Corner" gentry; but happily the credulous are not quite so numerous now, as they were at the commencement of our labours; consequently our task has become comparatively easy. Some forty months ago, the Hospital Surgeons of this town were looked up to by the profession and the public generally as the great lords of the surgical creation, and with the "Pure" family, were really objects of worship. No one stopped to inquire what their qualifications were, that commanded so much respect; which neglect of duty is the more to be regretted, as it has not only proved a prolific source of emolument to the undeserving, but also the remote cause of much human suffering. From all that we can learn, it appears that Hospital Surgeons have been objects of respect simply from the fact of their being in office, whilst the means by which they obtained their elevation were entirely lost sight of. This, however, is a subject which we shall not now discuss, as the manner of conducting elections of the officers of our Hospitals will engage much of our future attention; premising only, that the readiest way to their improvement would be a radical reformation in the government of our College. To return from this digression to the paper before us, we do not hesitate to assert, that the first six lines contain a statement more calculated to render the surgeons of St. George's Hospital objects of far greater contempt, than all the exposures they have experienced at our hands; true it is, that on all occasions we have been most anxious to adhere to facts, and never to condemn, except on evidence of an indubitable character. As it must be a source of satisfaction to a judge and jury, after having condemned a criminal to death, to hear from his own lips a confession of the justice of the sentence, and the truth of the testimony on which he had been convicted; so it is with us most gratifying to receive the confession of those delinquents whom we have been under the necessity of placing at the bar of public opinion. Here is the confession, and if it do not stamp the character of St. George's surgery as the worst in the kingdom; if it do not establish most incontrovertibly the truth of our remarks on the treatment of poor Wheeler and Hammond, of Mary Burnet, and other victims of "Hole and Corner" surgery; henceforth let words be devoid of meaning, or confessions of guilt be received as the only testimonies of moral excellence. Mr. Bandager Jeffreys *loquitur*. "Cases have not UNFREQUENTLY occurred, where another disease has been *mistaken* for *strangulated* hernia, and an operation performed for the relief of the symptoms. The MOST COMMON of these has been, where an ENLARGED ABSORBENT GLAND has existed in the usual situation of rupture,—or where there has been an *encysted hydrocele* in the spermatic chord,—or where THE TESTICLE has been *stopped at the ring* of the external oblique muscle in its descent into the scrotum." This is, indeed, a pretty confession from a London Hospital Surgeon. ENLARGED ABSORBENT GLANDS are frequently mistaken for strangulated hernia, and an operation performed for the relief of the symptoms! (the *relief* of the symptoms too!) This is the state of operative surgery at St. George's Hospital A. D. MDCCCXXVII.

Here we ought to conclude this notice, but we must add another word or two on the peculiarities of the glandular hernia now before us, the particulars of the case are the following, which we take from the confession:—"P.H., said he was a watchman; on his return home, on Saturday morning, December 23, he was suddenly seized with violent pain in the belly, followed by continued nausea, having had no stools for two days before; the pain was referred PRINCIPALLY to the NAVEL and the lower part of the abdomen. By direction of a medical man who saw him, he took some pills and aperient medicine, but without effect; on Sunday he was bled in the arm, and took more purgatives; Monday, bled and purged again, and no better; Tuesday, he observed a swelling in the left groin, and thought immediately that he was ruptured. On *Tuesday*, that is three entire days and nights after the first attack of pain at the navel, he discovered the swelling in the groin, and on the evening of that day he had "FOUR OR FIVE WATERY PURGING STOOLS;" on the following evening, Mr. Jefferys thought it right to cut into the tumour in the groin, discovered *three days* after the attack, under the impression that it consisted of strangulated intestine; such is the report of Mr. Jeffreys, such is the aspect of the case, although concocted under the "innocent nose" of the bandager himself; and we will ask what would have been its probable appearance if sketched by the pencil of an "unauthorised" artist. We advise all persons having glands in the neighbourhood of Poupart's ligament, to bear in mind, that when enlarged, they are "frequently mistaken" for strangulated hernia, by the "Hole and Corner" surgeons of St. George's Hospital.

THREE or four Numbers back, we alluded to the declining condition of the Medico-Chirurgical Society, and expressed our sorrow at its rapid decay. We were led to inquire into the causes of its dissolution, and stated our decided conviction, that the chief of them might be found in the opposition of the Society to the publication of its discussions. We are not singular in this opinion; in fact, several of the then Council, who objected when we first commenced the practice, have requested us to renew it, with which we certainly shall not comply unless we receive the unqualified consent of the present Council for so doing; as it is, in every sense of the word, a private institution, and we can have no legal right to publish its proceedings. At the same time, we cannot avoid expressing our astonishment that a body of gentlemen, who profess to meet for a scientific and highly useful object, can object to the immediate diffusion of that knowledge to their professional brethren in distant parts of the world, which they impart to the Members of the Society during the discussions. It is with peculiar satisfaction that we direct the attention of the reader to the sentiments of the President of the London Medical Society, at page 849 of our present Number, not so much on account of the high encomiums bestowed on this Journal, (although we are not insensible to the approbation of such an enlightened and honourable man as Dr. HASLAM,) but because we feel assured his opinions will exercise a powerful influence over the proceedings of medical societies in general, and elevate them to that rank of usefulness and respectability, to which, from their declared objects, they are so justly entitled.

As we have received many complaints of the irregularity with which the INDEXES of this Journal have been supplied by the newsmen, we have, on this occasion, taken extraordinary pains, and been at a considerable expense (a portion of which we are compelled to throw upon the purchaser, but not, we trust, without its equivalent,) to furnish a most copious Index with this the *concluding* Number of the Volume; so that Volume XI. is now complete. We shall endeavour to accomplish this object on all future occasions. Let it not be supposed that we plead guilty to the above charge of irregularity; on the contrary, we believe that no Journal in London, during the last two years, has been more regularly or more promptly supplied with its Index, which has been invariably delivered with the first or second Number of each succeeding Volume; the fault must rest with the booksellers or newsmen; certainly not with ourselves.

Examen de la Doctrine Medicale generalement adoptée et des Systemes Modernes de Nosologie, &c. Par F. J. V. Broussais. 8vo. p. 475 Paris, 1816.

Histoire des Phlegmasies ou Inflammations Chroniques, &c. Par F. J. V. Broussais. Paris, 1826. (Troisieme Edition.)

Exposition des Principes de la Nouvelle Doctrine Medicale, &c. Par J. M. Goupil. 8vo. p. 622. Bailliere. Paris, 1824.

Pyretologie Physiologique ou Traité des Fievres Considerées dans l'Esprit de la Nouvelle Doctrine Medicale. Par F. G. Boisseau. 8vo. p. 722. Bailliere. Paris, 1826. (Trois. Edition.)

Medical History furnishes abundant examples of the perpetuation of error through prejudice and ignorance, and of the opposition which the most palpable truths have experienced, from men desirous of being regarded as medical philosophers. We may refer, by way of illustration, to the tenacity with which the Brunonian system was so long defended against all the evidence of common sense, and to the reluctance with which it has been forsaken. No system was more plausible at first sight, or better calculated to entrap the unwary: it procured proselytes by its simplicity, and its speciousness deceived those whose time, or want of inclination, did not allow of an immediate scrutiny into its absurdities. At the time of its appearance medical opinion lay prostrate before the chairs of Cullen, Hoffman, and Stahl; or, in other words, medicine was smothered with a scholastic jargon, which even its teachers acknowledged they did not understand. In this state of uncertainty, the ingenious hypothesis which reduced diseases into two great classes, and the treatment into an equally simple division, was caught at with avidity, and spread from country to country, until all Europe was desolated with a doctrine which destroyed former errors, by substituting others still more dangerous and absurd. For a time Brunonianism flourished; scarcely a medical school existed, in which it was not publicly taught; and scarcely could a practitioner of eminence be found, who, if he did not vindicate, insensibly fell into its incendiary practice. It was in the full stream of popularity, in France, when Broussais entered his protest against it; and warned his countrymen of the errors they were committing. This was first done about twenty years ago; and although it is difficult to make the voice of one man heard in a multitude, it must afford great satisfaction to that individual, to perceive that his remonstrances served to check the progress of that infatuation, whilst the gradual increase of the opinions he advocated, appears to show that the arguments on which they rested were satisfactory and convincing, that they were, in short, founded in truth.

Whilst this revolution of medical opinion was going on in France, a similar attempt was commenced about the same time in Germany, by Professor Marcus,* of Bavaria, and both were preceded by the efforts of an individual in this country, who, by a sober and inductive reasoning, arrived at the same general conclusions respecting the fallacy of previous opinions, and was, although unconsciously, co-operating to produce a salutary reform in the practice of physic.

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* Entwurf einer speziellen Therapie, 1805. Nürnberg.

Such was the state of medical opinion at the commencement of the present century; diseases were considered purely abstractedly. Did the symptoms indicate weakness, stimulants were poured in—did they exhibit proofs of increased force, depletion was employed, without any reference to the cause, or to the condition of the suffering tissue. We may best learn the tendency of medical practice from the treatment pursued in febrile affections, and perhaps from none so satisfactorily as from the management of that variety which, by common consent, has been called typhus, or typhoid, by which a state of weakness and oppression of the animal powers, no matter how induced, has been generally understood. According to the directions of the Brunonians this weakness was regarded as requiring the direct application of stimulants, and men dosed their patients with spirituous potations in typhus fevers, so called, and, in short, in all diseases where the much dreaded *asthenia* made its appearance. This empirical practice was tried, and innumerable were the victims which it sent down to Orcus; so that now it is rare indeed to find a man with hardihood enough to follow such a destructive career. The men who now give the tone to medical opinions in their respective countries have abandoned it.—Hufeland, in his Essay on Typhus, labours to prove to his countrymen, that the constitution of diseases has changed, and that typhus has become inflammatory.—Menderer, physician to the Russian armies, has asserted, that the stimulating practice was horribly destructive in the remittent typhoid fever of Moldavia, Wallachia, and Bessarabia, and he confesses that he was compelled to change it for the evacuant mode of treatment, and that he found this the safest, even when continued up to the period of convalescence. Hildenbrand,* who was at the head of the Vienna school, whose excellent treatise on Typhus is duly estimated by his countrymen, calls the state of reaction the inflammatory period, and Horn, of Berlin, asserts just the same thing.—Tomassini and Rasori, in Italy, have been forced by experience into the same confessions respecting the nature of the fevers called yellow and typhoid, reducing them to local inflammations, so that if we take a general view of the present state of medical opinion, what do we perceive? That thinking men of all countries have thus far approximated to throw down, as if by common consent, the bugbear of fever existing as a *distinct essence*, and this apparently without any communication or collusion, being individually induced to do so by the evidence of experience. They have been led to connect disordered symptoms with disordered function, and have been reasonable enough to be guided by the light of physiology and anatomy to the suffering structure. They have dispelled the incubus that oppressed the moral energies of Æsculapian reasoners, and have reduced a destructive nothing, an all-pervading universality,† into submission to the ordinary laws of matter and vitality.

This was the first step to the rescue of medicine from empiricism, and this is the only mode of investigation which can lead us to truth. We must proceed from general principles to special, and then trace their modifications and peculiarities. This is the manner in which Broussais has conducted his examination of medical opinions, and we scarcely remember to have read a work in which the efforts of a powerful mind were more singularly conspicuous. This Broussais, this vilified *gastro-enterite* Broussais, will be hereafter acknowledged to have been a man worthy of the appellation of a first rate medical logician, and to have befriended the human race by the analytical and sound reasoning which he has introduced into physic. At any rate we may say thus much, that he is an original, thinking, and clear-headed man; that what he has asserted is in conformity with experience; that he may therefore safely appeal to experience, and to all men who consult that sort of authority, for confirmation of the accuracy of that doctrine which, on the Continent, he was the first to teach and to oppose to a deluge of error. This doctrine we shall now shortly describe, and it will be seen from the mere sketch which our limits allow us to give, how sadly it has been misrepresented, and how closely it corresponds with the testimony of those whose testimony is worthy of respect.

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* Uber den ansteckenden Typhus, nebst einigen Winken zur Beschränkung oder gänzliche Tilgung der Kriegspest und mehrere andere Menschenseuchen. Wien, 1814.

† "A fever" in the language of Dr. Fordyce, "is a disease that affects the whole system; it affects the head, the trunk of the body, and the extremities; it affects the body, and afterwards the mind; it is therefore *a disease of the whole system*, in every kind of sense."—1st Dissertation on Fever, p. 28. After this confession, he needed not certainly to have told us, that "it is a disease, the essence of which is not understood."—p. 118. According to Cullen, a collapse of the energy of the brain is the proximate cause of fever, which, extending its influence over the whole system, occasions "*a universal debility*."

The first part of the *Examen* exposes with the greatest ability the absurdity of calling fevers essentially typhus, in which debility or asthenia may sooner or later appear, and points out with great perspicuity that such a condition is to be regarded as a consequence, not as a cause. We hear, says Broussais, the words *adynamie* and *ataxie*, corresponding to nervous and muscular debility, in continual use, and because these conditions are found toward the close of most acute affections, they are regarded as two evil genii concealed behind the curtains of the patient. In order to prevent their appearance, evacuations are most rigidly abstained from, and the disease is allowed to go on, trusting to nature to bring about a *crisis* to accomplish the cure. Luckily for those whose complaints are of a slight character, such a termination does at last arrive, but much later than if the symptoms had been combated in a reasonable manner at the commencement; but when the disease is of a more important kind, by this expectant system, the powers of re-action gradually diminish, symptoms of prostration make their appearance, and then tonics and stimulants are poured in to accelerate the destruction.

The sarcastic style in which the practice of the old school is exposed, is so apt, and conveys such a true description of the false reasoning employed by its disciples, that we cannot do better than to introduce the author of the Examen, represented as combating the prejudices of an opponent. Having endeavoured to point out the extreme folly of substituting names for things, and of resorting to confused systems of nosology for an explication of symptoms, he says,

> "We will suppose a case of incipient fever in which, from the first, there are symptoms of increased sensibility of the stomach; the lingual mucus is altered in appearance, and the taste is bitter; the case is then called a *disorder of the stomach*, and it is to be relieved by a good emetic; they take this as the only thing to be removed. Sometimes it so happens, that this disordered state of stomach does, in point of fact, depend upon irritation of foreign matters in the stomach, and the patient is relieved by the emetic, especially old people, the poor, the badly nourished, and those shut up in large institutions. But if the subject be young, irritable, or should have an irritation of the stomach in a little higher degree, there may be a little temporary relief gained by the emetic, but the mischief it has done soon becomes apparent, the fever develops itself on the following day, the tongue becomes dry and red, the thirst becomes intense, the general uneasiness and sympathetic pains of the muscles very considerable. Our philosophers then declare their having removed, by analysis of the symptoms, the *embarras gastrique*, and that they have discovered the concealed *fievre gastrique*. They do not see that by their treatment they have only exasperated the irritation of the stomach, and converted it into absolute inflammation of that organ. But the moment you say this, they reply that you can see nothing but a gastrite, that there was no sign of inflammation

whatever; that it was a fever; that in gastritis there is vomiting, and to prove it, they quote cases of poisoning by corrosive substances. It is in vain for you to reply, that the inflammation of a membrane does not cause the same pulse, or the same degree of heat, as the inflammation of a large bundle of capillary vessels in a more resisting texture. It is in vain for you to remind them that every body does not vomit; that inflammations have a thousand degrees; that it is not always equally painful; that it does not always arouse the same disordered sympathies. They treat all these physiological distinctions as subtile explanations. They say, *fever depends upon irritation, not on inflammation.* If you ask them to trace to you the line of demarcation between irritation capable of exciting fever, and inflammation, they reply that you wish to go into vain explanations, and to give vent to your imagination; and, still insisting upon the necessity of preserving the *strength* of the patient, they go on waiting for the natural crisis, doing little or nothing. In about seven or eight days, if the irritation is not allayed, the force of the pulse diminishes, the patient begins to feel very debilitated, and becomes taciturn; they turn round on you then in triumph, and exclaim, 'See, we have done well to husband the strength; see, here is *adynamie*; quick, quick, give tonics, camphor, quinine, serpentoria, and apply blisters.' This is the way in which they treat their patients, and they die. You open the body, you show them the mucous membrane of the alimentary canal, red, or even black from the cardia to the cœcum, and sometimes further; but it does not satisfy them; they say such things are usually observed in adynamiques, or low fevers."

Nothing, however, is more incorrect to conclude, as many have done, that Broussais limits the seat of fever to the mucous membrane of the intestinal canal; although he shows that in France such is most frequently the case, which may be easily accounted for when we take into consideration the predisposition of that structure occasioned by the habits of the people. He affirms that the brain is frequently the seat of fever, that any part of the body may in fact be the seat of the inflammation which gives rise to the fever, but the leading point for which he contends is, that there are no fevers without inflammation, and hence the absurdity of the stimulating plan of treatment. Whenever I perceive, says Broussais, a patient labouring under the symptoms of fever, without any particular pain that might connect it to the phlegmasia of authors, I do not rest content to regard it, as it is said to be, independent of inflammation; but I hunt out the seat, or rather the point of irritation which occasions the febrile movement. Show me, says Broussais, the organs; let us carefully examine their functions, and then if we find any one organ suffering more than another, let us endeavour to relieve it; we may find the brain and alimentary canal suffering together, and either consecutively; the stomach and bowels in consequence of the disease in the brain, or vice versa; and no matter by what name the fever has been called by nosologists, let us carefully and minutely search out the condition of the suffering organs, and not be led away from the physiological treatment of the case by the mere consequences of the disease. What can be more reasonable or philosophical; yet it is a common thing in this country to mention Broussais in connexion with some contemptuous epithet, and to repeat the eternal phrase with which men who will not take the trouble of investigating, affect to sneer at his opinions, "La gastro-enterite est la base de la pathologie." Whereas, nothing is more absurd.

To return to Broussais' notions of typhus fever. He does not regard, as we have before mentioned, as cases of typhus, such in which symptoms of debility may supervene during the progress of sporadic fever, but esteems that only as true typhus, which is produced by a miasm, the product of the decomposition of organic matter, or which emanates from a person already labouring under the consequences of an exposure to such an agent. To suppose otherwise, he contends, is not only chimerical, but worse, positively injurious, since it deters practitioners from combating the topical inflammation with energy in the commencement, and tends to accelerate the progress of the disease by the premature administration of stimulants. He describes the impression made by this agency on the system, to be sometimes so powerful, as at once to destroy life without any reaction whatever; but that if the action of the poison (and he describes the miasm as a poison) should not be so intense as to prevent a reaction, or allow time for the judicious interference of art in the administration of stimulants, to assist in overcoming this congestion, that then the febrile reaction does take place, and that organ suffers which is most predisposed by any former weakness. It may be the brain, the lungs, or the abdominal viscera, or any other organs, but principally the three first, which must be treated on the same principle as any other fever produced by any ordinary agent, namely, as a local inflammation, with due care, however, allowance being made for the peculiarity of the agent now in operation. In typhus, therefore, when the febrile reaction is developed, the main danger is *not weakness*, but disorganisation of the principal organs, and more especially of the three before named. These are almost his own words, written, it must be remembered, in 1808. The following passage is so excellent, that we are tempted to give it verbally:—

"Ce qui distingue les phlegmasies typhodes de toutes les autres, c'est la facilité avec laquelle l'excitation organique cesse, et fait place à la torpeur dite adynamique. Or, plus l'irritation est considerable, plus ce funeste changement est prompt, comme on l'observe dans les inflammations indépendantes des miasmes délétères. Le premier soin du medicin doit donc être de préserver ces trois foyers principaux contre l'excès d'irritation qui menace de les detruire; s'il les preserve de la disorganisation, il previent necessairement la prostation générale qui marque *le second periode* du typhus."

Not that Broussais prohibits altogether the use of stimulants, or supposes that evacuants are to do all; he adopts no exclusive practice, he modifies it according to the exigencies of the case, and he points out the particular conditions in which a stimulating treatment is absolutely required, and mentions among others the following: In the general stupor which succeeds the first influence of marsh and other miasma upon weakly constitutions, where the powers of reaction are feeble, where there is a general sort of debility to be carefully distinguished from that state occasioned by any phlogistic action in any of the three principal cavities; when these measures, instead of rendering the tongue dry and coated, the thirst more ardent, the skin more hot, procure a diminution of these symptoms, and dispose to a general diaphoresis; when the febrile period terminates, and when the patient falls into a state of extreme feebleness, which cannot be attributed to the oppression of any particular organ, and which is, in point of fact, the first period of convalescence; Broussais then inculcates the necessity of carefully graduating the doses of the stimulants employed, lest the exaltation of the vascular action may be effected too suddenly, and the state of inflammation be again brought on. And he concludes his remarks on this subject, in the following animated and judicious passage:—

"As to the rest, it must depend on the sagacity of the physician; but it must be always borne in mind, that it is by applying our physiological knowledge to the sufferings of our patient, that is to say, by applying it without any exclusive system to the analysis of functions, to the study of sympathies, to the appreciation of the effect of modifying agents, that we only can arrive at that dexterity; and never by studying diseases as abstract essences, or by refusing to submit them to physiological analysis. But it is impossible to find anything but pure abstractions, speculations, and, in fact, absolute nothings, if we adopt the language of the Brunonians, or of those nosologists who affect to give a high degree of importance to artificial denominations systematically arranged, subdivided into pedantic classes, orders, genera, species, and varieties.

This is such a plain, reasonable, and matter of fact statement, that we need not to say more than to refer to the great similarity, we may almost say, identity of doctrine taught on this side of the channel for so many years. Dr. Clutterbuck says, and has encountered much ridiculous opposition for saying so, that fever is always connected with inflammation, and that the seat of inflammation in *idiopathic* fever is the brain, but that in *complicated* fever, any other organ may be primitively affected, and the brain secondarily: which is no more than saying that in fever the brain is sometimes inflamed, and sometimes another organ; because the definition he has given to idiopathic fever, makes it an inflammation of the brain, and his complicated fever is an inflammation of any other structure. Broussais does not *call* inflammation of the *brain* idiopathic fever, but what amounts to the same thing, he says that the brain is sometimes primarily inflamed in fever; more frequently consecutively, but that there is no fever without inflammation. Therefore there is no real practical difference between these distinguished practitioners; it lies in the mere use which Dr. Clutterbuck makes of the word *idiopathic*. The merit of originality appears fairly to belong to each of these gentlemen, as it would appear from reference to dates. Dr. Clutterbuck first broached his opinion on fever in his inaugural dissertation, "De sede et Natura Febris;" published in the year 1804, and the first edition of his "Inquiry into the Seat and Nature of Fever," in 1807. Broussais' "Histoire des Phlegmases," was first published in 1808, and it does not appear that either was acquainted with the labours of the other. Be that as it may, their efforts have tended to remove the vague notions respecting fever before in vogue, and have led to a decided and rational practice. With the following extract we must conclude this part of the subject.

"Having compared the results of my practice," says Broussais, "with that of others, I may assert, without fear of contradiction, 1st, That typhus is not in reality so frequent as it is represented; 2d, That the most part of the pretended gastric fevers are only slight inflammations, which are exasperated by the use of emetics, and tonics, and acrid purgatives; inflammations which could most frequently be arrested in their march by the antiphlogistic treatment, and which do only present the symptoms called *adynamiques* and *ataxiques*, because nature has been allowed to labour unrelieved under the irritation, or because the febrile state has been maintained by irritants; 3d, That after reaction has taken place in true typhus, in contagious typhus, the best mode of stopping its progress, or of rendering the symptoms less severe, is to treat it by evacuents, and acids, to proscribe all aliments, and to have recourse to local or general blood-letting, if the irritation in the viscera should require. Cerebral and pectoral irritations are common in typhus. The first, ordinarily consecutive to that of the alimentary canal, is, however, very frequently (fort souvent) primitive in the spring and during summer; the second presents itself almost always in winter, and the extreme mortality of the typhoid epidemics in cold countries is, in great measure, owing to it."

Thus we see, that respecting the treatment of fevers in general, and of typhus in particular, there is little or no practical difference between Drs. Clutterbuck and Broussais. With regard to intermittent fevers, whether benign or malignant, Broussais regards their pathology as that of inflammation, and considers that the access may be explained in the following manner:—Every *intermittent fever* presents marks of a temporary *congestion*, and that congestion will be greater or less in proportion to the degree of strength of the patient; that it afterwards passes over into a state of excitation, which may act more upon one organ than another; that, by a repetition of attacks, that excitation may pass over into *inflammation*; that they may and frequently do pass into *continued fever*; and that there is, in short, a most intimate connexion between the two *. That as the inflammation in these cases is usually of a less vigorous kind than under other circumstances, the constitution appears to remove it periodically by a certain crisis, but that this it is not able to accomplish perfectly, and that then *bleeding*, to a moderate extent, will often succeed in removing it altogether. Broussais contends, that stimulants should be used with caution, and never be employed excepting in the intervals of the accessions; but that the most safe and discreet treatment is to calm the morbid irritation and to direct the attention to the viscera; seeking rather to remove that condition than to trust to the usual empirical mode of procedure, which, as he says, is often "*un jeu du hasard, une partie d'honheur à quitte ou double.*"

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* Dr. Gideon Harvey, in his very curious tract, "A Discourse of the Plague," which was published soon after the great endemic of 1665, states distinctly that "The disease did oft appeare at first as a *diary feaver*, which speedily did go into a putrid feaver, suddenly accressing into a most malign and pestilent feaver." He

This, as far as our space would allow, is a sketch of the predominant opinions of the great Reformer of French Medicine — of the Founder of the "*Medicine Physiologique.*" The work of Goupil contains a valuable body of facts, collected in the Theses of the French Students, bearing upon the leading points of Broussais' doctrine; that of Boisseau is a much more complete work, and furnishes a very good exposition of the opinions of the new French school. It would be well received in an English dress.

Remarks on the Merits and present State of Vaccination, wherein the Objections of the Antivaccinists are considered. By ROBERT LEWINS, M. D., &c. 8vo. pp. 80. Edinburgh, 1825. Constable, and Co.

DR. LEWINS has put together most of the arguments which have been adduced on the side of the vaccinists and the antivaccinists; 1st, taking a cursory view of the history and effects of the small-pox; 2dly, giving a succinct history of vaccination; 3dly, considering the objections of the antivaccinists; 4thly, inquiring why vaccination occasionally fails; 5thly, remarking on the present state and protecting power of vaccination; 6thly, examining the proposal of substituting variolous for vaccine inoculation; and lastly, appending the report of the Vaccine Institution of Edinburgh, for 1824, as also that of the Hospital at Battle Bridge, for the same year, which appeared in the seventh volume, p. 21, of THE LANCET. The author is a practitioner of repute, at Haddington, North Britain, where it seems certain prejudices still exist on the subject of vaccination; and his work is not so much designed for the profession, as in the language of his preface, "To confirm the faith of the wavering, or to restore to the cause which he advocates, that confidence which would never have been shaken, had men taken reason for their guide."

So much has been said and written on vaccination, that it were to little purpose to go into detail on the subject. The little work of Dr. Lewins is calculated to effect the benevolent object which he had in view; and by no critical rules has the unassuming author merited the censures of the younger Duncan's reviewer, of whose conduct, therefore, we think he has righteous grounds of complaint.

A Portrait of GEORGE BIRKBECK, M.D. F.G.S. M.A.S., President of the London Mechanics' Institution, and of the Medical and Chirurgical Society of London, &c. Knight and Lacey, 1827.

DR. BIRKBECK belongs to a class of worthies who seem born for others rather than themselves. Although time, the destroyer of all

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also appears to have distinguished justly the different forms of attacks, for he says, "That in some the feaver was high on the beginning, whence," says he, "nothing is more proficous against the plague (but in the commencement onely) than phlebotomy." Distinction xviii. p. 153.

things, should lay the Mechanics' Institute in the dust, the impulse which has been communicated to the sciences will be felt by distant ages, and perpetuate the genius, and the philanthropy of its founder. Not satisfied with contributing munificently to the funds of the Institute, he has laboured incessantly in the lecture-room; taught the laws of mechanical philosophy to thousands, who but for him could have never hoped to attain them—more than all, by his example, which has been followed in most large towns in the kingdom, he has elicited a spirit of emulation and inquiry, which cannot fail to be of lasting service to science, and the nation at large. The plan which we lately submitted to our readers, of giving popular demonstrations on anatomy, is about to be reduced to practice by this real friend of the human race, and will assuredly dissipate the prejudices which at present exist against the most useful, interesting, and humane of the sciences, without which there is no certainty in physic. Dr. Birkbeck has deserved well of his country, and it therefore gives us great pleasure to state, that his likeness is very cleverly delineated in the engraving before us, which, though his name will never die from the lips of mechanics, will give a forcible idea of the man, ornamenting alike the room of the artizan, and the cabinets of the philosopher, and friend of science. No one who has seen the Doctor, could fail to recognise the fidelity of the copy. The face is richly intellectual; and, indeed, the whole contour of the picture is highly creditable to the artist's talent. It is engraved in mezzotinto by Dawe, from a painting by Lane, and its size is fourteen by seventeen and a half inches.

BEN TRAVERS, at the St. Thomas's dinner, in a raving speech, told the company that " He was determined to do his duty through *good* report, and through *evil* report;' would he had added, " through the PERINÆUM!" We find he could have sparee his anxiety on the subject of *sultanas*, as the landlord, knowing his company, had taken the precaution to *stone* all the raisins on the table.

ON going round the wards of the Middlesex Hospital a few days since, Mr. Joe Burns was informed by one of his patients, an elderly woman, that she had " *a swimming in the head*;" " Let the physician see that poor woman," said Joe, turning round and addressing the nurse, " Let the physician see her; depend on it, she has got water in the head, or else she would not have a *swimming* there!"

ZOOLOGICAL SOCIETY.

A Meeting of the Members of this Society, which was instituted some months ago for the advancement of zoology in this country, was recently held in Bruton-street, for the purpose of appointing a President in the place of the late lamented Sir T. Stamford Raffles; when the Marquis of Lansdowne was unanimously elected President of the Society. We learn from the Report which was laid on the table, that the plans of the Society are in considerable forwardness, and are likely to be carried into complete effect. The Museum in Bruton-street (consisting of extensive collections in every branch of zoology) is open to the Members; and preparations for a garden and menagerie, on the ground allotted to the Society in Regent's Park, are going on with activity. It is expected that the gardens, with promenades, plantations, aviaries, and sheds, for the more interesting quadrupeds and birds, ponds for fish and wild fowl, &c., will be opened in the course of the ensuing summer. Every exertion is making to render this establishment one of the most splendid and interesting attractions of the metropolis.

THORACIC VACUUM THEORY.

Suum cuique.

To the Editor of THE LANCET.

SIR,—As you were pleased to deem the discussion which took place on the Thoracic Vacuum Theory at the London Medical Society of sufficient interest to publish; and as Dr. Barry at that discussion endeavoured to maintain that "no other man, either living or dead, had *even imagined* experiments similar to his," to show the nature of the *mechanism* employed to form that vacuum ; I consider it but justice to that distinguished and indefatigable physiologist, M. MAGENDIE, to send you a copy of a letter which I have recently received from him on this subject : especially since Dr. Barry undertook to say, that " M. Magendie had *no very accurate notions* of the effect of the expansion of the chest on the *sanguisugnous* cavities. It will be seen by referring to the 179th No. of THE LANCET, that I endeavoured to show by some quotations, which I read from the second edition of M. Magendie's Elements of Physiology, that he had not only *a* VERY *accurate notion* of the nature of the thoracic vacuum, and of its influence on the return of the venous blood, but that he had arrived at that accurate knowledge *through experiments* made on the jugular and crural veins of animals, by inserting tubes into them, the other extremities of which were placed in connexion with coloured fluids ; in short, in precisely the same way as was adopted by Dr. Barry. At the time the meeting took place I had not the first volume of M. Magendie's "*Journal de Physiologie,*" published in 1821, at hand, but I have since procured it, and have satisfied myself of the identity of the description there given, of the influence of the thoracic vacuum on the circulation, with that found in the second edition of his Physiology, published in March 1825, from which I made the quotations ; indeed, the one is a verbal transcript of the other. Dr. Barry's experiments were made in 1824, and the little brochure in which they were described, was published in the autumn of 1825. As M. Magendie has been so polite as to answer the questions I addressed to him, seriatim, it is unnecessary for me to repeat them. The following is a copy of his letter :—

MONSIEUR,—Vous me faites l'honneur de me demander :—

1mo. A quelle époque et où j'ai demontré par l'experience l'influence de la respiration sur le cours du sang veineux.

Dans 1817 j'avais communiqué à l'Academie des Sciences un premier mémoire sur la circulation, dans lequel je traité de l'action des arteres. (Journal de Physiologie, 1re Vol. p. 102.) Dans un second travail j'ai traité de l' influence de la respiration sur la circulation. Ce mémoir a pour titre, "*De l'Influence des Mouvemens de la poitrine sur la circulation du Sang* ;" (Journal de Physiologie 1821, 1re Vol. p. 131.) Les experiences qui se trouvent a la page 136, se rapportent entierement a la question traitée par Mr. Barry. Enfin, dans le meme volume de mon Journal, page 190, se trouve un "*Memoire sur l'entrée accidentelle de l'Air dans les Veines, sur la mort subite qui en est l'effet, sur les moyens de prevenir cet accident et d'y remedier.*" Je y demontre que l'entrée de l'air est bien evidemment un effet d'aspiration, et par conséquent de pression atmosphérique.

2do. Vous me demandez, Monsieur, si je me rappele le nom des Médecins ou Etudians anglais qui ont assisté à ces expériences ; je les répête tous les ans dans mon cours de Physiologie experimentale, un grand nombre de personnes ont pu en être témoins.

3tio. En sortant de l'Institut apres la Seance dans laquelle Mr. Barry lût son memoire, je lui demandai seulement s'il avait connaissance des expériences de Haller, de Lamure, de Lorry, et des miennes. J' ai cité les travaux de ces auteurs dans mon " Mémoire sur l' influence des mouvements de la poitrine." Mr. Barry me répondit *qu'il ne les connaissait pas.* Je lui fit observer alors qu'il eut été convenable de prendre connaissance de ces expériences avant d'en entreprendre de semblables sur le meme sujet.

Je dit en outre publiquement dans la discussion qui eut lieu après la lecture du rapport qui fut fait au sujet du memoire de Mr. Barry, qu'il etait *mécaniquement absurde* de regarder la pression atmospherique comme la cause principale de la circulation, et de ne pas admettre que le cœur y eut la plus grande part.

Je désire, Monsieur, que ces renseignemens puissent vous être utiles, et vous prie d' agreer mes civilités.

MAGENDIE.

Paris, 13 Mars, 1827.

(TRANSLATION.)

Sir,—You do me the honour to ask me :

1st. When and where I showed by experiment the influence of the respiration on the course of the venous blood? In 1817, I communicated to the Academy of Sciences a first memoir on the circulation, in which I treated of the action of the arteries. (Journal de Physiologie, 1st Vol. p. 102.) In a second paper I treated of the influence of respiration on the circulation. This memoir was intitled, "*Of the influence of the movements of the Chest on the Circulation of* *the Blood.*" (Journal de Physiologie, 1821, 1st Vol. page 132.) The experiments which are found at page 136, relate entirely to the question treated of by Mr. (Dr.) Barry. Lastly, in the same volume of my Journal, page 190, there is a "*Memoir on the accidental entry of the Air into the Veins, on the sudden death which is the consequence of it, on the means of preventing that accident, and of remedying it;*" I there show, that the entry of the air is evidently an effect of inspiration, and consequently of atmospheric pressure.

2dly. You ask me, Sir, if I recollect the names of the English physicians or students who were present at these experiments? I repeat them every year in my course of experimental physiology; a great number of persons have been witnesses of them.

3dly. In going out of the Institute after the sitting, in which Dr. Barry read his paper, I asked him only if he were acquainted with the experiments of Haller, of Lamure, of Lorry, and mine. I have quoted the works of these authors in my memoir, "On the Influence of the Motions of the Chest." Mr. Barry replied, *that he knew nothing of them.* I then observed to him that it would have been but becoming to have taken some notice of these experiments, before he undertook similar ones the same subject.

I said, moreover, publicly, in the discussion which took place after the reading of the report which was made on the subject of the memoir of Mr. Barry, that it was *mechanically absurd* to consider atmospheric pressure as the *principal* cause* of the circulation, and not to admit that the heart played the greatest part in it.

I hope, Sir, that this information may be useful to you, and beg you to receive my respects. MAGENDIE.

Paris, March 13, 1827.

This document, I think, Sir, confirms the assertions I made respecting the merits of M. MAGENDIE; and serves to show that *even the experiments* of Dr. Barry are *not original*; that the *mechanism* of the Thoracic Vacuum Theory was *long since understood*, and its influence on the circulation *sufficiently appreciated.* The thoracic vacuum can only be regarded as an inferior accessory power in the circulation: to suppose otherwise is *physiologically*, as well as "mechanically absurd." I remain, Sir,

Yours very respectfully,
EDWARD JOHN SPRY.

5, New North-street,
March 26, 1827.

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* This *was* Dr. Barry's opinion. He has since given it up, as we find nothing said of atmospheric pressure as the "*cause principale*" in the English edition.

FOREIGN DEPARTMENT.

SURGERY.

Extirpation of a Sarcomatous Parotid Gland.

A SHORT time since we gave an account of the successful extirpation of this gland by M. Lisfranc, at La Pitie, in the present case Professor Nægele of Heidelberg was the operator. No further observations require to be now made on the practicability of the operation, since this case constitutes the fifth in which the gland has been removed with success.

Barbara Schackert, of Gaiberg, aged 45, the mother of many children, perceived about fourteen years ago a tumour to form between the mastoid apophysis and the angle of the jaw, which, although painful, she neglected. Finding that the tumour increased in size, she consulted a country surgeon, who applied a caustic to induce suppuration. It appears that the wound after a time was healed, and that there remained a little hard swelling in the centre of the original tumour. In the following year the tumour again increased, and became as large as before, when it was again treated with caustic. From the ulcer thus formed, a friable matter was observed to be discharged from time to time; the wound kept open, and could not be healed. Much dismayed at the rapid progress of the tumour and ulcer, the patient now applied to the surgical clinic attached to the University of Heidelberg. The swelling extended from the lobe of the ear to the middle of the cheek, and descended about four-fifths of an inch below the edge of the angle of the jaw, from which place it passed upwards and backwards, over the mastoid process. It was moveable to a certain extent, and by powerful pressure on its sides, it could be raised a litttle from its bed. In its centre was an ulcer with hard and inverted edges, almost as hard as the long circumference of an egg. The suppuration was abundant, and very fetid. The operation was performed on the 21st of May. The whole of the diseased skin was included between two semi-lunar incisions, and the integuments were dissected back to the base of the tumour. The operation occupied about a quarter of an hour; the bleeding vessels were secured as they proceeded, and the trunk of the carotid artery was exposed at the bottom of the wound. The hæmorrhage was not great, the edges of the wound were brought together as near as possible, and secured by appropriate bandages. The dissection of the tumour showed in its interior a rosaceous mass, in which were contained several indurated points connected together by a dense cellular tissue.

The case proceeded in the usual way without any untoward circumstances, and the patient left the clinic on the 2d of June. She attended as an out-patient for some weeks, when the wound healed perfectly, leaving a small cicatrix.*

New mode of treating Wounds of the Intestines, as proposed by M. Lembert.

The ligatures used by M. Lembert may either be of silk or flax, and a number of needles being armed with these substances are to be passed through the intestine between its muscular and mucous coats, about two lines from the wounded edges. As many ligatures as may be deemed necessary are to be passed before any are tied, the index finger of the left hand having been previously introduced into the intestine, and the lips of the wound placed in juxta position. The ligatures are not to be passed through the coats, but between the muscular and nervous coats, and the point of the needle is to be again brought out about at a line from the edge of the wound. Introducing the needle on the opposite side at about one line from the edge of the wound, it is to be glided between the mucous and muscular coats, and brought out at about the distance of another line, so that about two lines of the cylinder of the intestine are not included in the ligatures, and when the ligatures are drawn together, the *surfaces of the serous membrane*, the peritoneum, *are brought into contact*.

The free edges of the wound are in this way turned toward the cavity of the intestine, where they project to a greater or less extent; the ligatures are to be then carefully tied, during which process, great care should be taken to preserve the serous covering of the intestine in contact. In the cases of transverse wounds of the intestine, the ligatures are passed in the same manner as in the longitudinal wounds just mentioned, taking the precaution to pass a ligature on each side of the mesentery, so as to make the two portions of intestine correspond exactly. The ligatures are then to be tied, taking care to bring the peritoneal covering in contact, and to turn the edges of the wound inwards.

ROYAL INFIRMARY.

"Surgical Miscellanies, operative and controversial."

The occurrences in this establishment, since the last notice of this description, have been more various than important. The omission, however, of a single scene might be detrimental to the unity of the farce—so you must take the performances, such as they are, as husbands take their wives, for better for worse. During the "great snow" Erysipelas made an irruption from its lurking-places to the great derangement of sundry ulcers, and the manifest danger of their possessors. The origin and cessation of this endemic, for such it may with strict propriety be called, in the Royal Infirmary, gave rise to some speculations. By some its disappearance has been attributed to the thaw, as its production was to the frost; by others, who supposed it to have been generated by an infectious locality, its intermission is set down to the credit of fumigation. A show of hands would, probably, decide in favour of the latter opinions. Without entering further on such abstruse questions, an architect or a new hospital would supply the best preventive to this periodic malady, which renders the performance of operations a hazardous undertaking within the walls of this institution. During the prevalence of the erysipelas, venesection was followed by severe inflammation. In one of these cases, the symptoms assumed a degree of even unusual violence. The subject of them had been in the medical wards for a chest affection, (pleurodynia), for which he was bled. Gangrenous erysipelas attacked the wound. For this he was again bled in the other arm, and here also the disease commenced, but in a milder form. The sloughing in the limb first affected, extended to about two inches in every direction from the lowest puncture, and ultimately denuded the vessels in the hollow of the fore-arm. The constitutional fever placed the patient's life in imminent danger for several days. Opium, quinine, and cordials, with fermenting poultices, were the remedies principally employed. The disease in this instance did not seem to have extended along the course of the vein, or of the lymphatics, being confined to the cellular substance. A more minute detail of the case would afford nothing with which the public are not already acquainted. The patient is at present convalescent, and the sore in a favourable state of cicatrization. Besides these cases, there were some amputations; the forefinger was the object of one of them. On removing it, the learned operator held up the part to the class, and with the utmost simplicity imaginable informed them that the bone "was in an incipient state of disease;" upon which some of the wags present declared, with some semblance of truth, that "prevention was better than cure." The second of these amputations was performed on a female *philanthropist*, who received a compound fracture in the exercise of her perilous avocations. The arm was removed above the elbow, shortly after the infliction of the injury. Scrofulous disease of the instep rendered the removal of the leg below the knee necessary in the third of these cases. The treatment of this stump bears so directly on the operator's defence of sutures in his celebrated clinical lecture, (which has been distributed for criticism or insertion among the Editors of the Medical Press of Edinburgh,) that you will excuse a recurrence to this topic. Dr. Ballingal, you are aware, appeals to the cases recorded in his lectures as proofs of the utility of sutures in amputation. The writer did not think that he would so soon be furnished with a practical answer to these appeals. The patient was a young man, in as good health as the presence of a chronic disease would permit him to enjoy; in short, he was, it must be allowed, a fair subject for the decision of an experiment. He was accordingly brought to the theatre; the single flap operation was performed; an unnecessary quantity of muscle retained; and the integuments consequently closed with difficulty, even with the assistance of numerous and deeply inserted stitches. All the pupils of the Royal Infirmary are witnesses of the consequences which have ensued. Inflammation came on in the usual time, about the third day; the stitches were torn asunder by the distention of the parts; the wound, after an interval of several days, continues up to the hour of writing covered by a dense investment of adhesive puriform matter; and the skin along the remaining portion of the tibia of an erysipelatous redness! Comments would but obscure so plain a text. The most interesting mistake of the week, however, occurred in the case of a diseased scrotum. It was considerably enlarged; its sides thickened, the affection extending equally to both cavities, and contained an abscess in the cellular substance. On emptying this by a trocar, the nature of the contents excited suspicions that the testicle was not sound. Its extirpation was accordingly determined; the incision along the course of the cord was made; but just as the knife denuded the testicle, it turned out as healthy and sound a testicle as any in the Royal Infirmary. The operator threw a look of condolence into the patient's face, and assured him that the part was safe for this time! A practitioner with iron fingers, would have perceived that the disease, in this instance, had not reached the testicle, without the assistance which the history of the case, its general appearance, and the information deducible from the puncture, afforded.

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* Heidelberg Klinische Annalen, 1826. Von Prof. Nægele.

Edinburgh, SCOTUS.
March 24, 1827.

LONDON MEDICAL SOCIETY.

Dr. HASLAM, President, in the Chair.

THE meeting of the Society, on Monday last, was exceedingly large; the members, probably expecting to hear a continuation of the discussion on the osseous union of fractures of the neck of the thigh bone within the capsule, and to see the specimens of Mr. Langstaff, produced.

The minutes of the former meeting having been read, Mr. Kingdon said, that he was desired by Mr. Langstaff, to inform the President and the Fellows of the Society, that he was accidently prevented from attending that evening; that he had selected some preparations from his museum, for the purpose of sending to the Society, and that he should certainly be present next Monday evening.

Mr. KINGDON then observed, that he was desirous of making a few remarks on the minutes which had been just read, more especially since some expressions had been attributed to him in a publication of the last week, which he was not conscious of having made.

The PRESIDENT, addressing Mr. Kingdon: Will you name the publication?

Mr. KINGDON. "THE LANCET." Not, said Mr. Kingdon, that I have any objection to the publication of what I may say in this Society; but I must protest against any imperfect or abridged statement of mine, upon this or any other subject, being made without my consent. I say, that I have no objection to the publication of my opinions, provided *all* that I say be stated and *no more*, and I should recommend, that if any gentleman present should feel inclined to report the proceedings of this Society for THE LANCET, that he be furnished with suitable accommodation for the purpose. This, Sir, is my opinion. Reverting to the specimen of the fracture of the neck of the thigh bone which was produced on a former evening, Mr. Kingdon wished it to be understood that he was perfectly satisfied of the fact of fracture having taken place within the capsular ligament, and of that fracture having united by bone. He did not say, as it had been represented, that the close coverings of the bone were not torn through, but that at the time the fracture occurred, the pelvic portion was crushed or jammed into the femoral portion of the neck of the bone, and had been there retained until ossific union had taken place.

The PRESIDENT observed, that he was sorry to find that Mr. Langstaff had been prevented from attending, but hoped to have the pleasure of seeing him at the next meeting. He considered that Mr. Kingdon was perfectly right in making the observations which had just fallen from him, respecting the inaccuracies of the minutes, or of any published report; and this brought him to make a few remarks on the latter subject. He saw no objection to the publication of the proceedings of this Society, nor of any other to which he belonged; and as "THE LANCET" was now become the medium of communicating medical opinions, he, for one, thought that the discussions of the Society could not be transmitted in a better channel. He thought it right to say thus much, because it had been attempted to throw some obloquy on "THE LANCET;" and he only stated his firm conviction, when he said that it was not only the most extensively circulated, but the best conducted of all the medical journals, not only of this country but probably of Europe. He should be happy therefore to furnish every accommodation to any gentleman who might feel inclined to send reports of their proceedings to THE LANCET, or to give any person who might be sent for the purpose, a seat at his side; being well assured that no Fellow of that Society would state any thing there that he would be reluctant to see published. One of the main objects of the Society, was the *diffusion of medical knowledge*, and he did not see how this good object was to be better answered than by the *publication* of its proceedings; and he might say, without vanity, that no discussions were of a more interesting and useful description, than those which were held at the London Medical Society. (A strong feeling of approbation was manifested throughout the Society at the conclusion of this speech.)

Mr. LLOYD was at a loss to know how the fractured surfaces in the specimen of fracture of the neck of the thigh bone, shown by Mr. Amesbury, could have been jammed together, as was stated by Mr. Kingdon. If they had been so jammed, no shortening of consequence could have taken place, whereas it appeared certain, from the history of the case, that a very considerable shortening of the limb was observed immediately after the accident, and, in his opinion, the present appearance of the specimen did not warrant the conclusion to which Mr. Kingdon had arrived.

Mr. AMESBURY said, whatever might have been Mr. Kingdon's intention, he (Mr. A.) certainly understood him to say, that the neck of the bone might have been crushed in the specimen now under consideration, without a division of the close coverings of the bone, and, in consequence of this impression, he was induced to make the observations he did in answer to Mr. Kingdon. The Secretary also conceived, that this was the idea which Mr. Kingdon meant to state, as he had expressed it in the minutes.

Mr. KINGDON satisfactorily explained.

In consequence of a question from one of the Fellows, Mr. SHARP observed, that he had conversed with Mr. Chorley upon this case. Mr. Chorley had informed him, that the Gentleman lived eighteen months after the accident, and was able to walk so well for twelve months before his death, that many of Mr. Chorley's medical friends had some doubts upon their minds, whether the bone had ever been broken, but he could not say to what extent the limb appeared shortened after union had taken place. The gentleman had an awkward walk before the accident which seemed to arise from the infirmities of age, and he also limped a little after the union of the bone had taken place.

Mr. PETTIGREW was of opinion, that this was a fracture of the neck within the capsule, which had extended through the bone, and that ossific union had taken place.

Mr. GOSSET made some observations upon the position which the head and neck of the bone sometimes assume in old persons, and the difficulty of deciding in many cases whether the neck of the bone had been fractured or not; but we understood him to say, that this was a decided case of fracture within the capsule.

Mr. AMESBURY made some remarks upon fractures of the neck of the thigh bone generally. He said, that there were two parties who had opposite opinions respecting these cases, the one, of which Sir Astley Cooper was at the head, believed that union does not take place, and the other, that union might be effected. He confessed that he was disposed to favour the latter opinion. Sir A. Cooper has expressed his opinion very justly. He states, that he has never met with any case of bony union, and when we bring before our minds the great number of specimens which Sir Astley Cooper has collected, in which ligamentous union only is observed, Mr. Amesbury thought it could not be wondered at, if Sir Astley Cooper entertained the belief, that bony union cannot take place. Sir Astley Cooper had done much for the profession, by what he has said upon dislocations, hernia, and some other subjects not unknown to the Society; and although it was well known that Sir Astley Cooper had paid great attention to the subject of fractures of the neck of the thigh bone, when his extensive engagements in other ways were considered, he was by no means to blame if he has not weighed every part of this question in the manner it deserves. Sir Astley Cooper had not met with any cases of bony union, and he conceived that bony union does not take place, 1st, because the fractured surfaces are not kept in apposition; 2d, because they are not pressed together; and, 3d, because there is a deficiency of nourishment in the head of the bone. Sir Astley Cooper lays strong emphasis upon the last reason which he mentions, viz. the deficiency of nourishment to the head of the bone. This he considers to be the chief cause why fractures within the capsule do not unite, by the interposition of bone. With due submission, Mr. Amesbury wished to differ from Sir Astley Cooper in this particular; he believed that the deficiency of nourishment was the *minor*, not the *major cause*, of non-union in these cases. He was of opinion, that the want of union must be attributed more to the want of apposition and rest, than to the deficiency of nourishment in the pelvic portion of the bone. Sir Astley Cooper had, it would seem, overlooked the inadequacy of the treatment; which he (Mr. Amesbury) thought was very bad indeed; and he was prepared to show, and would show, at some future meeting of the Society, that the means commonly employed were very ill calculated to answer the indications which ought to be answered in the management of these cases. Mr. Amesbury observed, that splinters of bone entirely denuded of the periosteum, and lying loose, would accept of union in the same manner as a transplanted tooth, provided they were not deprived of their vitality; and knowing this to be true, he thought that the head of the bone was, under circumstances, much more likely to assist in the process of union, than a denuded and detached splinter. The pelvic portion of the bone, said Mr. A., is not only supplied with a sufficient quantity of blood for its support, but actually with enough to produce an ossific action upon the fractured surface, as is shown by the increased density which is observed in this part subsequent to the accident. This state of the fractured surface of the pelvis could only arise from a new deposition of ossific matter. He did not conceive that the synovia, getting between the fractured surfaces, would have much effect in preventing union in these cases, as it did not prevent union from taking place in the fractures of other joints, in many of which, the fractured surfaces must be covered with synovia shortly after the accident. The cause of non-union then in fractures of the neck of the thigh bone within the capsule was, in his opinion, not physical, but mechanical.

Mr. Kingdon concurred with Mr. Amesbury.

Mr. Callaway said, that if want of apposition and rest were the principal cause of non-union, how did it happen that in fractures partly within, and partly external to the capsule, we found only that part of the fractured surfaces which was external to the capsule, united. There is a specimen in Guy's Hospital, in which this kind of union might be seen. Mr. Callaway contended for the honourable manner in which Sir Astley Cooper had conducted the inquiry respecting fractures of the neck of the thigh bone. He doubted the expediency of attempting to bring about bony union in those fractures which are within the capsule, and concluded by saying, that he saw no sufficient reason to induce him to alter the opinion which he had previously formed upon this subject.

Mr. Amesbury hoped that the Gentlemen present had not attempted to cast any slur upon the character of Sir A. Cooper. (No, no, no, from several of the Fellows.) In answer to the observations which fell from Mr. Callaway, Mr. Amesbury begged to observe, that it could be readily explained from the state of the parts in the two situations, why, where there was a double fracture, one within and the other external to the capsule, that external to the capsule only was found united. Here Mr. Amesbury explained the difference to which he alluded, and said, that fractures partly within, and partly external to the capsule, would unite by bone, as Sir Astley Cooper had already proved the fact by experiment. As for the expediency of attempting to bring about bony union in fractures within the capsule, he would say, that it might be found hereafter, that so long a confinement as patients are now often subjected to, would not be required, if means are resorted to, by which apposition and rest can be maintained; and he thought he should be able to convince the Society, that he (Mr. Amesbury) has such in his possession; and if this should be proved by a large number of cases, there would be no doubt of the propriety of attempting to produce union by the interposition of callus, as is proved by the result of Mr. Chorley's case.

The time allotted for discussion having elapsed, the President observed, that the subject of fractures of the neck of the thigh bone would be resumed at the next meeting of the Society, when Mr. Langstaff had kindly promised to show his preparations, and he (Dr. Haslam) hoped the Gentlemen who were present as visitors, would come to the next meeting, if they should feel so disposed.

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

DISEASE OF THE WOMB.—SPECIMEN OF THE TACTUS ERUDITUS OF DR. LOCOCK, LECTURER ON MIDWIFERY!

MARGARET SIMPSON, 46 years of age, a married woman, of pallid countenance and unhealthy appearance, was admitted into Elizabeth's Ward, on the 22d of February, under the care of Dr. Elliotson. The account which the patient gave of her case, at the time of admission, was as follows:—Four years ago she was seized with profuse flooding and violent pain in the region of the womb, which symptoms she attributed to a fall, received a short time previously. During the last two years she has had a copious discharge of white purulent matter, alternating with a bloody discharge; the pain felt in the womb being generally alleviated during the continuance of the latter. For the last four days she has been labouring under uterine hæmorrhage; she complains of great pain in the loins, extending down the left thigh, which is œdematous, as well as the leg. There is so much tenderness at every part of the hypogastric region, that pressure with the hand cannot be borne. There is a fœtid discharge from the vagina, with occasional bearing down pains, and difficulty in making water.

Dr. Elliotson remarked, that he had no doubt the patient was labouring under *some* chronic affection of the womb, and he requested that an examination per vaginam might be made by Dr. Locock, (the Lecturer on Midwifery at St. Thomas's, Member of the Obstetric Society, &c. &c.)

February 28. Dr. Locock's opinion, of which the following is a verbatim copy, was read by Dr. Elliotson to the gentlemen who follow his *clinique*:

"Mary Simpson.

"Several *polypoid* excrescences at the orifice of the vagina, one of the nymphæ also being in a state of enlargement, and excessively tender. *The os uteri and uterus have no morbid growth from them, but are hard and very tender to the touch, but not scirrhous.* I should think nothing could be done to remove any of the *polypous* excrescences, before the local irritation was subdued, by leeching, warm injections, &c. C. L."

Feb. 28, 1827.

There was at this time an increase of œdema in the left thigh and leg, and also the left half of the vulva. The pains were unabated, and the discharge was in greater quantity.

March 8. All the symptoms greatly aggravated; loss of appetite, tongue white, head-ache, the pulse quick and feeble. The patient is restless, appears very low, and frequently moans; she feels conscious of approaching dissolution. This event took place on the 10th, without any marked change in the symptoms having taken place.

Sectio Cadaveris.

Marasmus; left leg and thigh œdematous; skin of a yellowish tinge.

Abdomen. On opening the abdomen the great omentum was found adhering to the pelvic viscera. The uterus was much enlarged, its fundus appearing to be pushed upwards and forwards. It was partly surrounded and concealed by a very thin transparent cyst, containing about a pint of clear gelatinous serum; it was attached to the right appendage of the uterus, and floated loosely over the pelvic viscera. The lymphatic glands in the course of the iliac vessels and abdominal aorta were much diseased; some had attained the size of a hen's egg, and on cutting into them they were found to contain brain-like matter.

The cellular tissue around the iliacs abounded with deposits of a similar nature, and on each side of the anterior part of the uterus and superior portion of the vagina was seen a large mass, consisting of medullary matter, cellular tissue, and fat. It was at least two inches thick on the left side, extending from the recto-vaginal septum to the arch of the pubes and iliac vessels. On the right side, the diseased mass was not so thick, and it extended no higher than the vesico-vaginal septum. The ovaries adhered closely to the uterus; they contained, and were also connected externally with, a number of cysts of a fibrous structure, varying in size from a pea to a small pigeon's egg; some contained a pure transparent fluid; others, a fluid resembling coffee grounds; and a third set were filled with blood;—the latter were all found in the ovaries themselves.

The uterus, in consequence of the adhesion of its parietes along the median line, was divided into two parallel cavities. Its parietes were much thickened, owing to the deposit of medullary matter between its fibres; a very small portion of uterus only, at its base, presented a natural appearance; as you proceeded anteriorly, the cerebral matter seemed gradually to increase, until at length all trace of fibres became lost.

The cervix uteri and os uteri were entirely gone, and the boundaries of the space formerly occupied by them, were formed by the two masses of cancerous matter already described.

The bladder was connected at its inferior surface to the vagina and uterus by a layer of cerebriform matter. Corresponding to the extent of contact, the mucous membrane of the bladder had a soft fungous appearance, and was elevated much above the rest of the membrane, which was healthy. There was about a pint of white glairy fluid in the bladder, having very few of the characters of urine. The left ureter was distended with urine to the diameter of three quarters of an inch superiorly: the openings of both ureters into the bladder were quite pervious, although in the midst of the above described lesion of the mucous membrane. Owing to the pressure of the cancerous tumour on the left iliac vessels, the vein had its cavity obliterated at about an inch above Poupart's ligament; and there was a dark brown fibrinous coagulum extending down the interior of the femoral and internal saphenal vein, as far as the middle of the thigh. The internal membrane of each vein was dark-coloured and thickened; it had lost its natural smoothness, and adhered to the coagulum by a great number of filaments.

This case affords an excellent commentary on the text laid down by Mr. Abernethy in his lecture on the female organs of generation, published in the last number of this Journal, wherein he says—"it is scarcely possible you can fail to ascertain disease of the os internum uteri." In the case before us, however, we find a lecturer on midwifery (and a member of the Obstetric Society to boot,) failing to ascertain disease of this part. This midwife teacher writes down, that "the os uteri and uterus have no morbid growth from them,"—that "they are hard and very tender, but not scirrhous;" but what does a post-mortem examination show? why, this os uteri which has no morbid growth, and is very hard and tender, is found to be completely destroyed. It only existed therefore in the Doctor's imagination; and with respect to the *polypoid* and *polypous* excrescences of the vagina, they were merely enlarged rugæ.

So much for the "tactus eruditus" of said Dr. Locock; if the College of Surgeons in the plenitude of its wisdom shall appoint a board of examiners in the "midwifery department of medicine;" surely the acute tact of the Doctor will recommend him to the promoters of "*sound*" knowledge.

CONCUSSION OF THE BRAIN.—EXHIBITION OF OPIUM IN ORDER TO ALLAY THE SYMPATHETIC VOMITING.

The *stupifying* or *stupid* treatment adopted in the following case, shows "the stuff" that dressers are made of. It is, however, one of the many instances which come daily under our observation of the extreme ignorance manifested by the majority of the young men holding the situation of dressers. How, indeed, can it be expected to be otherwise, while the only guarantee required by the surgeons previous to holding the important office of dresser, is the payment of fifty pounds. This obtained, no matter whether the dresser be competent, although he has the care of the Hospital (during the week of his admission) four days out of seven.

Case. A stout young man was admitted into the Hospital on account of a severe contused wound on the upper part of the head, occasioned by a heavy piece of wood falling from a height upon him. When admitted, the patient was in that state of prostration, which immediately succeeds to severe injury, and bleeding was not therefore had recourse to until some degree of reaction was established, when blood was taken from the arm, and purgative medicine exhibited. In the evening of the same day the various symptoms indicative of concussion of the brain were manifest, and amongst others was occasional vomiting.

In order, as he considered, to allay this sympathetic sickness, the sapient dresser gave, *half a grain of opium, with four grains of the extract of henbane.*

On the following morning (Monday) we had an opportunity of visiting the patient with Mr. Green, when we found the man with a full and oppressed pulse, his countenance having a dull, heavy, stupid expression, and he seemed inclined to sleep. When roused he answered questions in a confused manner; he had pain in the head, the skin was hot, the tongue furred, and there was occasional vomiting.

Mr. Green, on receiving the intimation from his dresser, that a dose of opium had been given on the preceding night, evinced much surprise. He directed sixteen ounces of blood so be taken from the arm immediately, the head to be shaved, and cold lotion applied. Ten grains of calomel to be given directly, and to be followed up with house medicine until the bowels were freely relieved; the venesection to be repeated in the evening, if the pulse should be of the same kind as this morning.

These measures were found to be effectual, and the patient speedily got well.

OPERATION.

The only operation performed last week was amputation of the thigh by Mr. Travers. The operation was performed in a creditable manner.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF LEPRA ALPHOIDES.

Dr. Bateman, in his definition of this species of lepra, limits the eruption to the extremities; but as the characters of the scales and of the eruption, in the following case, agree in every other respect with the description given of the lepra alphoides by the same author, "in the small size of the patches not extending beyond the diameter of a few lines, or being confluent, and in the minuteness and greater whiteness of the scales," we have given it under that head. Indeed, the doctor himself, in speaking of the treatment of the lepra alphoides, observes that "a frequent use of the warm bath, with which a moderate degree of friction may be combined, contributes to remove the scales, and to soften the skin; or, if *the eruption be confined to the extremities*, local ablution may be sufficient," evidently meaning that it sometimes extends to other parts.

Mary Hart, æt. 10, has been the subject of this eruption for the last four months; the trunk, extremities, and hairy scalp, are studded with small whitish circular scales. No uneasy sensations attend it, except a slight occasional itching when warm in bed. Many remedies had been employed previous to her admission into the hospital, but without benefit.

Mr. Lawrence ordered a warm bath three times a week, five grains of the hydr. c. creta every second night, and a dose of rhubarb on the following morning. This plan was followed up for some time without any apparent advantage, until, at length, the child became salivated. From that period the scales began to decline; in the course of a week, the extremities were almost free; and in three from the occurrence of salivation, the child left the hospital free from the unseemly disease. We have considered this case worth reporting, from the circumstance that mercury, *carried to the extent of salivation*, seems to have effected the cure. Various means had been previously tried, and mercury itself, for some time, without the removal of the affection; but as soon as the mouth became affected, it began to die away, and progressively continued to do so until the cure was completed.

TUMOUR NEAR THE ANGLE OF THE JAW.

Mary Bray, æt. 34. This patient, a thin woman, of ruddy complexion and healthy appearance, states, that between seven and eight years ago, she caught cold from sleeping in a damp bed, and that a sore throat ensued. Soon after she perceived a small tumour situated immediately behind the angle of the jaw, which increased very slowly for four years, but, latterly, has grown more rapidly. She has had good health for many years, and lived abstemiously. She has now a swelling immediately behind the angle and ramus of the jaw, considerably larger than a hen's egg. It is oval, hard, and irregular on the surface, as if composed of four unequal lobes, and easily moveable both on the subjacent parts, and under the skin, to which it is loosely attached. It is not, nor has it ever been painful, or produced the slightest inconvenience in any respect.

The tumour was removed by Mr. Lawrence by a single incision of about five inches, carried over its long axis, being connected only by loose cellular tissue, and quickly dissected out. Profuse bleeding took place from several arteries during the excision, which was not interrupted on that account; faintness came on, and stopped it. A small slice of parotid gland was found at the base of the tumour. The surface of the latter was tuberculated, and covered by a thin closely-adhering whitish capsule. Its substance was firm and compact, approaching, in colour and appearance, to the softer form of scirrhus. Its cut surface had a slightly lobulated appearance, and of uniform texture throughout. The flap was laid down and slightly approximated by adhesive straps, subsequently removed, the wound being simply covered by a damp cloth. A considerable portion of the incision united by adhesion; but a copious flow of saliva took place from its centre a few days after the operation, and continued for about ten days. She was discharged cured on the 22d of February.

ERRATUM.

Page 810, 2d column, 5th line from bottom, for "Hermite in Ecosse," read "Hermite *en* Ecosse."

Correspondents in our next.

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